MOLINA® HEALTHCARE MEDICARE
PRIOR AUTHORIZATION / PRE-SERVICE REVIEW GUIDE
EFFECTIVE: 01/01/2020

FOR MMP MEDICAID, PLEASE REFER TO YOUR STATE MEDICAID PA GUIDE FOR ADDITIONAL PA REQUIREMENTS

Refer to Molina's Provider Website / Portal for specific codes that require authorization

ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT

OFFICE VISITS TO CONTRACTED / PARTICIPATING PRIMARY CARE PROVIDERS DO NOT REQUIRE PA.

OFFICE VISITS TO NETWORK SPECIALISTS REQUIRE A REFERRAL FROM A PARTICIPATING PRIMARY CARE PROVIDER.

EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION.

ALL NON-PAR PROVIDER REQUESTS REQUIRE AUTHORIZATION REGARDLESS OF SERVICE.

- **Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services:**
  - Inpatient, Partial hospitalization;
  - Electroconvulsive Therapy (ECT).
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting)**
- **Durable Medical Equipment**
  - Medicare Hearing Aides 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 Services (including home-based PT/OT/ST).** All home healthcare services require PA after initial evaluation.
- **Hyperbaric Therapy.**
- **Imaging and Special Tests**
- **Elective Inpatient Admissions:** Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility.
- **Long Term Services and Supports:** Not a Medicare covered benefit*. **(*Per State benefit if MMP).**
- **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 visit and approved Ambulatory Surgery Center (ASC) or inpatient stay;
  - Dialysis when temporarily absent from service area.
  - Ambulance services dispatched through 911
- **Non-Par Providers / Facilities (continued):**
  - PA is waived for all radiologists, anesthesiologists, and pathologists' 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, & Speech Therapy**: PA required after Medicare therapy benefit threshold ($2,040 for PT & ST combined and $2,040 for OT) has been reached for office and outpatient settings.
- **Office-Based Procedures do not require authorization, unless specifically included in another category (i.e. advanced imaging) that requires authorization even when performed in a participating provider's office.**
- **Outpatient Hospital / Ambulatory Surgery Center (ASC) Procedures.**
- **Pain Management Procedures:** except trigger point injections (Acupuncture is not a Medicare covered benefit).
- **Prosthetics / Orthotics.**
- **Radiation Therapy and Radiosurgery (for selected services only).**
- **Sleep Studies:** (Except Home (POS 12) sleep studies)
- **Healthcare Administered drugs.**
- **Transplants / Gene Therapy, including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization).
- **Transportation:** non-emergent air transportation.
- **Unlisted & 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.

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 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.

IMPORTANT MOLINA HEALTHCARE MEDICARE CONTACT INFORMATION

CALIFORNIA (Service hours 8am-5pm local M-F, unless otherwise specified)

Service Area	PHONE	FAX	Service Area	PHONE	FAX
IP Prior Authorizations	(888) 562-5442	(866) 472-6303 (866) 553-9263	**Provider Services**	(855) 322-4075	(562) 499-0619
OP Prior Authorizations	(855) 322-4075 Option 4, 4, 2, 2, 2	(844) 251-1450	**Dental** (Avesis)	(855) 214-6779 TTY: 711 M-F, 7 am to 8 pm EST Some covered supplemental Part C dental services require prior authorization. The member's network provider will handle any plan-required authorizations for the member	
Member Services Benefits/Eligibility	(800) 665-0898 TTY/TDD: 711 7 Days a week,8 a.m. to 8 p.m., local time				
Behavioral Health Authorizations	(844) 557-8434	(800) 811-4804	**Hearing** (Avesis)	(800) 327-4462 TTY: 711 M-F, 7 am to 8 pm EST	
Pharmacy Authorizations	(800) 665-3086	(866) 290-1309	**Meals** (Mom's Meals NourishCare PurFoods, LLC dba)	Members (866) 204-6111 TTY: 711 Case Managers (866) 224-9485 M-F, 7 am to 6 pm CST+ 24-hour voicemail Case Manager must enroll the member in the home delivered meal program giving them access to this benefit	
Radiology Authorizations	(855) 714-2415	(877) 731-7218	**Vision** (March Vision Care)	(844) 336-2724 TTY: (877) 627-2456	
Transplant Authorizations	(855) 714-2415	(877) 813-1206	**24 Hour Nurse Advice Line (7 days/week)** English: (844) 526-3188 / TTY: 711 Spanish: Press 1 for Spanish		

Transportation
(Secure Transportation)

(844) 644-6363
TTY: 711 or (844) 292-2690

Authorizations are not required unless over the trip limit (over 50 miles one-way). When needed, these authorizations must be approved by Molina Healthcare's Centralized Medicare Utilization Management (CMU) Department

Facility Line: (855) 740-3166

- Press 1 – Ride Assist (My Rides)
- Press 2 – Reservations (Schedule a Ride)
- 24 / 7 365 Days a Year for **URGENT**/same day appointments, facility DISCHARGES, and RIDE ASSIST
- M-F, 8 am to 8 pm local time for **ROUTINE** reservations

Molina® Healthcare – Medicare
Prior Authorization Request Form
Please refer to Contact/FAX numbers above

MEMBER INFORMATION

Plan: ☐ **Molina Medicare**

Member Name: _____ **DOB:** / /

Member ID#: _____ **Phone:** ( ) -

Service Type: ☐ Elective/Routine ☐ Expedited/Urgent*

***Definition of Expedited/Urgent 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**		
☐ Surgical procedures	☐ Surgical Procedure	☐ OT ☐ PT ☐ ST	☐ Home Health
☐ Admissions	☐ Diagnostic Procedure	☐ Hyperbaric Therapy	☐ DME
☐ SNF	☐ Infusion Therapy	☐ Pain Management	☐ Wheelchair
☐ LTAC	☐ Other: _____		☐ In Office

Diagnosis Code & Description: _____

CPT/HCPC Code & Description: _____

Number of visits requested: DOS From: / / to / /

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION

Requesting Provider Name: _____ NPI#: _____ TIN#: _____

Servicing Provider or Facility: _____ NPI#: _____ TIN#: _____

Contact at Requesting Provider's office: _____

Phone Number: ( ) - Fax Number: ( ) -

For Molina Use Only:

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service, benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.