



Your Extended Family.

Molina Healthcare Prior Authorization Request Form

MEMBER INFORMATION				
<input type="checkbox"/> Molina Medicaid/ MyCare Ohio Opt-Out Fax: (866) 449-6843	<input type="checkbox"/> Molina Medicare/ MyCare Ohio Opt-In Outpatient Fax: (844) 251-1450	<input type="checkbox"/> Molina Medicare/MyCare Ohio Opt-In Inpatient Fax: (877) 708-2116	<input type="checkbox"/> Advanced Imaging Fax: (877) 731-7218	<input type="checkbox"/> Molina Marketplace Fax: (855) 502-5130
Member Name:		DOB: / /		
Member ID:		Phone: () -		
Service Type:		<input type="checkbox"/> Expedited/Urgent* <input type="checkbox"/> Elective/Routine		

*The Expedited/Urgent 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 member's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION				
Requesting Provider Name & NPI:				
Facility Providing Service/Facility TIN/NPI:				
Contact at Requesting Provider's Office:				
Phone Number:	()	Fax Number:	()	
INPATIENT	OUTPATIENT	Please add codes being requested.		
<input type="checkbox"/> Med/Surgery	<input type="checkbox"/> Surgical Procedure	ICD-10 Diagnosis Code & Description:		
Respite Services (Medicaid only) <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Medical	<input type="checkbox"/> Diagnostic Procedure			
<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Behavioral Health			
<input type="checkbox"/> Hospice Non-Par	<input type="checkbox"/> Hospice Non-Par	CPT/HCPC Code & Description:		
<input type="checkbox"/> OB/GYN	<input type="checkbox"/> DME			
<input type="checkbox"/> Transplant	<input type="checkbox"/> Home Health			
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Therapy (PT/OT/ST) <input type="checkbox"/> Therapy (Chiropractic)	Number of Visits Requested:		
<input type="checkbox"/> Acute Rehab	<input type="checkbox"/> Office Visit			
<input type="checkbox"/> Long-Term Acute Care (LTAC)	<input type="checkbox"/> Dialysis Non-Par			
<input type="checkbox"/> Long-Term Care Institutional - Custodial Stays (Medicaid only)	<input type="checkbox"/> Transportation	Date(s) of Service:		
	<input type="checkbox"/> Observation Non-Par			
	<input type="checkbox"/> Pharmacy			

For Molina Healthcare Use Only:

Molina Healthcare Contact Information

Prior Authorizations: 8 a.m. to 6 p.m.

Medicaid/MyCare Ohio Opt-Out: (855) 322-4079

Fax: (866) 449-6843

Medicare/MyCare Ohio Opt-In: (855) 322-4079

Inpatient Fax: (877) 708-2116

Outpatient Fax: (844) 251-1450

Marketplace (855) 322-4079

Fax: (855) 502-5130

Advanced Imaging

Fax: (877) 731-7218

Radiology Authorizations:

Phone: (855) 714-2415

Fax: (877) 731-7218

Pharmacy Authorizations:

Medicaid: (855) 322-4079

Fax: (800) 961-5160

Medicare: (855) 322-4079

Fax: (866) 290-1309

Medicaid Member Services:

7 a.m. to 7 p.m., Monday to Friday

Phone: (800) 642-4168

TTY: 711

MyCare Ohio Member Services:

8 a.m. to 8 p.m., Monday to Friday

Molina Dual Options (opt-in): (855) 665-4623

Molina MyCare Ohio Medicaid (opt-out): (855) 687-7862

TTY: 711

Medicare Member Services:

8 a.m. to 8 p.m., seven days a week

Phone: (866) 472-4584

TTY: 711

Marketplace Member Services:

7 a.m. to 7 p.m., Monday to Friday

Phone: (888) 296-7677

TTY: 711

Provider Services:

MyCare Ohio: 8 a.m. to 6 p.m.

All other lines of business: 8 a.m. to 5 p.m.

