

Provider Bulletin

Molina Healthcare of California

molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx

September 27, 2024

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

Q4 2024 Prior Authorization Look-up Tool Updates

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to all lines of business.

What you need to know:

MHC has made the organizational decision to no longer post the PDF version of the PA Code Matrix to Availity (Provider Portal) and to Molina Health Plan's external website. The expectation is that all providers will utilize the Prior Auth Look-up Tool, which will be the single source of truth for both Molina's internal teams and providers.

MHC has updated our Prior Authorization Look-up Tool, and the primary updates include modifications to the following specialties/services for Medi-Cal, Medicare, Duals, and Marketplace:

- Experimental/Investigational
- Genetic Counseling & Testing
- Healthcare Administered Drugs
- Imaging & Special Tests
- Multiple Categories

When this is happening:

The Prior Authorization Look-up Tool is available online via the provider portal as well as our public website. Please note that this platform is updated at least quarterly and is subject to change. It is advised that you check this resource prior to PA submission as codes may be removed or added.

Office visits and/or procedures at Contracted/Network Providers and referrals to Contracted/Network Specialist do not require Prior Authorization. In addition, some codes/services may not be covered by Medicare, Medi-Cal, or Marketplace; please refer to each regulatory agency for specific non covered codes.

Provider Action

The Prior Authorization Look-up Tool has been updated for Q4 2024 and is available online for all Lines of Business (Medicare, Medicaid and Marketplace) at:

molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx

Attached to this notification is a Quick Reference Guide (QRG) that outlines how to access the PA LookUp Tool and navigation.



What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias	562-517-1014	Clemente.Arias@molinahealthcare.com
	Christian Diaz	562-549-3550	Christian.Diaz@molinahealthcare.com
	Daniel Amirian	562-549-4809	Daniel.Amirian@molinahealthcare.com
	Anita White	562-980-3947	Princess.White@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi	279-895-9354	Johonna.Eshalomi@molinahealthcare.com
	Marina Higby	916-561-8550	Marina.Higby@molinahealthcare.com
San Bernardino County	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	562-549-3957	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Salvador Perez	562-549-3825	Salvador.Perez@molinahealthcare.com
	Dolores Ramos	562-549-4900	Dolores.Ramos@molinahealthcare.com
	Lincoln Watkins	858-300-7722	Lincoln.Watkins@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Imperial, San Diego & Sacramento	Teresa Suarez	562-549-3782	Teresa.Suarez2@molinahealthcare.com
Los Angeles & Orange	Laura Gonzalez	562-549-4887	Laura.Gonzalez3@molinahealthcare.com
Riverside & San Bernardino	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com

If you are not contracted with Molina and wish to opt out of the MHC Provider Bulletin, email mhcproviderbulletin@molinahealthcare.com. Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

Prior Authorization Lookup Tool QRG



REFERENCE GUIDE

ACCESS

Provider Website & Portal

Option 1 Step 1

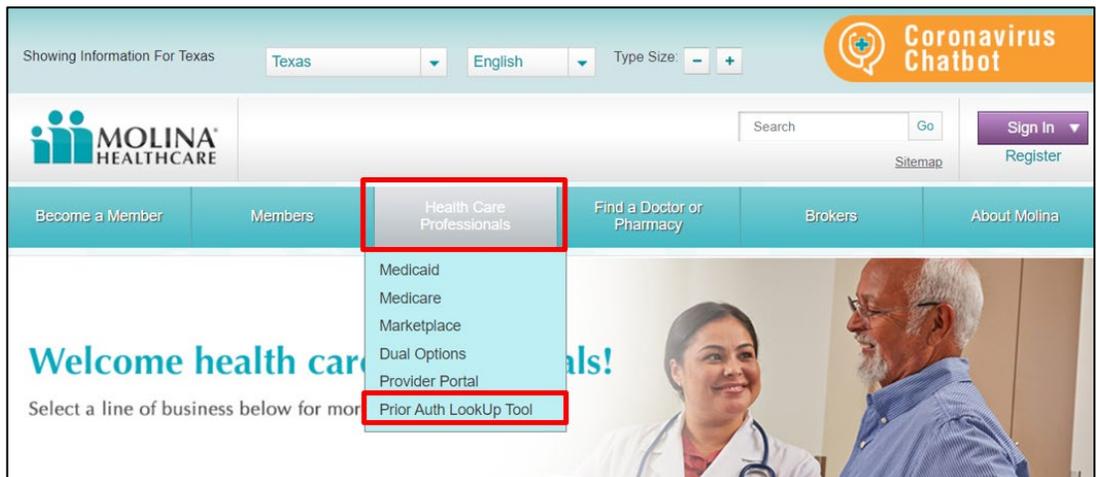
Go to molinahealthcare.com and choose the appropriate state from the dropdown



