

**Molina Healthcare of Florida
 Marketplace
 Prior Authorization/Pre-Service Review Guide
 Effective: 01/01/2016**

**Use the Molina web portal for faster turnaround times.
 Contact Provider Services for details**

Office visits to Participating Providers, including Specialists, do not require Referral or Prior Authorization

**This Prior Authorization/Pre-Service Guide applies to Marketplace Members
 Refer to Molina's website or portal for specific codes that require authorization
 Only covered services are eligible for reimbursement**

- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**
 - Inpatient, Partial hospitalization, Day Treatment, Intensive Outpatient Programs (IOP)
 - Electroconvulsive Therapy (ECT)
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting)**
- **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
- **Home Healthcare and Home Infusion:** After initial eval+6 (six) visits, except for specific infusion drugs. NOTE: certain infusion drugs may be subject to prior authorization before services are rendered. Refer to Specialty Pharmacy Drugs section for specific infusion drugs requiring authorization.
- **Hyperbaric Therapy**
- **Imaging:** Refer to Molina's Provider 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)
- **Neuropsychological and Psychological Testing**
- **Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for:**
 - Emergency Department services
 - Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay
 - Local Health Department (LHD) services
 - Other services based on state requirements

- **Nutritional Supplements & Enteral Formulas**
- **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 physician's office.**
- **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
- **Prosthetics/Orthotics:** Includes but not limited to: Orthopedic footwear / orthotics/ foot inserts
Customized orthotics, prosthetics, braces
- **Physician Home Visits**
- **Radiation Therapy and Radiosurgery(for selected services only):** Refer to Molina's website or portal for specific codes that require authorization
- **Sleep Studies**
- **Specialty Pharmacy Drugs (oral and injectable)** Refer to Molina's website or portal for specific codes that require authorization
- **Transplant Evaluation and Services including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization)
- **Transportation:** non-emergent air 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.

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE

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, and 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 (866) 472-4585

Important Molina Healthcare Marketplace Information

Prior Authorizations: 8:00 a.m. – 5:00 p.m.
Phone: (855) 322-4076 Fax: (866) 440-9791

Radiology Authorizations:
Phone:(855) 322-4076 Fax: (866) 440-9791

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

Pharmacy Authorizations:
Phone:(855) 322-4076 Fax: (866) 440-9791

Behavioral Health Authorizations:
Phone: (800) 221-5487 Fax: (800) 370-1116

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

Member Customer Service Benefits/Eligibility:
Phone:(888) 560-5716
TTY/TDD: (800) 955-8771

Provider Customer Service: 8:00 a.m. – 5:00 p.m.
Phone: (866) 472-4585 Fax: (866) 948-3537

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]

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 of Florida Marketplace Prior Authorization Request Form

Fax Number: (866) 440-9791

Member Information			
Plan:	<input type="checkbox"/> Molina Medicaid	<input type="checkbox"/> Molina Medicare	<input type="checkbox"/> Other:
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"/> LTAC	Outpatient <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Hyperbaric Therapy <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Diagnostic Procedure	<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> In Office
Diagnosis Code & Description:			
CPT/HCPC Code & Description:			
Number of visits requested:		DOS From:	/ / to / /

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: