Molina® Healthcare Medicaid
Pre-Service Review Guide
Effective: 01/01/2025

Refer to Molina's Provider Website or Prior Authorization Look-Up Tool for specific codes that require Prior 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**
- **All Hospital Outpatient Services (Imaging, Diagnostic Procedure, Surgical Procedure, Labs etc.)**
- **Allergy Testing (except for specialist-Allergy, Allergy & Immunology, ENT, Pulmonology)**
- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**
  - Inpatient, Partial hospitalization Program, Intensive Outpatient
  - Mental Health Targeted Case Management
  - Behavioral Health Community Support Services
  - Behavioral Intervention Services
  - Electroconvulsive Therapy (ECT)
  - Behavior Analysis Services
  - Statewide Inpatient Psychiatric Program (SIPP)
  - Specialized Therapeutic Services
  - Expanded Benefits
  - In Lieu of Services
- **Cardiology[1]:** For adults select services are administered by Evolent.
- **Cosmetic, Plastic and Reconstructive Procedures:** No PA 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
- **Expanded Benefits**
- **Experimental/Investigational Procedures**
- **Genetic Counseling and Testing**
- **Healthcare Administered Drugs**
- **Hearing Aids**
- **Housing Assistance**
- **Home Healthcare Services (including home-based PT/OT/ST)**
- **Hyperbaric/Wound Therapy**
- **In Lieu of Services**
- **Long Term Services and Supports (per State benefit). All LTSS services require PA regardless of code(s).**
- **Miscellaneous & Unlisted Codes:** Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale should be submitted with the prior authorization request.
- **Non-Par Providers:** **With the exception of some facility based professional services, receipt of ALL services or items from a non-contracted provider in all places of service require approval.**
  - Local Health Department (LHD) services
  - Hospital Emergency services
  - Evaluation and Management services associated with inpatient, ER, and observation stays, or facility stay (POS 21, 22, 23, 31, 32, 33, 51, 52, 61)
  - Radiologists, anesthesiologists, and pathologists' professional services when billed in POS 19, 21, 22, 23 or 24, 51, 52
  - Other State mandated services
- **Nursing Home/Long Term Care**
- **Occupational, Physical & Speech Therapy**
- **Oncology[1]:** For adults select services are administered by Evolent.
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures[1]**
- **Pain Management Procedures**
- **Prosthetics/Orthotics**
- **Radiation Therapy and Radiosurgery[1]:** For adults select services are administered by Evolent.
- **Sleep Studies**
- **Skilled Nursing Facilities**
- **Transplants/Gene Therapy, including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization).
- **Transportation Services:** Non-emergent air transportation.

STERILIZATION NOTE: Federal guidelines require that at least 30 days have passed between the date of the individual's signature on the consent form and the date the sterilization was performed. The consent form must be submitted with the claim.

Services provided by Evolent - Cardiology Authorizations for Adults: applies to FL, IL, KY, MI, MS, NV, OH, SC, WA. Oncology Authorizations for Adults: applies to KY, IL, OH, NV, WA.

IMPORTANT INFORMATION FOR MOLINA MEDICAID PROVIDERS

You may submit authorization requests to Availity Provider Portal

Prior Authorization Exclusion for Medicaid/Marketplace: All Elective Non-Emergency Services to be performed in Hospital Setting will require a Prior Authorization, including Elective Inpatient and Observation Admission. Post stabilization following an emergency department visit does not require prior authorization but is subject to concurrent review processes. All Emergency Room Services, including Labor Check, in a Hospital Setting will not require a Prior Authorization.

Non- Behavioral Health Request: (866) 440-9791- Medicaid (Comprehensive, Specialty Plan A and Specialty Plan B) / (833) 322-1061- Marketplace

Behavioral Health Requests: (866) 440-9791- Medicaid (Comprehensive, Specialty Plan A and Specialty Plan B) / (833) 322-1061- Marketplace

Outpatient Therapies (PT/OT/ST):

- MMA only and Medicaid Comprehensive, Specialty Plan A&B and Specialty Plan A&B Comprehensive: **Contact Health Network One (HN1): 888-550-8800**
- LTC Only**: Please submit your request directly to Molina using Provider Portal or Utilization Management fax (866)-440-9791.**

DME, Home Healthcare and Home Infusion (Including Home PT, OT, or ST):

- Medicaid (MMA Only, Specialty Plan A&B) and Marketplace**: Contact Coastal Care at (855)-481-0505.**
- Medicaid Comprehensive, Specialty Plan A&B Comprehensive, and LTC only members: **Please submit your request directly to Molina using Provider Portal or Utilization Management fax (866)-440-9791.**

NICU Inpatient Services: Please direct service requests to ProgenyHealth. Service requests can be submitted via fax to ProgenyHealth at 1-866-879-0331. ProgenyHealth is also available by phone at 1-888-832-2006**.**

Healthcare Administered Drug Requests fax to: Medicaid & Marketplace 866-236-8531

For detailed information about Covered Services, Expanded Benefits and In Lieu of Benefits, refer to Provider Manual.

