

www.molinahealthcare.com

# JUST THE FAX

June 13, 2016

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## THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

#### **COUNTIES:**

- ⋈ Imperial
- ☐ Riverside/San Bernardino
- ☐ Los Angeles
- ☐ Sacramento

### **LINES OF BUSINESS:**

- Molina Medi-CalManaged Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)

#### **PROVIDER TYPES:**

### Primary Care

- ☑ IPA/MSO
- ☑ Directs☑ MMG

### Specialists

- □ Directs
- □ IPA

### ☐ Hospitals

### Ancillary

- □ CBAS
- ☐ SNF/LTC
- □ DME
- $\ \square \ \ \text{Home Health}$
- □ Other

### FOR QUESTIONS CALL PROVIDER SERVICES:

(855) 322-4075, Extension:

### **Los Angeles County**

122233	127685	111131
127690	127657	114378
120104	127879	127651

#### Riverside/San Bernardino Counties

128007 123251 126556 128010 127709

### **Sacramento County**

127140 126232 128543

### San Diego County

121592 120019 126236 121587 121056

### **Imperial County**

125682 121588 120153

### Verio Healthcare Provider Request Forms for DME Equipment and Supplies

This is a notification to the Molina Healthcare of California (MHC) contracted provider network in San Diego and Imperial County. Verio Healthcare Provider Request Forms are now available online. They are located on the Molina Website in the Frequently Used Forms list.

http://www.molinahealthcare.com/providers/ca/medicaid/forms/Pages/fuf.aspx.

To place durable medical equipment (DME), supplies, and services orders complete all applicable fields on the Provider Request Forms and fax it to 619-243-7202 or call Verio directly at 888-611-1106.

Remember, Verio should be used for all durable medical equipment, supplies, and services needed for members that reside in San Diego County and Imperial County, unless Verio instructs otherwise.

The Provider Request forms are located on Molina website at address below:

Types of Provider Request Forms;

Certificate of Medical Necessity/DME Order

<u>Certificate of Medical Necessity - Oxygen</u>

<u>Certificate of Medical Necessity/Order - Pap</u>

**Incontinence Supply Order** 

Certificate of Medical Necessity-Enteral Nutrition

### **QUESTIONS**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075.