Authorization Review

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as applicable, as well as the member's benefit plan document supersede the information in this policy. Additionally, to the extent there are any conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

This Policy covers claims related to lack of authorization, denied authorization, or incorrect authorization. Molina Healthcare retains the right to conduct post-payment audits for procedures and diagnoses requiring authorization as outlined in the Molina provider manual. Please refer to your provider manual and contract for proper authorization billing guidelines.

Prior authorization requests do not ensure payment. Services without authorization will not be reimbursed.

Supplemental Information

Information regarding authorization located on the Molina website at www.Molinahealthcare.com

State	Links
Medicare	PA Lookup Tool PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE Molina Healthcare, Inc. – Prior Authorization Request Form Molina Healthcare, Inc. – BH Prior Authorization Request Form Molina Healthcare, Inc. – Pharmacy Prior Authorization Request Form MCG Cite AutoAuth Provider Access QRG
Marketplace	MHI_Q3_2024_PA_Guide-Request_Form-MKTPL_FL_Final MHI Q3 2024 PA Code Matrix FL Marketplace Eff 07012024
AZ	Frequently Used Forms MHI-Q1-2025-PA-Code-Updates.ashx PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE
CA	Molina® Healthcare Medicaid Prior Authorization/Pre-Service Review Guide Pega Platform
FL	Molina® Healthcare of Florida Prior Authorization/Pre-Service Review Guide Private Duty Nursing/Attendant Nursing Care FL CODE/BENEFIT EXCEPTIONS J Code Prior Authorization Request Form
ID	2024-ID-Prior-Authorization-Guide_FINAL_R.ashx Prior Authorization - Medication Exception Request Form

IL	Prior Authorizations Pre-Service Review Guide & Request Forms Home Health and Outpatient Therapy Prior Authorization Form Pharmacy Prior Authorization 2024 Q4 Prior Authorization Codification List 2024 Q4 Prior Authorization Codes Discontinued
IA	Prior Authorization Look Up Tool Medicaid Supplemental Information PA Form.ashx Inpatient Medicaid Prior Authorization Fax Form Comm. 038, Inpatient Medicaid Prior Authorization Resource Guide Comm. 039, Outpatient Medicaid Prior Authorization Resource Guide Prior Authorization (PA) Code List – Effective 4/1/2023
MI	Molina Healthcare – Alternate Level of Care Request Form Molina Healthcare – Behavioral Health Request Form Molina Healthcare of Michigan Synagis Prior Authorization Form PHARMACY DRUG/PRODUCT PRIOR AUTHORIZATION FORM Molina Transfer Request Molina Healthcare – Prior Authorization Request Form
MS-MSCAN	Mississippi Providers Home Prior Authorization/Pre-Service Review Guide Effective: 01/01/2024 53477BehavioralPriorAuthorizationForm_191015_R Drug Prior Authorization (PA) - Mississippi Division of Medicaid
MS-CHIP	Mississippi Providers Home Prior Authorization/Pre-Service Review Guide Effective: 01/01/2024 53595_Behavioral Prior Authorization Form_190909_R Drug Prior Authorization (PA) - Mississippi Division of Medicaid
NE	Home | Medicaid Providers Certification of Need for Services NEBRASKA HOME HEALTH PRIOR AUTHORIZATION REQUEST FORM Prior Authorization for Hearing Aids
NV	Notice of Decision, Behaviorally Complex Care Program Form Behavioral Health Prior Authorization Request Form and Instructions Prior Authorization Request Form and Instructions 278 – Service Request for Review and Response Appointment of Representative
NM	Molina Healthcare of New Mexico, Inc. Prior Authorization Request Form Medical/Behavioral Health/Pharmacy New Mexico Medicaid Prior Auth (PA) Code Matrix APPOINTMENT OF REPRESENTATIVE
NY	Changes to Prior Authorization Requirements Adult Behavioral Health (BH) Home and Community Based Services (HCBS): Prior a nd/or Continuing Authorization Request Form Behavioral Health Prior Authorization Form ChildrensCFTSSNotificationofServiceandConcurrentAuthform9-24-2019_121619_PDF_R Molina Healthcare Medicaid Prior Authorization/Pre-Service Review Guide
OH	Medicaid Prior Authorization Form 2021_12 NF Request Form_Revised.pdf Ohio Medicaid Pharmacy Program