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.

- 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 MEDICAID CONTACT INFORMATION

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

Prior Authorizations including Behavioral Health Authorizations: Phone: (855) 322-4076 Fax: (866) 440-9791	**24 Hour Behavioral Health Crisis (7 days/week):** Members can call the Member Services telephone number on the back of their Molina ID card.
Pharmacy Authorizations: Phone: (855) 322-4076 Fax: (866) 236-8531	**Radiology Authorizations:** Phone: (855) 714-2415 Fax: (877) 731-7218 MCG Auto Auth (Advanced Imaging): • MCG Website: http://www.mcg.com/ • MCG Phone: 888-464-4746
Provider Customer Service: Phone: 855-322-4076	**Member Customer Service, Benefits/Eligibility:** Phone: (866) 472-4585/ TTY/TDD 711
Vision (iCare): Phone: (855) 373-7627 Fax: (305) 675-8010	**NICU (ProgenyHealth):** Phone: 888-832-2006 and select option 3 Fax: 866-879-0331
Transportation: Phone: (855) 513-5708 Email: HPHelpDesk@gmr.net	**Transplant Authorizations:** Phone: (855) 714-2415 Fax: (877) 813-1206
Evolent: Cardiology and Oncology Authorizations for adults Phone: (888) 999-7713 Fax: (305) 675-8010ortal: https://my.newcenturyhealth.com	**24 Hour Nurse Advice Line (7 days/week)** Phone: (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. *No referral or prior authorization is needed.*
DME/Home Health (Coastal Care Services): Phone: (855)-481-0505 Fax: (855)-481-0606	**Therapy (HN1):** Phone: (888) 550-8800 Option 1 Fax: (855) 410-0121

Providers may utilize Molina Healthcare's Portal at: provider.molinahealthcare.com

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. – Pre-Service and Concurrent Review Request Form

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)
- ☐ OB/C-section
- ☐ NICU
- ☐ Other Inpatient:_____

Outpatient Hospital Services:

- ☐ Observation Services
- ☐ Other: _____

Outpatient Services:

- ☐ Chiropractic
- ☐ Dialysis
- ☐ DME
- ☐ Genetic 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: _____

PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION

Primary ICD-10 Code: **Description:**

Dates of Service Start	Stop	Procedure/ Service Codes	Diagnosis Code	Requested Service	Requested Units/Visits

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:**

Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care.

Molina® Healthcare, Inc. – BH Pre-Service and Concurrent Review Request Form

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			

REFERRAL/SERVICE TYPE REQUESTED

Request Type:	☐ **Initial Request**	☐ **Extension/ Renewal / Amendment**	**Previous Auth#:**

Inpatient Services:	**Outpatient Services:**	
☐ Inpatient Psychiatric ☐Involuntary ☐Voluntary ☐ Inpatient Detoxification ☐Involuntary ☐Voluntary	☐ Partial Hospitalization Program ☐ Intensive Outpatient Program ☐ Day Treatment ☐ Functional Family Therapy ☐ Targeted Case Management ☐ Substance Abuse Short-term Residential Treatment (SRT) ☐ Statewide Inpatient Psychiatric Program (SIPP) ☐ Therapeutic Group Care	☐ Electroconvulsive Therapy ☐ Psychological/Neuropsychological Testing ☐ Therapeutic Behavioral Onsite Services (TBOS) ☐ Psychosocial Rehabilitation Services ☐ Ambulatory Detoxification Services ☐ Community-Based Wrap-Around Services ☐ Behavioral Analysis Services ☐ Non-PAR Outpatient Services ☐ Other: _____

PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION

Primary ICD-10 Code for Treatment: **Description:**

Dates of Service Start	Stop	Procedure/ Service Codes	Diagnosis Code	Requested Service	Requested Units/Visits

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:

Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care.