

Molina Healthcare of California Marketplace Prior Authorization/Pre-Service Review Guide Effective: 01/01/2014

This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare Marketplace Members.

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

Authorization required for services listed below.
Pre-Service Review is required for elective services.

Only covered services are eligible for reimbursement

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| <ul style="list-style-type: none"> • Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services: Inpatient, Partial hospitalization, Day Treatment, Intensive Outpatient Programs (IOP), Electroconvulsive Therapy (ECT). <ul style="list-style-type: none"> ○ Non Physician/Advanced Practice Registered Nurse (APRN) BH Outpatient Visits & Community Based Outpatient programming: After initial evaluation for outpatient and home settings • Chiropractic Services • Cosmetic, Plastic and Reconstructive Procedures (in any setting): which are not usually covered benefits include but are not limited to tattoo removal, collagen injections, rhinoplasty, otoplasty, scar revision, keloid treatments, surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, venous injections, vein ligation, venous ablation, dermabrasion, botox injections, etc • Dental General Anesthesia: ≥ 7 years old • Dialysis: notification only • Durable Medical Equipment:
Refer to Molina’s website for specific codes that require authorization. • 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: After 3 skilled nursing visits • Home Infusion • Hospice & Palliative Care: notification only. • Imaging: CT, MRI, MRA, PET, SPECT, Cardiac Nuclear Studies, CT Angiograms, Intimal Media Thickness Testing, Three Dimensional (3D) Imaging • Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only) • Neuropsychological and Psychological Testing • Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for: <ul style="list-style-type: none"> ○ Emergency Department services ○ Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay ○ Women’s Health, Family Planning and Obstetrical Services ○ Child and Adolescent Health Center Services ○ Local Health Department (LHD) services ○ Other services based on state requirements | <ul style="list-style-type: none"> • Nutritional Supplements & Enteral Formulas • Occupational Therapy: After initial evaluation for outpatient and home settings • Office-Based Surgical Procedures do not require authorization except for Podiatry Surgical Procedures (excluding routine foot care) • Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures: Refer to Molina’s website for specific codes that are EXCLUDED from authorization requirements • Pain Management Procedures: including sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants, and acupuncture • Physical Therapy: After initial evaluation for outpatient and home settings • Pregnancy and Delivery: notification only • Prosthetics/Orthotics:
Refer to Molina’s website for specific codes that require authorization. Includes but not limited to: <ul style="list-style-type: none"> ○ Orthopedic footwear/orthotics/foot inserts ○ Customized orthotics, prosthetics, braces • Rehabilitation Services: Including Cardiac and Pulmonary • Sleep Studies • Specialty Pharmacy drugs (oral and injectable) used to treat the following disease states, but not limited to: Anemia, Crohn’s/Ulcerative Colitis, Cystic Fibrosis, Growth Hormone Deficiency, Hemophilia, Hepatitis C, Immune Deficiencies, Multiple Sclerosis, Oncology, Psoriasis, Pulmonary Hypertension, Rheumatoid Arthritis, and RSV prophylaxis (Refer to Molina’s website for specific codes that require authorization) • Speech Therapy: After initial evaluation for outpatient and home settings • Transplant Evaluation and Services including Solid Organ and Bone Marrow (Cornea transplant does not require authorization) • Transportation: non-emergent ambulance (ground and air) • Unlisted and 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 prior authorization request. • Wound Therapy including Wound Vacs and Hyperbaric Wound Therapy |
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***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.**

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MARKETPLACE

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, and electronic denials are given within one business day of making the denial decision, or sooner if required by the member’s condition.
- Providers 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 (800) 526-8196

Important Molina Healthcare Marketplace Information

Medical Prior Authorizations: 8:00 a.m. – 5:00 p.m.

Phone: 855 322-4075 Fax: 800 811-4804

Radiology Authorizations:

Phone: 855 322-4075 Fax: 877- 731- 7218

NICU Authorizations:

Phone: 855 322-4075 Fax: 877- 731- 7218

Medical Pharmacy Authorizations:

Phone: 855 322-4075 Fax: 877- 731- 7218

Transplant Authorizations:

Phone: 855 322-4075 Fax: 877- 731- 7218

Member Customer Service Benefits/Eligibility:

Phone: 888-858-2150

TTY/TDD: 800-479-3310

Provider Customer Service: 8:00 a.m. – 5:00 p.m.

Phone: 855 322-4075 Fax: 562 901-9632

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]

Providers may utilize Molina Healthcare’s ePortal at: www.molinahealthcare.com

Available features include:

- **Authorization submission and status**
- **Claims submission and status** (EDI only)
- **Download Frequently used forms**
- **Member Eligibility**
- **Provider Directory**
- **Nurse Advice Line Report**



Molina Healthcare Marketplace Prior Authorization Request Form

Medical Fax Number: 800 811-4804
Radiology Fax Number: 877 731-7218

MEMBER INFORMATION			
Plan:	<input type="checkbox"/> Molina Marketplace		<input type="checkbox"/> Other:
Member Name:		DOB:	/ /
Member ID#:		Phone:	() -
Service Type:	<input type="checkbox"/> Elective/Routine	<input type="checkbox"/> Expedited/Urgent*	

***Definition of Urgent / Expedited service request designation is when the treatment requested 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 should be submitted as routine/non-urgent.**

Referral/Service Type Requested			
Inpatient <input type="checkbox"/> Surgical procedures <input type="checkbox"/> ER Admits <input type="checkbox"/> SNF <input type="checkbox"/> Rehab <input type="checkbox"/> LTAC	Outpatient <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Wound Care <input type="checkbox"/> Other:	<input type="checkbox"/> Rehab (PT, OT, & ST) <input type="checkbox"/> Chiropractic <input type="checkbox"/> Infusion Therapy	<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> In Office
ICD-9 Code & Description:			
CPT/HCPC Code & Description:			
Number of visits requested:		Date(s) of Service:	

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION			
Requesting Provider Name:			
Facility Providing Service:			
Contact at Requesting Provider's office:			
Phone Number:	()	Fax Number:	()

For Molina Use Only: