Molina Healthcare/Molina Medicare of Wisconsin
Prior Authorization/Pre-Service Review Guide
Effective: 01/01/2014

This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare/Molina Medicare 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

- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:** Inpatient, Partial hospitalization, Day Treatment, Intensive Outpatient Programs (IOP), Electroconvulsive Therapy (ECT).
  - Non MD/APRN BH Outpatient Visits & Community Based Outpatient programming: After initial evaluation for outpatient and home settings
- **Chiropractic Services (Medicare only)**
- **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 or per state benefit (Not a Medicare covered benefit)
- **Dialysis:** notification only
- **Durable Medical Equipment:**
  Refer to Molina's website for specific codes that require authorization.
  - Medicare Hearing Supplemental benefit: Contact Avesis at 800-327-4462
- **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**
- **Long Term Services and Supports:** **(per state benefit)** e.g., Personal Attendant Services (PAS), Personal Care Services, Day Adult Health Services (DAHS). Not a Medicare covered benefit
- **Neuropsychological and Psychological Testing and Therapy**
- **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
  - 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
- **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 (Acupuncture is not a Medicare covered benefit)
- **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:
  - Orthopedic footwear/orthotics/foot inserts
  - Customized orthotics, prosthetics, braces
- **Rehabilitation Services:** Including Cardiac, Pulmonary, and Comprehensive Outpatient Rehab Facility (CORF). CORF Services for Medicare only
- **Sleep Studies**
- **Specialty Pharmacy: Synagis only**
- **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 the prior authorization request.
- **Wound Therapy including Wound Vacs and Hyperbaric 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/MOLINA MEDICARE

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 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 888-562-5442 extension 302665. For Advanced Imaging medical necessity decisions, please contact 855-714-2415.

Important Molina Healthcare/Molina Medicare Information

Prior Authorizations: 8:00 a.m. – 5:00 p.m.
Phone: 888-999-2404 Fax: 877-708-2117
Radiology Authorizations:
Phone: 855-714-2415 Fax: 877-731-7218
NICU Authorizations:
Phone: 888-562-5442 X150841 Fax: 877-731-7218
Medicaid Pharmacy Authorizations: Carved out to the State.
Phone: 800-947-9627
Medicare Pharmacy Authorizations:
Phone: 888-665-1328
Behavioral Health Authorizations:
Phone: 888-999-2404 Fax: 877-708-2117
Transplant Authorizations:
Phone: 888-562-5442 X150841 Fax: 877- 731- 7218
Member Customer Service Benefits/Eligibility:
Phone:414-847-1776 or 888-999-2404
Fax: 414-847-1778
TTY/TDD: 711

Provider Customer Service: 8:00 a.m. – 5:00 p.m.
Phone:414-847-1776 Fax: 414-847-1778
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]
Medicaid Vision Care: Herslof Optical Company
Phone:414-760-7400 or 414-462-3101
If outside 414 area: 800-822-7228 or 800-796-6296
Medicaid Dental: DentaQuest
Phone:262-387-3679 or 888-307-6563
TDD: 800-466-7566
Medicaid Transportation:
Phone: 866-907-1493
Medicare Vision Care: March Vision
Phone 888-493-4070
Medicare Dental: Avesis
Phone: 800-327-4464
Medicare Transportation: LogistiCare
Phone: 866-475-5423

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**