

**Molina® Healthcare Medicare
PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE**

REFER TO MOLINA'S PROVIDER WEBSITE OR PRIOR AUTHORIZATION LOOK-UP TOOL/MATRIX FOR SPECIFIC CODES THAT REQUIRE AUTHORIZATION ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT

****NOTE: For Molina Medicare Members with Molina Medicaid (Including MMP/FIDE/ CA EAE Plans), Please Refer to Your State Molina Medicaid PA Look-Up Tool for Additional Medicaid Benefit PA Requirements****

**OFFICE VISITS TO CONTRACTED /PARTICIPATING PRIMARY CARE PROVIDERS DO NOT REQUIRE PA
OFFICE VISITS TO NETWORK SPECIALIST DO NOT REQUIRE A REFERRAL FROM A PARTICIPATING PRIMARY CARE PROVIDER
EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION**

- **Advanced Imaging and Specialty Tests**
- **Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services:**
 - Inpatient, Partial Hospitalization
 - Electroconvulsive Therapy (ECT)
- **Chiropractic Care**
- **Cosmetic, Plastic and Reconstructive Procedures:** No PA required with Breast Cancer diagnosis
- **Durable Medical Equipment and Medical Supplies**
- **Elective Inpatient Admissions:** Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility
- **Experimental/Investigational Procedures**
- **Genetic Counseling and Testing**
- **Healthcare Administered Drugs**
 - For Medicare Part B drug provider administered drug therapies, please direct Prior Authorization requests to Novologix via the Molina Provider Portal. You may also fax in a prior authorization at 800-391-6437
- **Hearing Aids**
 - Hearing aids require prior authorization
- **Home Healthcare Services (including homebased PT/OT/ST)**
- **Hyperbaric/Wound Therapy**
- **Long Term Services and Supports (LTSS):** Not a Medicare covered benefit* (*Per state benefit if MMP)
- **Miscellaneous & Unlisted 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
- **Neuropsychological and Psychological Testing**
- **Non-Par Providers/Facilities:** PA is required for office visits, procedures, labs, diagnostic studies, inpatient stays except for:
 - Emergency and Urgently needed Services
 - Professional fees associated with ER visits and approved Ambulatory Surgery Center (ASC) or inpatient stays
 - Dialysis when temporarily absent from service area.
 - Ambulance services dispatched through 911
 - PA is waived for all radiologists, anesthesiologist, and pathologist 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**
- **Outpatient Hospital/Ambulatory Surgery Center**
- **(ASC) Procedures**
- **Pain Management Procedures including Acupuncture**
- **Prosthetics/Orthotics**
- **Radiation Therapy and Radiosurgery**
- **Sleep Studies**
- **Supervised Exercise Therapy (SET)**
- **Transplants including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization).
- **Transportation Services:** Non-Emergent Air Transportation

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 decision with the requesting physician.

IMPORTANT MOLINA HEALTHCARE MEDICARE CONTACT INFORMATION

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

In-patient (IP) Prior Authorizations (Includes Behavioral Health Authorizations)

Peer to Peer: (866) 425-0786

Phone: (800) 526-8196

Fax: (844) 834-2152

Peer to Peer: (866) 425-0786

Transplant Authorizations

Phone: (855) 714-2415

Fax: (877) 813-1206

**Out-patient (OP) Prior Authorizations (Includes Behavioral Health Authorizations
and Medicaid IPA requests)**

Phone: (855) 322-4075

Medicare Fax: (844) 251-1450

MMP/FIDE/CA EAE Fax: (844) 251-1451

Peer to Peer: (866) 425-0786

Pharmacy Authorizations

Phone: (800) 665-3086

Fax: (866) 290-1309

***Medical Injectables/J-Codes**

Fax: (800) 391-6437

Radiology Authorizations

Phone: (855) 714-2415

Fax: (877) 731-7218

SEE BELOW FOR STATE SPECIFIC INFORMATION

SOUTH CAROLINA

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

Member Customer Service Benefits/Eligibility

Phone: (855) 882-3901, TTY: 711
Hours: 8 a.m. to 6 p.m., Monday-Friday
Website: <https://member.molinahealthcare.com>

Provider Customer Service

Phone: (855) 237-6178, TTY: 711
Website: <https://provider.molinahealthcare.com>

Meals: Mom's Meals Nourish Care PurFood, LLC dba

Phone: (866) 224-9485

****Case Managers must enroll the member in the home delivered meal program giving them access to this benefit****

Dental: Careington/WEX

Phone: (800) 290-0523
Website: <https://molina.solutionsimplified.com/>

Fitness: Silver & Fit

Phone: (877) 427-4711
Website: www.silverandfit.com

Vision: VSP

Phone: (888) 794-7268
Website: www.vsp.com

Hearing: Hear USA

Phone: (855) 823-4632
Website: <https://www.hearusa.com/members/molina-medicare/>

OTC: Nations (services)/WEX(card)

Phone: (877) 208-9243
Website: <https://www.NationsOTC.com/Molina>

**Personal Emergency Response System (PERS):
Best Buy Health/Critical Signal Technologies (CST)**

Phone: (888) 557-4462

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

Transportation: Access2Care (A2C) where covered, authorizations are not required unless over the trip limit (over 50 miles one way). When needed, these authorizations must be approved

Phone: (888) 597-4833 TTY: 711 or (866) 874-3972 **Facility Line:** (877) 299-4811
 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

Website: <https://www.access2care.net/services/managed-transportation/members-riders/schedule-transportation>

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 24hours a day, 7 days a week, 365 days a year.