MOLINA® HEALTHCARE MARKET PLACE
PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE
EFFECTIVE: 01/01/2019

REFER TO MOLINA'S PROVIDER WEBSITE OR PORTAL 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.

ALL NON-PAR PROVIDER REQUESTS REQUIRE AUTHORIZATION REGARDLESS OF SERVICE.

- **Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services:**
  - Inpatient, Transitional Substance Abuse Residential Treatment, Partial hospitalization.
  - Electroconvulsive Therapy (ECT);
  - Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD).

- **Cosmetic, Plastic and Reconstructive Procedures (in any setting).** No PA Required with breast CA Dx (Z85.3)

- **Dental (Pediatric):** Please contact California Dental Network, Inc. a DentaQuest company at 1 (855) 230-5530

- **Durable Medical Equipment.**

- **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.

- **Home Healthcare Services (including home-based OT/PT/ST):** All home healthcare services require PA after initial evaluation plus six (6) visits per calendar year.

- **Hyperbaric Therapy.**

- **Imaging, Advanced and Specialty Imaging.**

- **Elective Inpatient Admissions**: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility.

- **Long Term Services and Supports (Per State benefit).**

- **Neuropsychological and Psychological Testing.**

- **Non-Par Providers/Facilities:**
  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;
  - Radiologists, anesthesiologists, and pathologists professional services when billed for POS 19, 21, 22, 23 or 24.

- **Non-Par Providers/Facilities (continues):**
  - PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting.
  - Other services based on State requirements.

- **Office visits and office-based procedures do not require authorization, unless specifically included in another category, i.e. advanced imaging 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.

- **Prosthetics/Orthotics.**

- **Radiation Therapy and Radiosurgery (for selected services only).**

- **Sleep Studies:** Except Home (POS 12) sleep studies

- **Specialty Pharmacy drugs:** Auth required for all places of service.

- **Speech Therapy:** After initial evaluation plus six (6) visits for office and outpatient settings.

- **Transplants including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization).

- **Transportation:** Contact UM for all non-emergent transportation. .

- **Unlisted & Miscellaneous 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.

- **Vision:** Pediatric Low Vision Optical Devices and Services: Please contact VSP at 1 (800) 877-7195 or visit their website at www.vsp.com/advantage

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 1 (844) 557-8434

IMPORTANT MOLINA HEALTHCARE MARKET PLACE CONTACT INFORMATION

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

SERVICE AREA	PHONE	FAX	SERVICE AREA	PHONE	FAX
Prior Authorizations:	1 (844) 557-8434	1 (800) 811-4804	**Pharmacy Authorizations:**	1 (855) -322-4075	1 (866) 508-6445
Member Customer Service Benefits/ Eligibility:	1 (888) 858-2150		**Provider Customer Service:**	1 (888) 858-2150	
Behavioral Health Authorizations:	1 (844) 557-8434	1 (800) 811-4804	**Dental:** (CDN)	1 (877) 433-6825	1 (949) 830-1655
Radiology Authorizations:	1 (855) 714-2415	1 (877) 731-7218	**Transportation:**	1 (855) 740-3166	
Transplant Authorizations:	1 (855) 714-2415	1 (877) 813-1206	**Vision:** (VSP) www.vsp.com/advantage	1 (800) 877-7195	
NICU Authorizations:	1 (855) 714-2415	1 (877) 731-1220	**24 Hour Nurse Advice Line (7 days/week):** English: 1 (888) 275-8750 / TTY: 1 (866) 735-2929 Spanish: 1 (866) 648-3537 / TTY: 1 (866) 833-4703		

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

Available features include:

- **Authorization submission and status**
- **Download Frequently used forms**
- **Provider Directory**

- **Claims submission and status**
- **Member Eligibility**
- **Nurse Advice Line Report**

Molina®Healthcare – Marketplace
Prior Authorization Request Form
Phone Number: 1 (844) 557-8434 │ Fax Number: 1 (800) 811-4804

MEMBER INFORMATION			
Plan:	☐Molina Medi-Cal	☐Other:	
Member Name:		**DOB:**	/ /
Member ID#:		**Phone:**	( ) -
Service Type:	☐Elective/Routine	☐Expedited/Urgent*	

*Definition of Expedited/Urgent 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 ☐ Surgical procedures ☐ Admissions ☐ SNF ☐ LTAC ☐ Custodial Care 　☐ Notification Only 　　☐ Bed Hold　☐ LOA Dates From / / to / /	**Outpatient** ☐ Surgical Procedure ☐ Diagnostic Procedure ☐ Infusion Therapy ☐ My Care (Palliative Care) ☐ Other: _____ ☐ Hyperbaric Therapy ☐ Pain Management	☐ST: Mbr has completed initial eval and 6 visits (NO initial PA needed) ☐PT: Mbr has completed initial eval and 12 visits (NO initial PA needed) ☐OT: Mbr has completed initial eval and 12 visits (NO initial PA needed)	☐ **Home Health** Member has completed initial eval and 6 visits (No initial PA needed) ☐ **DME**
Diagnosis Code & Description:			
CPT/HCPC Code & Description:			
Number of visits requested:		DOS From: / / to / /	

*Your request will not be processed without clinical documentation supporting medical necessity of the requested service.

PROVIDER INFORMATION				
Requesting Provider Name:		NPI#:	TIN#:	
Servicing Provider or Facility:		NPI#:	TIN#:	
Contact at Requesting Provider's office:				
Phone Number:	( ) -	Fax Number:	( ) -	
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.