MOLINA® HEALTHCARE MEDICARE PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE EFFECTIVE: 01/01/2021

Refer to Molina's Provider Website/Prior Authorization Look-Up Tool/Matrix for Specific Codes that Require Authorization

ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT

OFFICE VISITS TO CONTRACTED/PARTICIPATING PRIMARY CARE PROVIDERS DO NOT REQUIRE PRIOR AUTHORIZATION (PA).OFFICE VISITS TO NETWORK SPECIALISTS DO NOT REQUIRE A REFERRAL FROM A PARTICIPATING PRIMARY CARE PROVIDER.

EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION.

- **Advanced Imaging and Special Tests**
- **Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services:**
  - Inpatient, Partial hospitalization;
  - Electroconvulsive Therapy (ECT).
- **Cosmetic, Plastic and Reconstructive Procedures:** No PA required with Breast Cancer Diagnoses.
- **Durable Medical Equipment and Medical Supplies**
- **Elective Inpatient Admissions:** Acute hospital, Skilled Nursing Facilities (SNF), Acute Inpatient Rehabilitation, Long Term Acute Care (LTAC) Facility.
- **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.)
- **Healthcare Administered Drugs**
  - For Medicare Part B drug provider administered drug therapies, please direct Prior Authorization requests to Novologix via the Molina Provider Portal. You may also fax in a prior authorization at 800-391-6437.
- **Hearing Aids**
  - Benefit is only available from HearUSA participating providers, contact HearUSA at (855) 823-4632 to schedule. Hearing aids require prior authorization.
- **Home Healthcare Services (including home-based PT/OT/ST)..**
- **Hyperbaric/Wound Therapy.**
- **Long Term Services and Supports:** Not a Medicare covered benefit. (Per State benefit if MMP)
- **Miscellaneous and 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 visit and approved Ambulatory Surgery Center (ASC) or inpatient stay;
  - Dialysis when temporarily absent from service area.
  - Ambulance services dispatched through 911
  - 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 ($2,110 for PT & ST combined and $2,110 for OT) has been reached for office and outpatient setting
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures.**
- **Pain Management Procedures including Acupuncture**
- **Prosthetics/Orthotics.**
- **Radiation Therapy and Radiosurgery**
- **Sleep Studies:** (Except Home (POS 12) sleep studies)
- **Supervised Exercise Therapy (SET)**
- **Healthcare Administered Drugs.**
- **Transplants/Gene Therapy, including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization).
- **Transportation:** non-emergent air transportation

MOLINA HEALTHCARE
Your Extended Family

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

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

	PHONE	FAX		PHONE	FAX
IP Prior Authorizations **OP Prior Authorizations**	(877) 262-0187 (855) 322-4078	(855) 278-0310 (844) 251-1450	**Pharmacy Authorizations** **Healthcare Administered Drugs (J-Codes)**	(800) 665-3086 (800) 665-3086	(866) 290-1309 (800) 391-6437
Member Services Benefits/Eligibility	(866) 440-0127 TTY/TDD: 711 7 Days a week, 8 a.m. to 8 p.m., local time	N/A	**Provider Services**	(855) 322-4078	(855) 278-0310
Behavioral Health Authorizations	(855) 315-5677	(888) 295-5494	**Dental** *(Delta Dental)*	(888) 818-7932 TTY: 711 7 days a week, 8 am to 8 pm local time	N/A
Radiology Authorizations	(855) 714-2415	(877) 731-7218	**Hearing** (HearUSA)	(800) 442-8231 TTY: 711 Monday to Friday, 8 am to 8 pm EST	
Transplant Authorizations	(855) 714-2415	(877) 813-1206	**Meals** (Mom's Meals NourishCare PurFoods, LLC dba) *Case Manager must enroll the member in the home delivered meal program giving them access to this benefit*	Case Managers (866) 224-9485	N/A
PERS (Best Buy Health, dba Critical Signal Technologies, Inc. (CST)) *Benefit is covered for qualifying members when authorized/ ordered by the Case Manager.*	(888) 55.SIGAL (888) 557-4462 TTY: 711 24 hours a day, 7 days a week	N/A	**Vision** (March Vision Care)	(844) 706-2724 TTY: 711 or (877) 627-2456	N/A

Transportation
(Access2Care (A2C)
Where covered, 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.

888) 616-4843 TTY: 711 or (866) 874-3972 or Press 1 for Ride Assist; otherwise stay on the line for assistance. MI members are instructed to call MI Molina Medicare Complete Care Member Services. The IVR will redirect members to the above phone number for A2C.24 hours a day, 7 days a week, 365 days a year for **URGENT**/ same day appointments, facility DISCHARGES, and RIDE ASSIST

Monday to Friday:
8 a.m. to 8 p.m. local time for **ROUTINE** reservations. Requests for ROUTINE reservations will not be accepted on national holidays. This does not apply to URGENT same day appointments, facility DISCHARGES, and RIDE ASSIST – these calls are 24 hours a day, 7 days a week, 365 days a year.

Facility Line:
(877) 299-4811
Facility line is dedicated for use by plan representatives and/or facilities. Same hours as above.

