

Medicare/Duals PA Pre-Service Review Guide – Molina Healthcare of Illinois

Last Updated: 04/01/2022

Refer To Molina's [MMP Provider Website](#) for the Prior Authorization LookUp Tool and PA Codification Matrix for Specific Codes That Require Authorization. Only Covered Services Are Eligible For Reimbursement.

****NOTE:** For Molina Medicare Members with Molina Medicaid (Including MMP/FIDE Plans), Please Refer to the Medicaid PA LookUp Tool for Additional Medicaid Benefit PA Requirements**

Office visits to contracted/participating Primary Care Providers (PCP) do not require PA.
Office visits to network specialist do not require a referral from a participating PCP.
Emergency services do not require Prior Authorization.

- **Advanced Imaging and Specialty Tests**
- **Behavioral Health, Mental Health, and Alcohol and Chemical Dependency Services:**
 - Inpatient, Partial Hospitalization
 - Electroconvulsive Therapy (ECT)
- **Chiropractic Care**
- **Cosmetic, Plastic and Reconstructive Procedures:** No PA required with Breast Cancer diagnosis
- **Durable Medical Equipment and Medical Supplies**
- **Elective Inpatient Admissions:** Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long-Term Acute Care (LTAC) Facility
- **Experimental/Investigational Procedures**
- **Genetic Counseling and Testing**
- **Health Care Administered Drugs**
 - For Medicare Part B drug provider administered drug therapies, please direct Prior Authorization requests to Novologix via Molina's Availity Essentials Provider Portal; this is the preferred method (you may also fax in a Prior Authorization at (800) 391-6437)
- **Hearing Aids**
 - Hearing aids require Prior Authorization
- **Home Health Care Services (including home-based PT/OT/ST)**
- **Hyperbaric/Wound Therapy**
- **Long-Term Services and Supports (LTSS):** Not a Medicare covered benefit* (*Per state benefit if MMP)
- **Miscellaneous & Unlisted 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
- **Neuropsychological and Psychological Testing**
- **Non-Par Providers/Facilities:** PA is required for office visits, procedures, labs, diagnostic studies, inpatient stays **except** for:

- Emergency and urgently needed services
- Professional fees associated with ER visits and approved Ambulatory Surgery Center (ASC) or inpatient stays
- Dialysis when temporarily absent from service area
- Ambulance services dispatched through 911
- PA is waived for all radiologists, anesthesiologist, and pathologist professional services when billed for POS 19, 21, 22, 23 or 24
- PA is waived for professional component services or services billed with Modifier 26 in **any** place of service setting.
- **Occupational, Physical, and Speech Therapy**
- **Outpatient Hospital/Ambulatory Surgery Center**
- **ASC Procedures**
- **Pain Management Procedures including Acupuncture**
- **Prosthetics/Orthotics**
- **Radiation Therapy and Radiosurgery**
- **Sleep Studies**
- **Supervised Exercise Therapy (SET)**
- **Transplants including Solid Organ and Bone Marrow** (Cornea transplant does **not** require authorization).
- **Transportation Services:** Non-Emergent Air Transportation

Important Information for Molina Healthcare Medicare Providers

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, and/or X-ray reports/results)
- Relevant specialty consultation notes
- Any other information or data specific to the request

IMPORTANT: 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 their 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
- Molina Healthcare has a full-time Medical Director available to discuss medical necessity decisions with the requesting physician

IMPORTANT MOLINA HEALTHCARE MEDICARE CONTACT INFORMATION

**Service Hours: 8 a.m. to 5 p.m. Central Time, Monday through Friday,
except for holidays or unless otherwise specified**

**Inpatient (IP) Prior Authorizations
(Includes Behavioral Health Authorizations)**

Phone: (800) 526-8196

Fax: (844) 834-2152

Transplant Authorizations

Phone: (855) 714-2415

Fax: (877) 813-1206

**Outpatient (OP) Prior Authorizations
(Includes Behavioral Health Authorizations)**

Phone: (855) 322-4075

Medicare Fax: (844) 251-1450

MMP/FIDE Fax: (844) 251-1451

Pharmacy Authorizations

Phone: (800) 665-3086

Fax: (866) 290-1309

Radiology Authorizations

Phone: (855) 714-2415

Fax: (877) 731-7218

ILLINOIS ONLY

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Member Services, Benefits/Eligibility

Phone: (877) 901-8181, TTY: 771

My Molina Member Portal: member.molinahealthcare.com

Provider Network Management

Phone: (855) 866-5462

Email: MHILProviderNetworkManagement@MolinaHealthcare.com

Availity Essentials Provider Portal: availity.com/molinahealthcare

Dental: Avēsis

Phone: (855) 704-0433 (MMP)

Phone: (866)-857-8124 (Medicare)

Website: fap.avesis.com/molinail/provider/search

Claims Department

Phone: (855) 866-5462

Fax: (855) 502-4962

Mailing Address:

Molina Healthcare of Illinois
P.O. Box 540
Long Beach, CA 90801

Vision: Avēsis

Phone: (855) 704-0433 (MMP)

Phone: (866)-857-8124 (Medicare)

Case Management

Phone: (888) 858-2156

Fax: (855) 556-2073

For Assistance from a Molina Case Manager
or to refer your patient to a program

OTC: Nations (services), WEX (card) Duals/MMP

Phone: (877)-208-9243

Website: nationsotc.com/molina

Non-Emergency Transportation: MTM Inc.

Phone: (844) 644-6353 or (855) 740-3105
to arrange for transportation