

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, CHIP, & Medicare Members

**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)**
- **Dental General Anesthesia:** > 7 years old or per state benefit (Not a Medicare covered benefit)
- **Dialysis:** One time notification only
- **Diapers (<21 years), Incontinence products** (not a Medicare covered benefit)
- **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, maternal screening for cystic fibrosis, and genetic test screening of newborns mandated by state regulations. (Authorization is required for CHIP Perinate as it is not a standard covered benefit.)
- **Habilitative Therapy** – After initial evaluation **
- **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)
- **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
- **Nutritional Supplements & Enteral Formulas**
- **Occupational Therapy:** After initial evaluation **
- **Office-Based Procedures do not require authorization**
- **Outpatient Hospital Surgery/Ambulatory Surgery Center (ASC) Procedures:** Refer to Molina's 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:** After initial evaluation**
- **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 are a benefit for Medicare only
- **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**
- **Transplants including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization)
- **Transportation:** Non-emergent ambulance (ground and air)
- **Unlisted and Miscellaneous and T (Temporary) 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**

***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)**

**ECI: An auth is not required for therapy listed on the ECI IFSP provided by an ECI provider (for children from birth through 35 months of age).

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 866-449-6849 X206660.

Important Molina Contacts

Prior Authorizations: 8:00 a.m. – 5:00 p.m.
Medicaid: 866-449-6849 Fax: 866-420-3639
Medicare: 866-440-0012

Radiology Authorizations:
 Phone: 855-714-2415 Fax: 877-731-7218

NICU Authorizations:
 Phone: 855-714-2415 Fax: 877-731-7218

Pharmacy Authorizations:
 Medicaid: 866-449-6849 Fax: 888-487-9251

Behavioral Health Authorizations:
 Phone: 866-449-6849 Fax: 866-617-4967
 For Behavioral Health Services in Dallas Service Area (STAR+PLUS), please call NorthSTAR at 888-800-6799
 Fax: 972-906-2789 (After-hours: 877-299-1179)

Transplant Authorizations:
 Phone: 855-714-2415 Fax: 877-731-7218

Member Customer Service Benefits/Eligibility:
Medicaid: 866-449-6849 Fax: 281-599-8916
 TTY/TDD: Relay Texas
 English: 800-735-2989 OR 711
 Spanish: 800-662-4954
Medicare: 866-403-8293
 TTY/TDD: 866-440-0012 OR 711

Provider Customer Service: 8:00 a.m. – 5:00 p.m.
 Phone: 866-449-6849 Fax: 281-599-8916

STAR+PLUS Service Coordination Line:
 Phone: 866-409-0039

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

Vision Care: (www.opticarevisionplans.com)
 provrel@opticare.net

CHIP 800-368-4790

STAR 866-492-9711

STAR+PLUS 877-832-4118

Fax: 800-980-4002

Medicare: Avesis Third Party Administrators, Inc.
 800-327-4462

Dental:
Medicaid: Liberty Dental
 888-359-1084

Medicare: Avesis Third Party Administrators, Inc.
 855-214-6779

Medicare OTC : CVS Caremark

Transportation: *Medicare:* LogistiCare Solutions
 Reservations: 866-475-5423 Ride Assist: 866-474-5331

Medicaid/CHIP: Medical Transportation Program (MTP)

Dallas: 855-687-3255 Houston: 855-687-4786
 All other areas: 877-633-8747 (877-MED-TRIP)

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

Available features include:

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

Molina Healthcare Medicaid, CHIP, & Medicare Prior Authorization Request Form

Phone Number: (866) 449-6849

Fax Number: (866) 420-3639

MEMBER INFORMATION			
Date of Request:			
Plan:	<input type="checkbox"/> Molina Medicaid	<input type="checkbox"/> Molina Medicare	<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"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> In Office
	<input type="checkbox"/> Rehab (PT, OT, & ST) <input type="checkbox"/> Chiropractic <input type="checkbox"/> Infusion Therapy		
	Diagnosis Code & Description:		
CPT/HCPC Code & Description:			For "J Codes", include # of mgs:
Number of visits requested:		Date(s) of Service:	

Please send clinical notes and any supporting documentation

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

For Molina Use Only:

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