Molina Healthcare **Medicaid and Medicare**
Prior Authorization/Pre-Service Review Guide • Effective: 01/01/2015

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 – excludes Marketplace
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 Dependence Services:
  - Inpatient, Residential Treatment, Partial hospitalization
  - Electroconvulsive Therapy (ECT)
  - Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD)
- Cosmetic, Plastic and Reconstructive Procedures (in any setting)
- Dental General Anesthesia: > 7 years old or per state benefit
  (Not a Medicare covered benefit)
- Dialysis: one time only notification
- Durable Medical Equipment: Refer to Molina’s website or portal for specific codes that require authorization.
  - Medicare Hearing Supplemental benefit: Contact Avesis at 800-327-4462
- Experimental/Investigational Procedures (In any setting)
- 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
- Habilitative Therapy – After initial evaluation plus six (6) visits for outpatient and home settings (per state benefit)
- Home Healthcare and Home Infusion: After initial evaluation plus six (6) visits
- Hospice & Palliative Care: notification only.
- Hyperbaric Therapy
- Imaging, Advanced and Specialty Imaging: Refer to Molina’s website or portal for specific codes that require authorization
- Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)
- Long Term Services and Supports: Refer to Molina’s 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
  - Other services based on state requirements
- Occupational Therapy: After initial evaluation plus six (6) visits for outpatient and home settings
- Office-Based Procedures do not require authorization (unless otherwise noted)
- Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures: Refer to Molina’s website or portal for specific codes that require authorization
- Pain Management Procedures (In any setting): except trigger point injections (Acupuncture is not a Medicare covered benefit)
- Physical Therapy: After initial evaluation plus six (6) visits for outpatient and home settings
- Pregnancy and Delivery: notification only
- Prosthetics/Orthotics: Refer to Molina’s 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
- Rehabilitation Services: Including Cardiac, Pulmonary, and Comprehensive Outpatient Rehab Facility (CORF).
  CORF Services for Medicare only
- Respite Care
- Sleep Studies
- Specialty Pharmacy drugs (oral and injectable): Refer to Molina’s 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 ambulance (ground and air)
- Unlisted, Miscellaneous and T (Temporary) Codes (In any setting): 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.
- Wound Therapy

*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

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 and fax denials are given the same day of 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 855-322-4079.

Post Stabilization Services; Effective: 06/01/2014

Molina Healthcare provides Post Stabilization services for Medicare/MyCare Ohio Dual eligible members.
If you are a Non-contracted provider and need authorization for Post Stabilization Services after normal business hours please call our 24-Hour Nurse Advice Line.

Medicare - English (888) 275-8750 For the hearing impaired, please call TTY: (866) 735-2929
Medicare - Spanish: (866) 648-3537 Personas con impedimento de audición llame al TTY: (866) 833-4703
MyCare Ohio English/Spanish: (855) 895-9986 For the hearing impaired, please call TTY: 711
• Includes 24-hour behavioral health crisis

Delegation agreement with Health Network by Cincinnati Children's (HNCC):
• Effective July 1, 2013: Prior Authorizations and Concurrent Review will be handled by HNCC for children living in the following eight counties: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren.
• Exceptions to the delegation agreement include Behavioral Health and Health Home members living in those counties, who will continue to receive services through Molina Healthcare of Ohio.
• Fax information for HNCC is provided on the Prior Authorization Request Form below.

Important Molina Healthcare Medicaid Information

<table>
<thead>
<tr>
<th>Prior Authorizations:</th>
<th>8:00 a.m. – 6:00 p.m.</th>
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<tbody>
<tr>
<td>Medicaid: 855-322-4079</td>
<td>Fax: 866-449-6843</td>
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<tr>
<td>Medicare: 855-322-4079</td>
<td>Fax: 877-708-2116</td>
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<tr>
<th>Radiology Authorizations:</th>
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<tbody>
<tr>
<td>Phone: 855-714-2415</td>
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<th>OB/NICU Authorizations:</th>
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<tr>
<td>Phone: 855-322-4079</td>
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<th>Transplant Authorizations:</th>
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<tr>
<td>Phone: 855-322-4079</td>
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<tr>
<th>Medicaid Member Customer Service Benefits / Eligibility:</th>
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<tr>
<td>(7:00 am – 7:00 pm)</td>
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<tr>
<td>Phone: 800-642-4168</td>
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<tr>
<td>(8:00 a.m. – 8:00 p.m.)</td>
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<tr>
<td>Phone: 866-472-4584</td>
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Provider Customer Service: 8:00 a.m. – 6:00 p.m.
Phone: 855-322-4079 Fax: 866-449-6843

Medicaid 24 Hour Nurse Advice Line
English: 1 (888) 275-8750 [TTY: 866-735-2929]
Spanish: 1 (866) 648-3537 [TTY: 866-833-4703]

Vision Care:
Phone: 855-322-4079 Fax: 866-449-6843

Dental:
Phone: 855-322-4079 Fax: 866-449-6843

Transportation:
Phone: 866-642-9279 Fax: 866-449-6843

Providers may utilize Molina Healthcare's e-Web at:
www.molinahealthcare.com

Available features include:
• Authorization submission and status
• Claims submission and status
• Download frequently used forms
• Member Eligibility
• Provider Directory
• Nurse Advise Line Report

MolinaHealthcare.com
Molina Healthcare Medicaid **Prior Authorization Request Form**

### MEMBER INFORMATION

| ☐ Molina Medicaid  
Fax: 866-449-6843 | ☐ Molina Medicare  
Fax: 877-708-2116 | ☐ Advanced Imaging  
Fax: 877-731-7218 | ☐ HNCC  
Fax: 877-402-8646 |
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<tbody>
<tr>
<td>Member Name:</td>
<td>DOB:</td>
<td>Member ID#:</td>
<td>Phone:</td>
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<tr>
<td>Service Type: ☐ Elective/Routine</td>
<td>☐ Expedited/Urgent*</td>
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*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 | Outpatient | | Home Health |
|-----------|------------| | DME |
| ☐ Surgical procedures | ☐ Surgical Procedure | ☐ Rehab (PT, OT, & ST) | ☐ DME |
| ☐ ER Admits | ☐ Diagnostic Procedure | ☐ Infusion Therapy | ☐ In Office |
| ☐ SNF | ☐ Wound Care | | |
| ☐ Rehab | ☐ Other | | |
| ☐ LTAC | | | |

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<tr>
<th>Diagnosis Code &amp; Description:</th>
<th>CPT/HCPC Code &amp; Description:</th>
<th>Number of visits requested:</th>
<th>Date(s) of Service:</th>
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**Please send clinical notes and any supporting documentation**

### PROVIDER INFORMATION

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<tr>
<th>Requesting Provider Name:</th>
<th>Facility Providing Service:</th>
<th>Contact at Requesting Provider's office:</th>
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<tbody>
<tr>
<td>Phone Number:</td>
<td>( )</td>
<td>Fax Number:</td>
</tr>
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**For Molina Use Only:**

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**MolinaHealthcare.com**