Option 1 Step 2

Option 1 to access the Prior Authorization Lookup Tool:

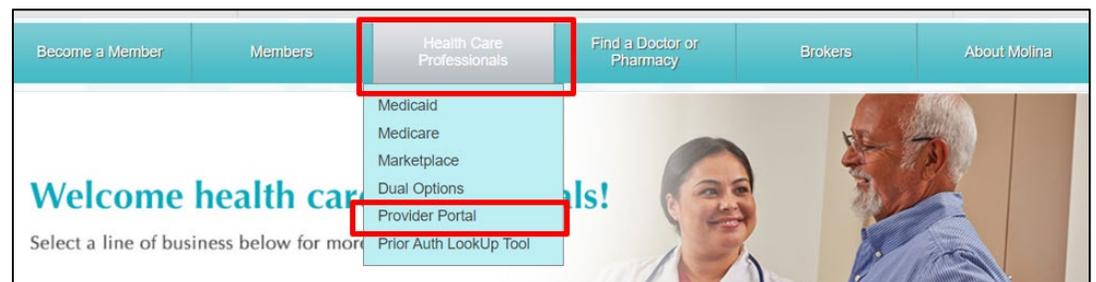
- 1) Hover over "**Health Care Professionals**" and select "**Prior Auth Look Up Tool**" from the drop-down menu for quick access to the tool
- 2) This link is available to the public (Providers, Molina Staff, Members) and does not require user to login



Option 2 Step 2

Option 2 to access the Prior Authorization Lookup Tool:

- 1) Hover over "**Health Care Professionals**" and select "**Provider Portal**" from the drop-down menu for quick access to the tool (this will open in a new browser tab)
- 2) Login to the Provider Portal using your



Provider Login (User ID & Password)

- 3) Upon successful login, select **Code LookUp Tool** in the center of the screen

Step 2 Option 3

Option 3 to access the Prior Authorization Lookup Tool:

- 1) Follow steps 1-3 in the Step 2 Option 2 section above
- 2) Expand the Service Request/Authorization tab on the left
- 3) Select **Authorization Lookup Tool** or select **Create Service Request/Authorization**

Step 3

- 1) Select **Lookup CPT Code** at the top of the Service Request/Authorization form

DISCLAIMERS

Step 1

Upon accessing the **PA LookUp Tool** read the **“General Disclaimer”**

MOLINA HEALTHCARE Provider Self Services

Welcome, Primary Admin User - [refreshing!](#) [Log Out](#)
Aug 05, 2020 3:54:43 PM
[Home](#) [Provider Search](#) [FAQ](#) [Training](#) [Contact Molina](#)

Provider Portal

- Member Eligibility
- Claims
- Service Request/Authorization
- Member
- HEDSS Profile
- Reports
- Links
- Forms
- Account Tools

Prior Authorization LookUp Tool

THIS TOOL IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.

FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 - PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL.

We attempt to provide the most current and accurate information on this PA Look-Up Tool. Prior Authorization is not a guarantee of payment for services. Payment is dependent on Member Eligibility, Benefit Coverage and limitations, Provider Agreements and submission of accurate claims. If there is still a question that Prior Authorization is needed, please refer to your Provider Manual or submit a PA Request form.

This Look-Up tool is for Out-Patient Services only. All Elective In-Patient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR) and Long Term Acute Care Hospitals (LTACH) require Prior Authorization.

No PA is required for office visits at Participating (PAR) Network Providers. All NON-PAR Providers require authorization regardless of services provided or codes submitted, except for Emergency Services.

State: Line of Business: CPT / HCPCS Code:

* When Prior Authorization is 'Required', click [SRA Create](#) to create Service Request/Authorization

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Step 2

Select the **State** from the drop-down menu

Note: If the selected State Health Plan and LOB contains specific disclaimers, the **Specific Disclaimer** will display under the **General Disclaimer** after the **LOB is selected**. Health Plan LOB specific disclaimers are important to note before utilizing the **PA Lookup Tool**.

Prior Authorization LookUp Tool

Medicaid:

All Home Health Care Services: PA for visits 1 through 36 per calendar year, including home-based OT/PT & ST. Initial evaluation does not require PA.

OT/PT/ST Therapy: PA not required for initial evaluation. PA required for continued visits.

Sleep Studies: Home Sleep Studies (POS 12) Do Not Require PA.

LTSS: Standard Medicaid benefit does not cover LTSS services.

EPSDT State Medicaid Eligible Members: Codes listed as Non-Covered (NC) may be considered for coverage under EPSDT Special Services and requires submission for Medical Necessity review.

All Outpatient Oxygen and Related Therapies: May require PA; Consult MS Division of Medicaid "Envision Downloadable Fee Schedule": <https://www.ms-medicaid.com/msenvision/index.do>

State: Health Plan: LOB: CPT / HCPCS Code:

Step 3

Select the **Line of Business**, enter code into **CPT/HCPCS Code** field and click the blue **Lookup** button from the drop-down menu

State: Health Plan: LOB: CPT / HCPCS Code:

Step 4

- Upon selecting **Lookup** button, **Prior Authorization Status, Code Description and Note** display
- **Note:** Selecting **Lookup** will return a various number of **Prior Authorization Status, Code Description and Note** combinations based upon **State, Line of Business and Code** entered.
 - All the possible options are listed below in the “Results” section.

RESULTS

Refer to the following table for a crosswalk between Current PA Matrix statuses and those from the PA LookUp Tool:

Current PA Matrix	PA LookUp Tool
Y: PA Required	Required
N: No PA Required	Prior Authorization Not Required
NC: Not covered	Non-Covered
Other: Notes for Vendors requirements	Other

Prior Authorization Status:
Required Output
Code Description
MHI Note
LOB Note

State: Washington | Health Plan: Molina Healthcare of Washing | LOB: Medicaid | CPT / HCPCS Code: 22222 | **Lookup**

Prior Authorization Status: Required

Code Description: OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM THRC

Notes: PA Required Updated for testing

Place the notes in the disclaimer. The disclaimer is populating with a space issue.

Prior Authorization Status:
Prior Authorization Not Required
***Exclusions Apply**

State: Florida | Health Plan: Molina Healthcare of Florida | LOB: Medicaid | CPT / HCPCS Code: 0003m | **Lookup**

Prior Authorization Status: Prior Authorization Not Required
***Exclusions Apply**

Code Description: LIVER DIS 10 ASSAYS SERUM ALGORITHM W/NASH

***Exclusions:**

- Non-Participating Provider Requests
- Non-Covered State Codes
- Request for Elective Inpatient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), or Long-Term Acute Care Hospitals (LTACH)
- Generic, Miscellaneous or Not Otherwise Specified (NOS) codes

*The presence of a code on this tool should not be used to determine whether a service is covered. Refer to your regulatory agency for benefit coverage and non-covered codes.
*Prior Authorization is not a guarantee of payment for services.

Prior Authorization Status:
Required by a Vendor

State: Arizona | Health Plan: Molina Healthcare of Arizona | LOB: Medicaid | CPT / HCPCS Code: h2014 | **Lookup**

Prior Authorization Status: *see note

Code Description: SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES

Arizona Test Vendor performs utilization Management services on behalf of Molina Healthcare of Arizona. Please send your Prior Authorization request directly to Arizona Test Vendor at www.ATV.com.

Prior Authorization Status:
Non-Covered

Will need to differentiate specialty plan

State: Florida | Health Plan: Molina Healthcare of Florida | LOB: Medicaid | CPT / HCPCS Code: 0015m | **Lookup**

Prior Authorization Status: Non-Covered

The code entered does not appear to be a covered benefit. If in doubt, please submit a Prior Authorization request.

Code Description: ADRNL CORTCL TUM BCHM ASY

Notes: State Note Test for FL

Prior Authorization Status:
Inaccurate Code

Note: This result populates when an inaccurate code is entered.

Will need to differentiate specialty plan

State: Florida | Health Plan: Molina Healthcare of Florida | LOB: Medicaid | CPT / HCPCS Code: 00 | **Lookup**

This appears to be an inaccurate code. Please re-enter a valid code or submit a Prior Authorization Request.

Note: If a specific code is not found in the PA LookUp Tool, please utilize the following resources to make the correct determination of benefits: Provider materials, state documents, coverage benefits, state guideline, Medicare benefit material(s), Medicaid benefit material(s), etc.

Revised 8/2021