MOLINA HEALTHCARE
Your Extended Family.

Molina Healthcare of Wisconsin
Medicaid and Medicare
Prior Authorization/Pre-Service Review Guide
Effective: 01/01/2016

Use the Molina web portal for faster turnaround times Contact Provider Services for details

Referrals to Network Specialists and office visits to contracted (par) providers do not require Prior Authorization

This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare Medicaid and Medicare Members Only

Refer to Molina's website or portal for specific codes that require authorization

Only covered services are eligible for reimbursement

- Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:
  - Inpatient, Residential Treatment, Partial hospitalization, Day Treatment
  - Electroconvulsive Therapy (ECT)
  - Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD)
- Cosmetic, Plastic and Reconstructive Procedures (in any setting)
- Durable Medical Equipment: Refer to Molina's Provider website or portal for specific codes that require authorization.
  - Medicare Hearing Supplemental benefit: Contact Avesis at 1-800-327-4462
  - Medicaid: Hearing Aid
- Experimental/Investigational Procedures
- Genetic Counseling and Testing except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations
- Home Healthcare and Home Infusion: After initial evaluation plus six (6) visits
- Hyperbaric Therapy
- Imaging, Advanced and Specialty Imaging: Refer to Molina's Provider website or portal for specific codes that require authorization
- Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility
- Long Term Services and Support: Refer to Molina's Provider website or portal for specific codes that require authorization. Not a Medicare covered benefit. (per state benefit)
- Neuropsychological and Psychological Testing
- Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for:
  - Emergency Department services
  - Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay
  - Local Health Department (LHD) services
  - Other services based on state requirements
- Occupational Therapy: Medicaid: After initial evaluation plus twenty-four (24) visits for office, outpatient and home settings. Medicare: After therapy benefit cap has been reached.
- Office visits and office-based Procedures do not require authorization, unless specifically included in another category (i.e. advanced imaging) that requires authorization even when performed in a participating provider's office.
- Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures: Refer to Molina's Provider website or portal for specific codes that require authorization
- Pain Management Procedures: except trigger point injections (Acupuncture is not a Medicare covered benefit)
- Physical Therapy: Medicaid: After initial evaluation plus twenty-four (24) visits for office, outpatient and home settings. Medicare: After therapy benefit cap has been reached.
- Prosthetics/Orthotics: Refer to Molina's Provider website or portal for specific codes that require authorization
- Radiation Therapy and Radiosurgery (for selected services only): Refer to Molina's website or portal for specific codes that require authorization
- Sleep Studies: Except for Home Sleep Studies
- Specialty Pharmacy drugs (oral and injectable): Refer to Molina's Provider website or portal for specific codes that require authorization
- Speech Therapy: After initial evaluation plus six (6) visits for outpatient and home settings
- Transplants including Solid Organ and Bone Marrow (Cornea transplant does not require authorization)
- Transportation: non-emergent air transportation
- Unlisted & Miscellaneous Codes: Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request.

***STERILIZATION NOTE:** Federal guidelines require that at least 30 days have passed between the date of the individual's signature on the consent form and the date the sterilization was performed. The consent form must be submitted with claim. (Medicaid benefit only)

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICAID and MEDICARE PROVIDERS

Information generally required to support authorization decision making includes:

- Current (up to 6 months), adequate patient history related to the requested services.
- Relevant physical examination that addresses the problem.
- Relevant lab or radiology results to support the request (including previous MRI, CT Lab or X-ray report/results)
- Relevant specialty consultation notes.
- Any other information or data specific to the request.

The Urgent / Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition will be handled as routine / non-urgent.

- If a request for services is denied, the requesting provider and the member will receive a letter explaining the reason for the denial and additional information regarding the grievance and appeals process. Denials also are communicated to the provider by telephone, fax or electronic notification. Verbal, fax, or electronic denials are given within one business day of making the denial decision or sooner if required by the member's condition.
- Providers and members can request a copy of the criteria used to review requests for medical services.
- Molina Healthcare has a full-time Medical Director available to discuss medical necessity decisions with the requesting physician at 1 (888)-999-2404
- For Advanced Imaging medical necessity decisions please contact: 1 (855) 714-2415

Important Molina Healthcare Medicaid and Medicare Information

Prior Authorizations: 8:00 a.m. – 5:00 p.m. Phone: 1 (855) 326-5059 Fax: 1 (877) 708-2117	**Provider Customer Service:** 8:00 a.m. – 5:00 p.m. Phone: 1 (855) 326-5059 Fax: 1 (877) 708-2117
Radiology Authorizations: Phone: 1 (855) 714-2415 Fax: 1 (877) 731-7218	**24 Hour Nurse Advice Line** English: 1 (888) 275-8750 [TTY: 1-866/735-2929] Spanish: 1 (866) 648-3537 [TTY: 1-866/833-4703]
NICU Authorizations: Phone: 1 (855) 714-2415 Fax: 1 (877) 731-7218	**Medicaid Vision Care: Herslof Optical Company** Phone: 1 (414) 760-7400 1 (414) 462-3103 Outside 414 area 1-800-822-7228 Or 1 (800) 796-6296
Pharmacy Authorizations: Medicare: Phone: 1 (888) 665-1328 Fax: 1 (888) 373-3059 Medicaid Carved out to state: Phone: 1 (800) 947-9627	**Medicaid Dental:** Phone: 1 (855) 714-2415
Behavioral Health Authorizations: Phone: 1 (888) 999-2404 Fax: 1 (877) 708-2117	**Medicaid Transportation (MTM):** Phone: 1 (866) 907-1493
Transplant Authorizations: Phone: 1 (855) 714-2415 Fax: 1 (877) 731-7218	**Medicare Transportation: LogistiCare** Phone: 1 (866) 475-5423
Member Customer Service Benefits/Eligibility: Phone: 1 (888) 999-2404 Fax: 1 (414) 214-2489 TTY/TDD: 711	**Medicare Vision Care: March Vision P** hone: 1 (888) 493-4070
	Medicare Dental: Avesis Phone: 1 (800) 327-4464

Providers may utilize Molina Healthcare's eWeb at:
https://provider.molinahealthcare.com/Provider/Login

Available features include:

- Authorization submission and status
- Claims submission and status
- Download Frequently used forms
- Member Eligibility
- Provider Directory
- Nurse Advice Line Report