Nurse Advice Line (24 hours a day, 7 days a week)

(888) 275-8750 (TTY: 711)

Members who speak Spanish can press 1 at the IVR prompt; the nurse will arrange for an interpreter, as needed, for non-English/Spanish speaking members.
No referral or prior authorization is needed.

Providers may utilize Molina Healthcare's Website at: https://provider.molinahealthcare.com/Provider/Login

Available features include:

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

Molina® Healthcare, Inc. – Prior Authorization Request Form

MEMBER INFORMATION

Line of Business:	☐ **Medicaid**	☐ **Marketplace**	☐ **Medicare**	**Date of Request:**
State/Health Plan (i.e. CA):				
Member Name:			**DOB** (MM/DD/YYYY):	
Member ID#:			**Member Phone**:	

Service Type:
- ☐ Non-Urgent/Routine/Elective
- ☐ Urgent/Expedited – Clinical Reason for Urgency **Required**:_____
- ☐ Emergent Inpatient Admission
- ☐ EPSDT/Special Services

REFERRAL/SERVICE TYPE REQUESTED

Request Type:	☐ **Initial Request**	☐ **Extension/ Renewal / Amendment**	**Previous Auth#:**

Inpatient Services:
- ☐ Inpatient Hospital
- ☐ Inpatient Transplant
- ☐ Inpatient Hospice
- ☐ Long Term Acute Care (LTAC)
- ☐ Acute Inpatient Rehabilitation (AIR)
- ☐ Skilled Nursing Facility (SNF)
- ☐ Other Inpatient:_____

Outpatient Services:

☐ Chiropractic	☐ Office Procedures	☐ Pharmacy
☐ Dialysis	☐ Infusion Therapy	☐ Physical Therapy
☐ DME	☐ Laboratory Services	☐ Radiation Therapy
☐ Genetic Testing	☐ LTSS Services	☐ Speech Therapy
☐ Home Health	☐ Occupational Therapy	☐ Transplant/Gene Therapy
☐ Hospice	☐ Outpatient Surgical/Procedures	☐ Transportation
☐ Hyperbaric Therapy	☐ Pain Management	☐ Wound Care
☐ Imaging/Special Tests	☐ Palliative Care	☐ Other: _____

PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION

Primary ICD-10 Code: **Description:**

Dates of Service Start	Stop	Procedure/ Service Codes	Diagnosis Code	Requested Service	Requested Units/Visits

PROVIDER INFORMATION

REQUESTING PROVIDER / FACILITY:

Provider Name:		**NPI#:**	**TIN#:**
Phone:	**FAX**:	**Email**:	
Address:	**City:**	**State:**	**Zip:**
PCP Name:		**PCP Phone**:	
Office Contact Name:		**Office Contact Phone**:	

SERVICING PROVIDER / FACILITY:

Provider/Facility Name (Required):				
NPI#:	**TIN#:**	**Medicaid ID# (If Non-Par):**	☐**Non-Par**	☐**COC**
Phone:	**FAX:**	**Email:**		
Address:	**City:**	**State:**	**Zip:**	

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.

Molina® Healthcare, Inc. - BH Prior Authorization Request Form

MEMBER INFORMATION

Line of Business:	☐ **Medicaid**	☐ **Marketplace**	☐ **Medicare**	**Date of Request:**
State/Health Plan (i.e. CA):				
Member Name:			**DOB** (MM/DD/YYYY):	
Member ID#:			**Member Phone**:	
Service Type:	☐ Non-Urgent/Routine/Elective ☐ Urgent/Expedited – Clinical Reason for Urgency **Required**:_____ ☐ Emergent Inpatient Admission			

REFERRAL/SERVICE TYPE REQUESTED

Request Type:	☐ **Initial Request**	☐ **Extension/ Renewal / Amendment**	**Previous Auth#:**

Inpatient Services:	**Outpatient Services:**	
☐ Inpatient Psychiatric ☐Involuntary ☐Voluntary ☐ Inpatient Detoxification ☐Involuntary ☐Voluntary If Involuntary, Court Date:_____	☐ Residential Treatment ☐ Partial Hospitalization Program ☐ Intensive Outpatient Program ☐ Day Treatment ☐ Assertive Community Treatment Program ☐ Targeted Case Management	☐ Electroconvulsive Therapy ☐ Psychological/Neuropsychological Testing ☐ Applied Behavioral Analysis ☐ Non-PAR Outpatient Services ☐ Other: _____

PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION

Primary ICD-10 Code for Treatment: **Description:**

Dates of Service Start	Stop	Procedure/ Service Codes	Diagnosis Code	Requested Service	Requested Units/Visits

PROVIDER INFORMATION

REQUESTING PROVIDER / FACILITY:

Provider Name:	**NPI#:**	**TIN#:**	
Phone:	**FAX**:	**Email**:	
Address:	**City:**	**State:**	**Zip:**
PCP Name:	**PCP Phone**:		
Office Contact Name:	**Office Contact Phone**:		

SERVICING PROVIDER / FACILITY:

Provider/Facility Name (Required):				
NPI#:	**TIN#:**	**Medicaid ID# (If Non-Par):**	☐**Non-Par**	☐**COC**
Phone:	**FAX:**	**Email:**		
Address:	**City:**	**State:**	**Zip:**	

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