	OH Provider BH Respite PA Guide Psychological Testing Request Form Community Behavioral Health Authorization Form
SC	Prior Authorization Universal Request Form Baby Net_Medicaid Behavioral Health Prior Authorization Form South Carolina Prior Authorization Request Form SCRx_PAform_GeneralMeds_R SC Medicaid Prior Authorization Form Advanced Imaging Prior Auth Guide
TX	Prior Authorizations
UT	2024-UT-Prior-Authorization-Guide_FINAL_R.ashx Synagis Prior Authorization Form 2023-2024 Prior Authorization - Medication Exception Request Form UT Medicaid Opioid PA Form 2022_508c.pdf Medical Benefit (HCPCS/J-Code) Drug Prior Authorization Request Form Utah Medicaid and CHIP Provider Claims Appeal Request Form
VA	Prior Authorizations| Molina Healthcare of Virginia
WA	Washington Medicaid -Prior Authorizations
WI	MHI-Q1-2025-PA-Code-Updates.ashx BehavioralHealthPriorAuthorizationForm_R PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE

Definitions

Term	Definition
CMS	Centers for Medicare & Medicaid Services: This is a federal agency within the U.S. Department of Health and Human Services. It administers the Medicare program and works with state governments to manage Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards
Authorization	Prior authorization in health care is a requirement that a healthcare provider (such as your primary care physician or a hospital) gets approval from your insurance plan *before* prescribing you medication or doing a medical procedure

State Exceptions

State	Exception
NE	NOTICE: 90-day requirement on prior authorization Molina Healthcare of Nebraska will honor all prior authorizations through March 31, 2024. Out-of-network claims will be reimbursed until June 30. Exception: For transplants, all prior authorizations must be honored.

ID	**Specialty Care Prior Authorization** Prior authorization and referrals are **not** required for members seeking care from participating Molina specialty physicians and providers. Prior authorization **is** required for members to seek care from specialty physicians and providers who are not members of the Molina network

References

This policy was developed using

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

State	Medicaid	Medicare	Marketplace
AZ-	Medicaid Provider Manual	Medicare Provider Manual	
CA	Medicaid Provider Manual	Medicare Provider Manual	Marketplace Provider Manual
FL	Medicaid Provider Manual		Marketplace Provider Manual
ID	Medicaid Provider Manual	Medicare Provider Manual	Marketplace Provider Manual
IL	Medicaid Provider Manua	Medicare Provider Manual	Marketplace Provider Manual
IA	Medicaid Provider Manual		
MI	Medicaid Provider Manual	Medicare Provider Manual	Marketplace Provider Manual
MS	MSCAN Provider Manual CHIP Provider Manual	Medicare Provider Manual	Marketplace Provider Manual
NE	Medicaid Provider Manual Provider claims & Billing Guide		
NV	Medicaid Provider Manual	Medicare Provider Manual	Marketplace Provider Manual
NM	Medicaid Provider Manual	Medicare Provider Manual	Marketplace Provider Manual
NY	Medicaid Provider Manual		
OH	Medicaid Provider Manual	Medicare Provider Manual	Marketplace Provider Manual
SC	Medicaid Provider Manual	Medicare Provider Manual	Marketplace Provider Manual
TX	Medicaid Provider Manual Nursing Facility Provider Manual Molina Healthcare Non-Participating Guide for Providers	Medicare Provider Manual	Marketplace Provider Manual
UT	Medicaid Provider Manual	Medicare Provider Manual	Marketplace Provider Manual
VA	Medicaid Provider Manual	Medicare Provider Manual	
WA	Medicaid Provider Manual	Medicare Provider Manual	Marketplace Provider Manual
WI	Medicaid Provider Manual	Medicare Provider Manual	Marketplace Provider Manual

Documentation History

Type	Date	Action
Published	06/01/2023	New Policy
Revised Date	12/17/2024	Updated template and added additional links for reference

***CODING DISCLAIMER**. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.*