

# IMPORTANT

## Molina Provider News:



Molina Healthcare of Florida (Molina) recently communicated a change in specialty referral requirements, effective February 1, 2018. As a result of this communication, some providers have reached out to Molina for clarification of the new requirements. In an effort to ensure that our network has the most concise, and up-to-date information, we have created a Frequently Asked Questions (FAQ) document related to referrals that will be updated as new questions arise. Please review the questions and answers below, and feel free to contact our Provider Services Department, at (855) 322-4076 should your office have a question not addressed herein.

### **What is the difference between a Referral and a Prior Authorization?**

Referrals are made when medically necessary services are beyond the scope of the PCP's practice or when complications or unresponsiveness to an appropriate treatment regimen necessitates the opinion of a Specialist. In referring a patient, the PCP should forward pertinent patient information/findings to the Specialist. Coordination occurs between the PCP and the Specialist directly, and Molina does not need to approve such referrals.

Prior Authorization by Molina is required for certain services to assure the medical necessity of service, prevent unanticipated denials of coverage, ensure participating providers are utilized and all services are provided at the appropriate level of care for the member's needs. For a specific list of services that require prior authorization, please refer to Molina's Prior Authorization Guidelines and corresponding Codification Documents located on our website.

Medicaid: [www.molinahealthcare.com/medicaid/providers/fl/forms/Pages/fuf.aspx](http://www.molinahealthcare.com/medicaid/providers/fl/forms/Pages/fuf.aspx)

Marketplace: [www.molinahealthcare.com/providers/fl/marketplace/forms/Pages/fuf.aspx](http://www.molinahealthcare.com/providers/fl/marketplace/forms/Pages/fuf.aspx)

Medicare: [www.molinahealthcare.com/providers/common/medicare/PDF/pa-preserviceguide-fl-2018.pdf](http://www.molinahealthcare.com/providers/common/medicare/PDF/pa-preserviceguide-fl-2018.pdf)

### **Who is responsible for requesting prior authorization?**

The provider ordering the service is responsible for requesting authorization. Specialists should not send members back to their PCP to request authorization for services ordered by the Specialist.

### **Why are certain specialties exempt from the referral requirement?**

Florida Statutes allow access to certain specialties without a referral. Members may continue to access Obstetrics and Gynecology, Dermatology, Podiatry, Chiropractic specialties directly, without the need for a referral.

### **Is a referral required for behavioral health providers?**

Molina's member benefits allow access to behavioral health providers without a referral. Members may continue to access behavioral health providers directly, without the need for a referral.

### **Is a referral required for occupational therapy, physical therapy, and speech language pathologists?**

A referral is not required for the initial evaluation, or re-evaluation. However, prior authorization is required for treatment as per Molina's Prior Authorization Guidelines.

### **Can a specialist accept the referral on a different form?**

As long as the PCP has made a referral, using the Molina referral form is not required. However, Specialists must maintain evidence that the PCP has made such referral, i.e. a script, an internal form from the PCP office.

### **Is a form required when the PCP and Specialist are in the same group?**

No, however, the medical record should indicate the referral to the specialist.

**Is a new form required every ninety days?**

It depends. The Referral form has now been updated to allow providers to select a “Standard” Referral which is valid for 90 days or a “Standing” Referral which is valid for 6 months. After a Standard *or* Standing Referral has been exhausted, the provider will then need to request a new Referral for either time period.

**Is a referral required for Specialist when Molina is the secondary insurance (COB)?**

No, referrals are not required for COB.