

Molina Healthcare of South Carolina

Prior Authorization/Pre-Service Review Guide • Effective: 01/01/2015

Use the Molina web portal for faster turnaround times

Contact Provider Services for details

*****Referrals to Network Specialists and office visits to contracted (par) providers do not require Prior Authorization*****

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

Refer to Molina's website or portal for specific codes that require authorization

Only covered services are eligible for reimbursement

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| <ul style="list-style-type: none"> • Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services: <ul style="list-style-type: none"> o Inpatient, Residential Treatment, Partial hospitalization, Day Treatment o Electroconvulsive Therapy (ECT) o Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD) • Cosmetic, Plastic and Reconstructive Procedures (in any setting) • Dental General Anesthesia: > 7 years old or per state benefit • Dialysis: one time only notification • Durable Medical Equipment: Refer to Molina's website or portal for specific codes that require authorization. • 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 • Habilitative Therapy – After initial evaluation plus six (6) visits for outpatient and home settings (per state benefit) • Home Healthcare and Home Infusion: After initial evaluation plus six (6) visits • Hospice & Palliative Care: notification only. • Hyperbaric Therapy • Imaging, Advanced and Specialty Imaging: Refer to Molina's website or portal for specific codes that require authorization • Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only) • Long Term Services and Supports: Refer to Molina's website or portal for specific codes that require authorization. (per state benefit) • Neuropsychological and Psychological Testing • Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for: <ul style="list-style-type: none"> o Emergency Department services o Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay o Local Health Department (LHD) services o Other services based on state requirements | <ul style="list-style-type: none"> • Occupational Therapy: After initial evaluation plus six (6) visits for outpatient and home settings • Office-Based Procedures do not require authorization • Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures: Refer to Molina's website or portal for specific codes that require authorization • Pain Management Procedures: except trigger point injections • Physical Therapy: After initial evaluation plus six (6) visits for outpatient and home settings • Pregnancy and Delivery: notification only • Prosthetics/Orthotics: Refer to Molina's website or portal for specific codes that require authorization • Radiation Therapy and Radiosurgery (for selected services only): Refer to Molina's website or portal for specific codes that require authorization • Rehabilitation Services: Including Cardiac, Pulmonary, and Comprehensive Outpatient Rehab Facility (CORF). CORF Services for Medicare only • Sleep Studies • Specialty Pharmacy drugs (oral and injectable): Refer to Molina's website or portal for specific codes that require authorization • Speech Therapy: After initial evaluation • Transplants including Solid Organ and Bone Marrow (Cornea transplant does not require authorization) • Transportation: non-emergent ambulance (ground and air) • Unlisted, Miscellaneous and certain T (Temporary) 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. Refer to Molina's website or portal for specific codes that require authorization • 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)



Your Extended Family.



Molina Healthcare Medicaid **Prior Authorization Request Form**

Phone Number: (855) 237-6178 • Fax Number: (866) 423-3889

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICAID

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 Information	
<p>Prior Authorizations: 8:00 a.m. – 5:00 p.m. Phone: (855) 237-6178 Fax: (866) 423-3889</p> <p>Radiology Authorizations: Phone: (855) 714-2415, press 8 Fax: (877) 731-7218</p> <p>NICU Authorizations: Phone: (855) 714-2415, press 8 Fax: (877) 731- 7218</p> <p>Pharmacy Authorizations: Phone: (855) 237-6178, option 2 Fax: (855) 571-3011</p> <p>Behavioral Health Authorizations: Phone: (855) 237-6178 Fax: (866) 423-3889</p> <p>Transplant Authorizations: Phone: (855) 714-2415, press 8 Fax: (877) 731-7218</p> <p>Member Customer Service Benefits/Eligibility: 8:00 a.m. – 6:00 p.m. Phone: (855) 882-3901 TTY/TDD: 711</p>	<p>Provider Customer Service: 8:00 a.m. – 5:00 p.m. Phone: (855) 237-6178 TTY/TDD: 711</p> <p>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]</p> <p>Vision Care: March Vision Phone: (888) 493-4070</p> <p>Dental: DentaQuest Phone: (888) 307-6552</p> <p>Transportation: Logisticare Phone: (855) 882-3901</p>

Providers may utilize Molina Healthcare’s eWeb at: www.molinahealthcare.com Available features include:

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



Your Extended Family.



Molina Healthcare Medicaid **Prior Authorization Request Form**

Phone Number: (855) 237-6178 • Fax Number: (866) 423-3889

MEMBER INFORMATION

Plan:	Molina Medicaid		
Member Name:		DOB:	/ /
Member ID#:		Phone:	() -
Service Type:	<input type="checkbox"/> Elective/Routine	<input type="checkbox"/> 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"/> Diagnostic Procedure <input type="checkbox"/> Wound Care <input type="checkbox"/> Other: <input type="checkbox"/> Rehab (PT, OT, & ST) <input type="checkbox"/> Chiropractic <input type="checkbox"/> Infusion Therapy
Home Health DME In Office	
Diagnosis Code & Description:	
CPT/HCPC Code & Description:	
Number of visits requested:	Date(s) of Service:
Number of visits or units used since 7/1 of the previous year (as applicable)	<input type="checkbox"/> Visits: _____ PT _____ OT _____ Speech <input type="checkbox"/> Units:

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION

Requesting Provider Name:			
Facility Providing Service:			
Contact at Requesting Provider’s office:			
Phone Number:	()	Fax Number:	()

For Molina Use Only: