

**Molina Healthcare Medicaid/Medicare of Florida  
Prior Authorization/Pre-Service Review Guide Effective: 01/01/2016**

**Use the Molina web portal for faster turnaround times.  
Contact Provider Services for details**

\*\*\*Office visits to Participating Providers, including Specialists, do not require Prior Authorization\*\*\*

**This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare Medicaid and Medicare Members –  
excludes Marketplace**

**Refer to Molina's website or portal for specific codes that require authorization  
Only covered services are eligible for reimbursement**

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| <ul style="list-style-type: none"> <li>● <b>Art Therapy</b> (Medicaid)</li> <li>● <b>Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:</b> <ul style="list-style-type: none"> <li>○ See Important Contact Information Section below</li> </ul> </li> <li>● <b>Cosmetic, Plastic and Reconstructive Procedures (in any setting)</b></li> <li>● <b>Durable Medical Equipment</b> (Refer to Molina's Provider website or portal for specific codes that require authorization) <ul style="list-style-type: none"> <li>○ Medicare Hearing Supplemental benefit: Contact Avesis at 1-800-327-4462</li> </ul> </li> <li>● <b>Experimental/Investigational Procedures</b></li> <li>● <b>Genetic Counseling and Testing</b> except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations</li> <li>● <b>Hearing Aids</b> – including anchored hearing aids. <ul style="list-style-type: none"> <li>○ Medicare Hearing Supplemental benefit: Contact Avesis at 1 800-327-4462</li> </ul> </li> <li>● <b>Home Healthcare and Home Infusion:</b> After initial eval+6 (six) visits, except for specific infusion drugs. NOTE: certain infusion drugs may be subject to prior authorization before services are rendered. Refer to Specialty Pharmacy Drugs section for specific infusion drugs requiring authorization.</li> <li>● <b>Hyperbaric Therapy</b></li> <li>● <b>Imaging, Advanced and Specialty Imaging:</b> Refer to Molina's Provider website or portal for specific codes that require authorization</li> <li>● <b>Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice</b> (Hospice requires notification only)</li> <li>● <b>Long Term Services and Support:</b> Not a Medicare covered benefit.</li> <li>● <b>Neuropsychological and Psychological Testing</b></li> <li>● <b>Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for:</b> <ul style="list-style-type: none"> <li>○ Emergency Department services</li> <li>○ Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay</li> <li>○ Local Health Department (LHD) services</li> <li>○ Other services based on state requirements</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>● <b>Nutritional Supplements &amp; Enteral Formulas</b></li> <li>● <b>Office-Based Procedures do not require authorization, unless specifically included in another category (i.e. advanced imaging) that requires authorization even when performed in a participating physician's office.</b></li> <li>● <b>Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:</b> Refer to Molina's Provider website or portal for specific codes that require authorization</li> <li>● <b>Pain Management Procedures:</b> except trigger point injections (Acupuncture is not a Medicare covered benefit)</li> <li>● <b>Pet Therapy</b> (Medicaid)</li> <li>● <b>Physician Home Visits, excluding PCP</b> (Medicaid)</li> <li>● <b>Post-Discharge Meals</b></li> <li>● <b>Prosthetics/Orthotics:</b> Refer to Molina's website or portal for specific codes that require authorization</li> <li>● <b>Radiation Therapy and Radiosurgery (for selected services only):</b> Refer to Molina's Provider website or portal for specific codes that require authorization</li> <li>● <b>Sleep Studies</b></li> <li>● <b>Specialty Pharmacy drugs (oral and injectable):</b> Refer to Molina's Provider website or portal for specific codes that require authorization</li> <li>● <b>Transplants including Solid Organ and Bone Marrow</b> (Cornea transplant does not require authorization)</li> <li>● <b>Transportation:</b> non-emergent air transportation</li> <li>● <b>Unlisted &amp; Miscellaneous Codes:</b> 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.</li> </ul> |
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**\*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 claim. (Medicaid benefit only)**

## IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICAID and 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 the enrollee’s 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 at 1 (866) 472-4585

### Important Molina Healthcare Medicaid/Medicare Contact Information

#### **Prior Authorizations:**

Phone: 1 (866) 472-4585 (Medicaid/Medicare)

Fax Medicaid: 1 (866) 440-9791

Fax Medicare: 1 (866) 472-9509

**Radiology Authorizations:** Same as above

**OB Authorizations:** Same as above

#### **Medicaid Pharmacy Authorizations:**

Phone: 1 (866) 553-9494 Fax: 1 (866) 236-8531

#### **Medicare Pharmacy Authorizations:**

Phone: 1 (888) 665-5487 Fax: 1 (866) 290-1309

#### **Behavioral Health Authorizations – Region 1 (Access Behavioral Health):**

Phone: 1 (866) 477-6725 Fax: 1 (850) 469-3661 or  
Fax: 1 (850) 595-0258

#### **Behavioral Health Authorizations – All other Medicaid Regions & Medicare (PsychCare):**

Phone: 1 (800) 221-5487 Fax: 1 (800) 370-1116

#### **Transplant Authorizations**

Phone: 1 (888) 562-5442 x117328 Fax: 1 (877) 731-7218

#### **Medicare Dental: Avesis**

Phone: 1 (855) 214-6779 [TTY/TDD users call 711]

#### **Medicaid Dental: DentalQuest**

Phone: 1 (888) 696-9541 Fax: 1 (888) 313-2883

[TTY/TTD users call: 1 (888) 466-7566]

#### **Member Customer Service Benefits/Eligibility:**

Medicaid Phone: 1 (866) 472-4585 Fax: 1 (877) 508-5738

TTY/TDD: 1 (800) 955-8771

Medicare: 1 (866) 553-9794 TTY/ TDD users call 711

#### **Provider Customer Service:**

Phone: 1 866-472-4585 Fax: 1 866-948-3537

#### **24 Hour Nurse Advice Line**

English: 1 (888) 275-8750 [TTY: 1 (866) 735-2929]

Spanish: 1 (866) 648-3537 [TTY: 1 (866) 833-4703]

#### **Vision Care – Medicaid Regions 1, 4, 6 & 8: iCare Solutions**

Phone: 1 (855) 373-7627

#### **Vision Care – All Other Medicaid Regions & Medicare: March Vision**

Phone: 1 (888) 493-4070

#### **Medicaid Transportation: LogistiCare**

Phone: 1 (866) 528-0454 [TTY/TDD users call 711]

#### **Medicare Transportation: Secure Transportation**

Phone: 1 (800) 856-9994 [TTY/TDD 1 (844) 292-2690]

### **Providers may utilize Molina Healthcare’s Provider Portal at:**

<https://provider.molinahealthcare.com/Provider/Login>

### **Available features include:**

- Authorization submission and status
- Claims submission and status (EDI only)
- Download Frequently Used Forms
- Member Eligibility
- Provider Directory
- Nurse Advice Line Report

## Molina Healthcare of Florida Medicaid/Medicare Prior Authorization Request Form

Phone Number: 1 (866) 472-4585

Fax Numbers: Medicaid: 1 (866) 440-9791 Medicare: 1 (866) 472-9509

Member Information			
<b>Plan:</b>	<input type="checkbox"/> Molina Medicaid	<input type="checkbox"/> Molina Medicare	<input type="checkbox"/> Other:
<b>Member Name:</b>			<b>DOB:</b> /        /
<b>Member ID#:</b>			<b>Phone:</b> (     )        -
<b>Service Type:</b>	<input type="checkbox"/> Elective/Routine		<input type="checkbox"/> Expedited/Urgent*

**\*Definition of Urgent / Expedited service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.**

Referral/Service Type Requested			
<b>Inpatient</b> <input type="checkbox"/> Surgical procedures <input type="checkbox"/> ER Admits <input type="checkbox"/> SNF <input type="checkbox"/> LTAC	<b>Outpatient</b> <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Hyperbaric Therapy <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Home Health <input type="checkbox"/> DME <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:			
Facility Providing Service:			
Contact at Requesting Provider's office:			
Phone Number:	(     )        -	Fax Number:	(     )        -

<b>For Molina Use only:</b>