



**MOLINA® HEALTHCARE MARKETPLACE**  
**PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE**  
**EFFECTIVE: 01/01/2021**

**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.**

- **Advanced Imaging and Specialty Tests**
- **Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services:**
  - Inpatient, Transitional Substance Abuse Residential Treatment, Day Treatment, Partial Hospitalization.
  - Electroconvulsive Therapy (ECT);
  - Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD).
- **Cardiac Rehab/Therapy**
- **Cosmetic, Plastic and Reconstructive Procedures:** No prior authorization required 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):** Prior Authorization required after the evaluation and first 7 visits, per calendar year.
- **Hospice (Inpatient Care):** Notification only, prior authorization is not required.
- **Hyperbaric/Wound Therapy**
- **Long Term Services and Support (LTSS):** not a covered benefit.
- **Miscellaneous & Unlisted 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.
- **Neuropsychological and Psychological Testing**
- **Non-Par Providers/Facilities:** Prior Authorization is required for office visits, procedures, labs, diagnostic studies, inpatient stays except for:
  - Emergency and Urgently Needed Services;
  - Professional fees associated with ER visits and approved Ambulatory Surgery Center (ASC) or inpatient stays;
  - Local Health Department (LHD) services;
  - PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting;
  - Radiologists, Anesthesiologists, and Pathologists professional services when billed in POS 19, 21, 22, 23 or 24.
  - Other services based on State requirements.
- **Occupational, Physical & Speech Therapy:** Prior Authorization required after the evaluation and first 7 visits.
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures**
- **Pain Management Procedures**
- **Pregnancy and Delivery:** Notification only, Prior Authorization is not required.
- **Prosthetics/Orthotics**
- **Pulmonary Rehab/Therapy**
- **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:** All non-emergent transportation.
- **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](http://www.vsp.com/advantage)

**IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MARKETPLACE 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.
- 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 MARKETPLACE CONTACT INFORMATION**

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

SERVICE AREA	PHONE	FAX	SERVICE AREA	PHONE	FAX
<b>Prior Authorizations including Behavioral Health Authorizations:</b>	(855) 237-6178	(833) 322-1061	<b>Vision (VSP):</b>	(800) 877-7195	Website: www.vsp.com/ advantage
<b>Inpatient Admissions:</b>	(855) 237-6178	(833) 322-1061			
<b>Pharmacy Authorizations:</b>	(855) 237-6178, option 2	(855) 571-3011	<b>Member Customer Service/Benefits/Eligibility</b>	(855) 885-3176, TTY: 711	N/A
<b>Radiology Authorizations:</b>	(855) 714-2415, press 72 for South Carolina	(877) 731-7218	<b>Transplant Authorizations:</b>	(855) 237-6178	(877) 813-1206
<b>Transportation:</b>	Contact Molina Prior Authorization Department to arrange	N/A	<b>Provider Customer Service:</b>	(855) 237-6178	N/A

**24 Hour Nurse Advice Line (7 days/week)**

Phone: (844) 800-5155/TTY: 711

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.

**Providers may utilize Molina Healthcare'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 forms
- Nurse Advice Line Report



# Molina® Healthcare, Inc. – Prior Authorization Service Request Form

**EFFECTIVE: 01/01/2021**

**FAX (833) 322-1061 PHONE (855) 237-6178**

## 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
- EPSDT/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/Genomic 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:

## J Code Drug Requests (Include J Code, Drug Name, Dosage, and Frequency)

J Code:	Drug Name:	Dosage:	Frequency:
J Code:	Drug Name:	Dosage:	Frequency:
J Code:	Drug Name:	Dosage:	Frequency:
J Code:	Drug Name:	Dosage:	Frequency:

## Please send clinical notes and any supporting documentation

Primary ICD-10 Code: Description:

DATES OF SERVICE		PROCEDURE/ SERVICE CODES	DIAGNOSIS CODE	REQUESTED SERVICE	REQUESTED UNITS/VISITS
START	STOP				

## 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 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.