

**Molina Healthcare/Molina Medicare of California
Prior Authorization/Pre-Service Review Guide
Effective: 04/01/2012**

This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare/Molina Medicare Members.

Referrals to Network Specialists do not require Prior Authorization

Authorization required for services listed below. Pre-Service Review is required for elective services. Only covered services will be paid. If you are contracted with Molina through an IPA / Medical Group please refer to your IPA / MG Prior Authorization requirements. For San Diego Medi-Cal members age 0 – 17.99 years old please refer to Children's Physicians Medical Group's (CPMG) Prior Authorization requirements.

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| <ul style="list-style-type: none"> • All Non-Par providers/services: services, including office visits, provided by non-participating providers, facilities and labs, <u>except professional services related to ER visit, approved Ambulatory Surgical Center or inpatient stay and Women's health/OB services.</u> ER visits do not require PA • Alcohol and Chemical Dependency Services (Medicare & CHIP only) Refer to Comp Care or Behavioral Health contact information – page 3 • All Inpatient Admissions: Acute hospital, SNF, Rehab, LTACS, Hospice(notification only) • Behavioral Health Services: - Inpatient, Partial hospitalization, Day Treatment, Intensive Outpatient Programs (IOP), ECT, and > 12 Office Visits/year for adults and 20 Office visits/year for children (Medicare & CHIP only) Refer to Comp Care or Behavioral Health contact information – page 3 • Cardiac Rehabilitation, Pulmonary Rehabilitation, and CORF (Comprehensive Outpatient Rehab Facility services for Medicare only) • Chiropractic Services (Medi-Cal benefit only for Sac / San Diego counties members under 21 yrs of age – Max. allowable 2 treatments / month) (Healthy Families PA after initial 20 visits benefit) (Medicare based on Medicare benefit policy) • Cosmetic, Plastic and Reconstructive Procedures in any setting: <u>which are not usually covered benefits include but are not limited to</u> tattoo removal, collagen injections, rhinoplasty, otoplasty, scar revision, keloid treatments, and surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, venous injections, vein ligation, venous ablation or dermabrasion, botox injections, etc • Dental General Anesthesia for Dental restorations: 7 years old or older (Not a Medicare covered benefit) • Dialysis: notification only • Durable Medical Equipment/Orthotics/Prosthetics: <ul style="list-style-type: none"> ○ >\$500 allowed amount (paid amount) per line item or >\$2000 total ○ All C-PAP and Bi-PAP ○ All customized orthotics, prosthetics, wheelchairs and braces • Hearing Aids – including bone anchored hearing aids (Medicare Hearing Supplemental benefit: Contact Avesis at 800-327-4462) • Enteral Formulas & Nutritional Supplements-submit to Molina Pharmacy Authorization – page 3 • Experimental/Investigational Procedures • Genetic Counseling and Testing <u>NOT</u> related to pregnancy | <ul style="list-style-type: none"> • Home Healthcare: after initial 3 skilled nursing visits • Home Infusion • Outpatient Hospice & Palliative Care: notification only. • Imaging: CT, MRI, MRA, PET, SPECT, Cardiac Nuclear Studies, CT Angiograms, intimal media thickness testing, three dimensional imaging • Neuropsychological Testing and Therapy • Occupational Therapy, Physical Therapy and Speech Therapy after initial eval plus 6 visits (Home or outpatient setting) • Office-Based Surgical Procedures do not require auth <u>except for Podiatry Surgical Procedures</u>
(routine foot care may be covered on members with systemic illnesses causing peripheral neuropathy) • Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures: <u>except for see attached**</u> • Pain Management Procedures: including sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants, and acupuncture (Not a Medicare covered benefit) • Pregnancy and Delivery: notification only • Sleep Studies • All Specialty Pharmacy including, but not limited to: Hemophilia drugs, Avastin, Enbrel, Lupron, Remicade, Avonex, Interferon, Xolair, Humira, Raptiva, Amevive, Synagis, Synvisc, growth hormone, monoclonal antibody, genomic preparations, etc. (except for specific state regulatory requirements) submit to Molina Pharmacy Authorization – page 3 • Solid Organ and Bone Marrow Transplant Services: including the evaluation (except Cornea transplants) • Transportation: non-emergent ground and air ambulance • Unlisted CPT procedures (all), <ul style="list-style-type: none"> ○ miscellaneous codes >\$500 billed charges per line item • Wound Therapy including Wound Vacs and Hyperbaric Wound Therapy |
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***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. (Medicaid benefit only)

**** Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:**

The following procedures do NOT require PA if performed in a participating ASC or Outpatient Hospital setting:

Appendectomy	44950, 44970
AV Fistula	36831, 36832, 36833
Bladder Tumor	52234, 52235, 52240
Blood Patch	62273
Breast Biopsy	19120
Bronchoscopy	31622, 31623, 31624, 31625, 31626, 31627, 31628, 31629, 31630, 31631, 31632, 31633, 31635, 31636, 31637, 31638, 31640, 31641, 31643, 31645, 31646, 31656
Cardiac Cath	93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93462, 93463, 93464, 93530, 93531, 93532, 93533
Cardiovascular Intra-Arterial/Intra-Aortic Catheter	36100, 36120, 36140, 36147, 36148, 36160, 36200, 36215, 36216, 36217, 36218, 36245, 36246, 36247, 36248. Also please note that the following associated Aortography/Angiography procedures do not require authorization as well: 75600, 75605, 75625, 75630, 75650, 75658, 75660, 75662, 75665, 75671, 75676, 75680, 75685, 75705, 75710, 75716, 75722, 75724, 75726, 75731, 75733, 75736, 75741, 75743, 75746, 75756, 75774, 75791
Cataract	66820, 66821, 66830, 66982, 66983, 66984
Cecostomy tube	49442
Cerclage during Pregnancy	59320
Colonoscopy	44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45391, 45392
Cystourethroscopy	52270, 52275, 52276, 52265, 52260, 52000, 52001, 52005
D&C	58120, 59812, 59820, 59821
Endometrial/Endocervical Sampling (biopsy)	58100
Gastrostomy Tube	49440, 49450, 43760, 43761, 49460
Gastrostomy Tube to Jejunostomy Tube	49446, 49452
GI Endoscopy	43234, 43235, 43236, 43237, 43238, 43239, 43240, 43241, 43242, 43243, 43244, 43245, 43246, 43247, 43248, 43249, 43250, 43251, 43255, 43256, 43257, 43258, 43259, 43260, 43261, 43262, 43263, 43264, 43265, 43267, 43268, 43269, 43271, 43272
Hardware Removal	20680, 20670
Inguinal Hernia	49505, 49507, 49520, 49521, 49525, 49650, 49651
Jejunostomy Tube	49441, 49451
Lacrimal Duct	68811, 68815, 68816
Lap Cholecystectomy	47563, 47564, 47562
Laryngoscopy	31505, 31510, 31511, 31512, 31513, 31515, 31520, 31525, 31526, 31527, 31528, 31529, 31530, 31531, 31535, 31536, 31540, 31541, 31545, 31546, 31560, 31561, 31570, 31571, 31575, 31576, 31577, 31578, 31579
Malignant Lesion	11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11640, 11641, 11642, 11643, 11644, 11646, 17260, 17261, 17262, 17263, 17264, 17266, 17270, 17271, 17272, 17273, 17274, 17276, 17280, 17281, 17282, 17283, 17284, 17286
Orchiopexy	54640
PICC line placement/ replacement	36568, 36569, 36582, 36584, 36589, 36590, 36598
PORT-A-CATH	36557, 36558, 36560, 36561, 36563, 36565, 36566, 36568, 36569, 36570, 36571, 36576, 36578
Sigmoidoscopy	45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45339, 45340, 45341, 45342, 45345
Sterilization*	55250, 58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58267,

	58270, 58275, 58280, 58285, 58600, 58605, 58611, 58615, 58671, 58940
Tonsillectomy/Adenoidectomy	42820, 42821, 42825, 42826, 42830, 42831, 42835, 42836
TURP	52601, 52630
Tympanoplasty/Myringotomy	69420, 69421, 69424, 69433, 69436, 69631, 69632, 69633, 69635, 69636, 69637, 69641, 69642, 69643, 69644, 69645, 69646

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE/MOLINA MEDICARE

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.

All member cases with a potential CCS diagnosis must be referred to CCS paneled practitioners and / or facilities. Referrals to non-CCS paneled providers may result in delays in claim payment.

- 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 or fax. Verbal and fax denials are given within one business day of making the denial decision, or sooner if required by the member’s condition. Providers 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 (800) 526-8196

Important Molina Healthcare/Molina Medicare Information

Medi-Cal & HF Prior Authorizations: 8:30 a.m. – 5:30 p.m.
 Phone: 800-526-8196 PA Queue X126400 (PA Manager – Alona Velando X126587) or 562-499-6191
 Fax: 800-811-4804

Pharmacy Authorizations: 8:00 a.m. – 6:00 p.m.
 Phone: 888-665-4621 8:30am-5pm
 Fax: 866-508-6445

Medicare Prior Authorization:
 Phone: 800-526-8196 X129105
 Fax: 866-472-0596

Behavioral Health Authorizations:
Comprehensive Care – Medicare & Healthy Family LOB - (Sacramento, Riverside, San Bernardino, LA)
 Phone: 800-818-7235
 Fax: 877-436-3604

Behavioral Health Associates – San Diego Medicare & Healthy Family LOB
 Phone: 619-528-4600
 Fax: 619-528-4625

Member Customer Service Benefits/Eligibility:

Phone: 888-665-4621
 Fax: 310-507-6186
 TTY/TDD: 800-479-3310

Medicare Member Customer Service Benefits / Eligibility

Phone: 1-800-665-0898
 Fax: 1-801-858-0409
 TTY/TDD-1-800-346-4128

Provider Customer Service: 7:00 a.m. – 7:00 p.m.
 Monday - Friday

Phone: 888-665-4621
 Fax: 562-901-9632

24 Hour Nurse Advice Line

English: 1 (888) 275-8750 [TTY: 1-866/735-2929]
 Spanish: 1 (866) 648-3537 [TTY: 1-866/833-4703]

Vision Care: March Vision Services

Phone: (888) 493-4070

Medicare Dental: Avesis

Phone: 855-214-6779

Medicare Hearing Coverage: Avesis

Phone: 800-327-4462

Medicare Non-emergency transportation coverage: Logisticare

Phone: 866-475-5423

Providers may utilize Molina Healthcare's ePortal at: www.molinahealthcare.com

Available features include:

- Authorization submission and status
- Claims submission and status (EDI only)
- Download Frequently used forms
- Member Eligibility
- Provider Directory
- Nurse Advice Line Report

Molina Healthcare/Molina Medicare Prior Authorization Request Form

Phone Number: (800) 526-8196

Fax Number: (800) 811-4804

Member Information

Plan: Molina Medicaid Molina Medicare Other: _____

Member's Name: _____ DOB: ____ / ____ / ____

Member's ID#: _____ Member Phone #: ____ (____) _____

Service Is: Elective/Routine Expedited/Urgent*

***Definition of Urgent / Expedited 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 <input type="checkbox"/> Surgical procedures <input type="checkbox"/> ER Admits <input type="checkbox"/> SNF <input type="checkbox"/> Rehab <input type="checkbox"/> LTAC	Outpatient <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Rehab (PT, OT, & ST) <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Chiropractic <input type="checkbox"/> Wound Care <input type="checkbox"/> Infusion Therapy	<input type="checkbox"/> Home Health <hr/> <input type="checkbox"/> DME <hr/> <input type="checkbox"/> In Office
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ICD-9 Code & Description: _____

CPT/HCPC Code & Description: _____

Number of visits requested: _____ Date(s) of Service: _____

Please send clinical notes and any supporting documentation

Provider Information

Requesting Provider Name: _____

Facility Providing Service: _____

Contact @ Requesting Provider's: _____

Phone Number: ____ (____) _____ Fax Number: ____ (____) _____

For Molina Use Only: