MOLINA® HEALTHCARE MEDICAID
PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE
EFFECTIVE: 10/01/2021

REFER TO MOLINA'S PROVIDER WEBSITE OR PRIOR AUTHORIZATION LOOK UP TOOL/MATRIX FOR SPECIFIC CODES THAT REQUIRE AUTHORIZATION
ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT

OFFICE VISITS TO CONTRACTED/PARTICIPATING (PAR) PROVIDERS & REFERRALS TO NETWORK SPECIALISTS DO NOT REQUIRE PRIOR AUTHORIZATION.
EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION.

- **Advanced Imaging and Special Tests**
- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**
  - Inpatient, Residential Treatment, Partial hospitalization, Day Treatment, & Intensive Outpatient;
  - Electroconvulsive Therapy (ECT);
  - Outpatient Psychotherapy Services-the initial evaluation and 24 visits annually do NOT require authorization, Obtain authorization for visit 25 and beyond;
  - RBHS/Community Support Services;
  - Psychiatric Residential Treatment Facility (PRTF) services;
  - Autism Spectrum Disorder (ASD), including Applied Behavioral Analysis (ABA).
- **BabyNet:** Notification is required for any BabyNet service provider. All notification submissions must be requested on the Universal Prior Authorization Form and include a copy of the Individual Family Service Plan.
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting):** No Prior Authorization required with breast cancer diagnosis
- **Circumcision:** No Prior Authorization required up to 365 days post birth
- **Durable Medical Equipment**
- **Dental Procedures:** Notification is required for any dental procedure that is performed in at a Non-Participating Outpatient or Ambulatory Surgical Center {POS 22, 24}. DentaQuest provides review of all dental procedures and evidence of this approval (via DentaQuest letter or fax) must be submitted with such requests.
- **Dialysis:** Notification ONLY
- **Elective Inpatient Admissions:** Acute Hospital, Skilled Nursing Facilities (SNF), Acute Inpatient Rehabilitation, Long Term Acute Care (LTAC) Facilities
- **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**
- **Home Healthcare Services (including home-based OT/PT/ST/SN):** All home healthcare services require authorization after initial evaluation plus first six (6) visits, per calendar year, including home-based therapies (e.g. PT/OT and/or Speech Therapy).
- **Hospice:** Requires notification only.
- **Hyperbaric Therapy**

- **Long Term Services and Supports:** Medicaid-Not a covered benefit
- **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:** Authorization 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;
  - Local Health Department (LHD) services;
  - Other services based on State Requirements.
- **Nursing Home/Long Term Care**
- **Occupational & Physical Therapy**: For **ages 18 years and younger only:** the initial evaluation plus first six (6) visits in an outpatient setting do NOT require authorization, obtain authorization for visit 7 and beyond. **Ages 19 and older:** services do NOT require authorization in an outpatient setting.
- **Office-Based Procedures:** No prior authorization required, 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 covered benefit for Medicaid
- **Prosthetics/Orthotics**
- **Radiation Therapy and Radiosurgery**
- **Sleep Studies** (Except Home (POS 12) sleep studies).
- **Speech Therapy:** For **ages 18 years and younger only:** Prior authorization is required after the initial evaluation/visit. **Ages 19 and older:** services do NOT require authorization in an outpatient setting.
- **Transplants/Gene Therapy, including Solid Organ and Bone Marrow** (Corneal transplants do NOT require authorization): **Kidney transplants** require authorization through SCDHHS contracted QIO (Quality Improvement Organization) named KePro. Fax such requests to (855) 300-0082. **Solid organ and bone marrow transplants** fax evaluation requests to Molina at (855) 237-6178.
- **Transportation:** Non-emergent air and ground transportation only.

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.
IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICAID 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 at 855-237-6178.

Important Molina Healthcare Medicaid Contact Information
(Service hours 8am 5pm local M F, unless otherwise specified)

SERVICE AREA	PHONE	FAX	SERVICE AREA	PHONE	FAX
Prior Authorizations:	(855) 237-6178	(866) 423-3889	**Pharmacy Authorizations:**	(855) 237-6178, option 2	(855) 571-3011
Member Customer Service Benefits/ Eligibility:	**Hours 8am-6pm** (855) 882-3901 TTY/TDD: 711		**Provider Customer Service:**	(855) 237-6178 TTY/TDD: 711	
Behavioral Health Authorizations:	(855) 237-6178	(866) 423-3889	**Dental (DentaQuest):**	(888) 307-6552	
Radiology Authorizations:	(855) 714-2415, press 72 for South Carolina	(877) 731-7218	**Transportation: (Provided by Logisticare)**	For assistance in arranging transportation, please call Molina Member Services at: (855) 882-3901	
Transplant Authorizations:	**Solid Organ & Bone Marrow** (855) 237-6178	**Solid Organ & Bone Marrow** (866) 423-3889 **Kidney KePro Fax:** (855) 300-0082	**Vision Care (March Vision)**	(844) 946-2724	

24 Hour Nurse Advice Line (7 days/week):
English: 1 (844) 800-5155 / 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.
24 Hour Behavioral Health Crisis (7 days/week): Phone: (844) 800-5154

Providers may utilize Molina Healthcare's Website at: https://provider.molinahealthcare.com/Provider/Login
Available features include:
- **Authorization submission and status**
- **Member Eligibility**
- **Provider Directory**
- · **Claims submission and status**
- · **Download Frequently used forms**
- · **Nurse Advice Line Report**

Molina Healthcare – Prior Authorization Service Request Form

EFFECTIVE 10/01/2021   PHONE (855) 237-6178

FAX TO: Medicaid (866) 423-3889; Pharmacy (855) 571-3011; MMP - Duals (844) 251-1451; DSNP - Complete Care (844) 251-1459

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
☐ Dialysis
☐ DME
☐ Genetic/Genomic Testing
☐ Home Health
☐ Hospice
☐ Hyperbaric Therapy
☐ Imaging/Special Tests

☐ Office Procedures
☐ Infusion Therapy
☐ Laboratory Services
☐ LTSS Services
☐ Occupational Therapy
☐ Outpatient Surgical/Procedures
☐ Pain Management
☐ Palliative Care

☐ Pharmacy
☐ Physical Therapy
☐ Radiation Therapy
☐ Speech Therapy
☐ Transplant/Gene Therapy
☐ Transportation
☐ Wound Care
☐ Other:

J Code Drug Requests (Include J Code, Drug Name, Dosage, and Frequency)

J Code:		Drug Name:		Dosage:		Frequency:	
J Code:		Drug Name:		Dosage:		Frequency:	
J Code:		Drug Name:		Dosage:		Frequency:	
J Code:		Drug Name:		Dosage:		Frequency:	

Please send clinical notes and any supporting documentation

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

Date of Service Start / End	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, benefit limitation/exclusions, evidence of medical necessity and other applicable standards during the claim review.