Passport Health Plan by Molina Healthcare Medicaid
Prior Authorization/Pre-Service Review Guide
Effective: 01/01/2021

Refer To Passport's 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.

- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**
  - Inpatient, Residential Treatment, Partial Hospitalization, Day Treatment, Intensive Outpatient, Targeted Case Management, Assertive Community Treatment
  - Electroconvulsive Therapy (ECT)
  - Applied Behavioral Analysis (ABA)
- **Cardiology:** Select adult (over 18) services are administered by New Century Health (NCH)[1]
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting):** Breast Reconstructive procedures do not require PA with Breast Cancer Diagnoses.
- **Durable Medical Equipment**
- **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 PT/OT/ST):** PA not required for initial evaluation. PA required for continued visits.
- **Hyperbaric/Wound Therapy**
- **Imaging and Special Tests**
- **LTSS:** Standard Medicaid benefit does not cover LTSS services.
- **Miscellaneous & Unlisted Codes:** Passport 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 Tests**

- **Non-Par Providers/Facilities:** PA is required for office visits, procedures, labs, diagnostic studies, and inpatient stays except for:
  - Emergency and Urgently Needed Services
  - Professional fees for Medicaid enrolled providers 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
  - PA is waived for professional component services or services billed from Medicaid enrolled providers with Modifier 26 in ANY place of service setting
  - Other State mandated services
- **Nursing Home:** Nursing Facility services will be provided through the Commonwealth's fee-for-service program, not by Passport.
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures**
- **Pain Management Procedures:** (Except trigger point injections)
- **Physical Therapy, Occupational Therapy, Speech Therapy:** Limited to twenty (20) visits per calendar year, per member, per type of therapy. If medical necessity requires additional visits, the provider must request additional visits via prior authorization.
- **Prosthetics/Orthotics**
- **Radiation Therapy and Radiosurgery**
- **Sleep Studies:** (Except Home (POS 12) sleep studies)
- **Transplants/Gene Therapy, including Solid Organ and Bone Marrow:** (Cornea transplant does not require authorization)
- **Transportation Services:** Non-emergent air transportation

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.

Passport Health Plan by Molina Healthcare
Prior Authorization Service Request Form

Important Information For Passport 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 their 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.
- Passport has a full-time Medical Director available to discuss medical necessity decisions with the requesting physician at (800) 578-0775.

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

Prior Authorizations including Behavioral Health Authorizations:
Phone: (800) 578-0775
Fax: (833) 454-0641

24 Hour Behavioral Health Crisis (7 days/week):
Phone: (844) 800-5154

Pharmacy Authorizations:
Phone: (844) 795-3508
Fax: (844) 802-1406

Dental:
Phone: (866) 678-7117
Website: www.avesis.com

Radiology Authorizations:
Phone: (855) 714-2415
Fax: (877) 731-7218

Vision (March Vision):
Phone: (844) 516-2724

Provider Customer Service:
Phone: (800) 578-0775

Member Customer Service, Benefits/Eligibility:
Phone: (800) 578-0603/ TTY/TDD 711

Non-Emergency Ambulance Transportation:
Phone: (800) 578-0775
Fax: (833) 454-0641

24 Hour Nurse Advice Line (7 days/week)
Phone: (800) 606-9880/ TTY: 711

Non-Emergency Medical Non-Ambulance Transportation:
May be available through the Human Service Transportation Delivery (HSTD) program

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.

Transplant Authorizations:
Phone: (855) 714-2415
Fax: (877) 813-1206

[1]**Cardiology Authorizations for adults over 18 only - New Century Health (NCH):**
Phone: (888) 999-7713
Website: https://my.newcenturyhealth.com

Providers may utilize Passport'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 form
- Nurse Advice Line Report

Passport Health Plan by Molina Healthcare
Prior Authorization Service Request Form

PASSPORT HEALTH PLAN BY MOLINA HEALTHCARE

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
- ☐ EPSTD/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 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:_____

Please Send Clinical Notes And Any Supporting Documentation

Primary ICD-10 Code for Treatment: Description:

Dates of Service Start	Dates of Service Stop	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 Passport Use Only: