

**MOLINA[®] HEALTHCARE MEDICARE
PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE
EFFECTIVE: 04/01/2020**

**FOR DUAL MEMBERS WITH MEDICAID, PLEASE REFER TO YOUR STATE MEDICAID PA GUIDE FOR
ADDITIONAL PA REQUIREMENTS**

**Refer to Molina's Provider Website/Portal for specific codes that require authorization
ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT**

OFFICE VISITS TO CONTRACTED/PARTICIPATING PRIMARY CARE PROVIDERS DO NOT REQUIRE PA.

**OFFICE VISITS TO NETWORK SPECIALISTS DO NOT REQUIRE A REFERRAL FROM A PARTICIPATING PRIMARY CARE
PROVIDER, EXCEPT FOR MHFL MEDICARE COMPLETE PLAN MEMBERS.**

EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION.

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

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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"> ○ Inpatient, Partial hospitalization; ○ Electroconvulsive Therapy (ECT). ● Cosmetic, Plastic and Reconstructive Procedures (in any setting) ● Durable Medical Equipment and Medical Supplies ● Hearing Aides <ul style="list-style-type: none"> ○ Benefit is only available from HearUSA participating providers, Contact HearUSA at (855) 823-4632 to schedule. Hearing aides require prior 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 Services (including home-based PT/OT/ST). All home healthcare services require PA after initial evaluation. ● Hyperbaric Therapy ● Imaging, Advanced and Special Tests ● Elective Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility. ● Long Term Services and Supports: Not a Medicare covered benefit*. (*Per State benefit if MMP) ● Neuropsychological and Psychological Testing ● Non-Par Providers/Facilities:
PA is required for office visits, procedures, labs, diagnostic studies, inpatient stays except for: <ul style="list-style-type: none"> ○ Emergency and Urgently needed Services; ○ Professional fees associated with ER visit and approved Ambulatory Surgery Center (ASC) or inpatient stay; ○ Dialysis when temporarily absent from service area. ○ Ambulance services dispatched through 911 | <ul style="list-style-type: none"> ● Non-Par Providers/Facilities (continued): <ul style="list-style-type: none"> ○ PA is waived for all 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 with Modifier 26 in ANY place of service setting. ● Occupational, Physical, & Speech Therapy: PA required after Medicare therapy benefit threshold (\$2,080 for PT & ST combined and \$2,080 for OT) has been reached for office and outpatient settings. ● Office-Based Procedures do not require authorization, unless specifically included in another category that 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 (Acupuncture is not a Medicare covered benefit). ● Prosthetics/Orthotics ● Radiation Therapy and Radiosurgery (for selected services only) ● Sleep Studies: (Except Home (POS 12) sleep studies) ● Health Care Administered drugs ● Transplants/Gene Therapy, including Solid Organ and Bone Marrow (Cornea transplant does not require authorization). ● Supervised Exercise Therapy (SET) ● 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. |
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IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICARE 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.

IMPORTANT MOLINA HEALTHCARE MEDICARE CONTACT INFORMATION

IDAHO (Molina Service Hours: 8am to 5pm local time Monday to Friday, unless otherwise specified)

	PHONE	FAX		PHONE	FAX
Medical Prior Authorizations	(844) 239-4914	(844) 251-1450	Pharmacy Authorizations	(844) 239-4914	(866) 290-1309
Concurrent, ECT, SNF, LTACS Prior Authorizations	(844) 239-4914	(855) 231-0375	Provider Services	(844) 239-4914	N/A
Member Services Benefits/ Eligibility	Molina Medicare Choice Care: (844) 560-9811 Molina Medicare Complete Care: (844) 239-4913 TTY: 711 7 Days a week, 8 a.m. to 8 p.m. local time	N/A	Dental (Delta Dental)	(888) 818-7932 TTY: 711 7 days a week, 8 a.m. to 8 p.m. local time	N/A
Behavioral Health Authorizations	(888) 483-0760	(855) 231-0375	Hearing (HearUSA)	(800) 442-8231 Monday to Friday, 8 a.m. to 8 p.m. EST	N/A
Radiology Authorizations	(855) 714-2415	(877) 731-7218	Vision (March Vision Care)	(844) 416-2724 TTY: 711 or (877) 627-2456	N/A
Transplant Authorizations	(855) 714-2415	(877) 813-1206	Nurse Advice Line (24 hours a day, 7 days a week) (888) 275-8750 (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. <i>No referral or prior authorization is needed.</i>		
Transportation (Access2Care (A2C) <i>Where covered, authorizations are not required unless over the trip limit (over 50 miles one-way). When needed, these authorizations must be approved by Molina Healthcare's Centralized Medicare Utilization Management (CMU) Department.</i>	(877) 926-4852 TTY: 711 or (866) 874-3972 or Press 1 for Ride Assist; otherwise stay on the line for assistance 24 hours a day, 7 days a week, 365 days a year for URGENT/ same day appointments, facility DISCHARGES, and RIDE ASSIST Monday to Friday: 8 a.m. to 8 p.m. local time for ROUTINE reservations. Requests for ROUTINE reservations will not be accepted on national holidays. This does not apply to URGENT same day appointments, facility DISCHARGES, and RIDE ASSIST – these calls are 24 hours a day, 7 days a week, 365 days a year. Facility Line: (877) 299-4811 Facility line is dedicated for use by plan representatives and/or facilities. Same hours as above.				

UTAH (Molina Service Hours: 8am to 5pm local time Monday to Friday, unless otherwise specified)

	PHONE	FAX		PHONE	FAX
IP Prior Authorizations	(888) 483-0760	(844) 251-1450	Pharmacy Authorizations	(800) 665-3086	(866) 290-1309
OP Prior Authorizations	(855) 322-4081 (866) 472-9479	(844) 251-1450 (866) 472-9841			
Member Services Benefits/Eligibility Molina Medicare Choice Care: 7 Days a week, 8 a.m. to 8 p.m., local time	(877) 644-0344 Molina Medicare Complete Care: (888) 665-1328	N/A TTY: 711	Provider Services	(855) 322-4081	N/A
Behavioral Health Authorizations	(888) 483-0760 (866) 472-9479	(866) 504-7262 (866) 472-9481	Hearing (HearUSA)	(800) 442-8231 Monday to Friday, 8 a.m. to 8 p.m. EST	N/A
Radiology Authorizations	(855) 714-2415	(877) 731-7218	Dental (Delta Dental)	(888) 818-7932 TTY: 711 7 days a week, 8 a.m. to 8 p.m. local time	N/A
Transplant Authorizations	(855) 714-2415	(877) 813-1206	In-Home Safety Assessment <i>Only available to qualified UT Molina Medicare Choice Care members.</i>	<i>Administer by utilizing a home health vendor. No referral or prior authorization required.</i>	N/A
Meals (Mom's Meals NourishCare PurFoods, LLC dba) <i>Case Manager must enroll the member in the home delivered meal program giving them access to this benefit.</i>	Case Managers (866) 224-9485	N/A	Medication Reconciliation Benefit <i>Benefit is only available on the UT Molina Medicare Choice Care plan, but our MTM Department will assist other members in need of this service.</i>	Medicare Pharmacy Call Center: (800) 665-3086 or call the toll-free Member Services number and select Pharmacy from the prompts	N/A
PERS (Best Buy Health, dba Critical Signal Technologies, Inc. (CST) <i>Benefit is covered for qualifying members when authorized/ ordered by the Case Manager. Benefit is not available on the UT Molina Medicare Choice Care plan.</i>	(888) 55.SIGAL (888) 557-4462 TTY: 711 24 hours a day, 7 days a week	N/A	Vision (VSP) Monday to Friday, 6 a.m. to 9 p.m. MST Saturday, 8 a.m. to 9 p.m. MST Sunday, 7 a.m. to 7 p.m. MST	(844) 350-4089 TTY: 711 or (800) 428-4833	N/A
Transportation (Access2Care (A2C) <i>Where needed, a referral is not required. Authorizations are not required unless over the trip limit (over 50 miles one-way). When needed, these authorizations must be approved by Molina Healthcare's Centralized Medicare Utilization Management (CMU) Department.</i>	(888) 597-4833 TTY: 711 or (866) 874-3972 Monday to Friday: 8 a.m. to 8 p.m. local time for ROUTINE reservations. Requests for ROUTINE reservations will not be accepted on national holidays. This does not apply to URGENT same day appointments, facility DISCHARGES, and RIDE ASSIST – these calls are 24 hours a day, 7 days a week, 365 days a year. Facility Line: (877) 299-4811 Facility line is dedicated for use by plan representatives and/or facilities. Same hours as above.				
			Nurse Advice Line (24 hours a day, 7 days a week) Molina Medicare Choice Care: (866) 472-0601 (TTY: 711) Molina Medicare Complete Care: (888) 275-8750 (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. <i>No referral or prior authorization is needed.</i>		

Molina® Healthcare – Medicare Prior Authorization Request Form

Please refer to Contact/FAX numbers above

MEMBER INFORMATION			
State/Plan:		<input type="checkbox"/> Other:	
Member Name:		DOB:	/ /
Member ID#:		Phone:	() -
Service Type:	<input type="checkbox"/> Elective/Routine	<input type="checkbox"/> 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 their 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"/> Admissions <input type="checkbox"/> SNF <input type="checkbox"/> LTAC	Outpatient <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Other: _____	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> Hyperbaric Therapy <input type="checkbox"/> Pain Management	<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> Wheelchair <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:		NPI#:		TIN#:	
Servicing Provider or Facility Name:		NPI#:		TIN#:	
Contact at Requesting Provider's office:					
Provider Phone Number:	() -	Provider 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 on the date of service, benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.