Phone: (855) 322-4079

Fax: (888) 296-7851

Medicaid/Medicare/Marketplace 24-Hour Nurse Advice Line:

English: (888) 275-8750

TTY: 711

Spanish: (866) 648-3537

TTY: 711

MyCare Ohio 24-Hour Nurse Advice Line:

English & Spanish: (855) 895-9986

TTY: 711

Vision Care:

Phone: (855) 322-4079

Fax: (888) 493-4070

Dental:

Phone: (855) 322-4079

Provider Web Portal: www.sciondental.com

Transportation: For Members

Medicaid: (866) 642-9279

MyCare Ohio: (844) 491-4761

Providers may use Molina Healthcare's Provider Web Portal at:
www.MolinaHealthcare.com/OhioProviders

Available features include:

- Authorization submission and status
- Frequently used forms
- Claims submissions and status
- Member eligibility
- Provider directory
- Nurse Advice Line



Your Extended Family.

Medicaid, Medicare and MyCare Ohio

Prior Authorization/Pre-Service Review Guide • Effective: 01/01/2016

Prior Authorization requests are also accepted on the [Provider Web Portal](#).

Referrals to network specialists and office visits to contracted (par) providers do not require prior authorization.

This prior authorization/pre-service guide applies to all Molina Healthcare Medicaid, Medicare and MyCare Ohio members; it excludes Marketplace. Refer to Molina Healthcare's [PA Code List](#) for specific codes that require authorization at www.MolinaHealthcare.com/OhioProviders under the "Forms" tab.

Only covered services are eligible for reimbursement.

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| <ul style="list-style-type: none"> • Behavioral health: Mental health, alcohol and chemical dependency services: <ul style="list-style-type: none"> • Inpatient, residential treatment, partial hospitalization • Electroconvulsive therapy (ECT) • Applied behavioral analysis (ABA) – for treatment of Autism spectrum disorder (ASD) • Cosmetic, plastic and reconstructive procedures (in any setting) • Dental general anesthesia: Greater than 7 years old or per state benefit (not a Medicare-covered benefit) • Dialysis: One time only notification • Durable medical equipment: Refer to Molina Healthcare's website or Web Portal for specific codes that require authorization <ul style="list-style-type: none"> • Medicare hearing supplemental benefit: contact Avesis at (800) 327-4462 • Experimental/investigational procedures (in any setting) • Genetic counseling and testing except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations • Occupational therapy: After initial evaluation plus 30 visits for outpatient setting • Office-based procedures do not require authorization (unless otherwise noted) • Outpatient hospital/ambulatory surgery center (ASC) procedures: Refer to Molina Healthcare's website or Web Portal for specific codes that require authorization • Pain management procedures (in any setting): Except trigger point injections (acupuncture is not a Medicare-covered benefit) • Physical therapy: After initial evaluation plus 30 visits for outpatient setting • Pregnancy and delivery • Prosthetics/orthotics: Refer to Molina Healthcare's website or Web Portal for specific codes that require authorization • Radiation therapy and radiosurgery (for selected services only): Refer to Molina Healthcare's website or Web Portal for specific codes that require authorization • Rehabilitation services: Including cardiac, pulmonary and comprehensive outpatient rehabilitation facility (CORF). CORF services for Medicare only. | <ul style="list-style-type: none"> • Home health care and home infusion: After initial evaluation plus six visits • Hyperbaric therapy • Imaging, advanced and specialty imaging: Refer to Molina Healthcare's website or Web Portal for specific codes that require authorization • Inpatient admissions: acute hospital, skilled nursing facilities (SNF), rehabilitation, long-term acute care (LTAC) facility • Inpatient hospice and palliative care • Long-term services and supports: Per state benefit. Refer to Molina Healthcare's website or Provider Web Portal for specific codes that require authorization. Not a Medicare-covered benefit. • Neuropsychological and psychological testing • Non-par providers/facilities- office visits, procedures, labs, diagnostic studies, inpatient stays except for: <ul style="list-style-type: none"> • Emergency department services • Professional fees associated with emergency department visit, approved • Ambulatory surgery center (ASC) or inpatient stay • Other services based on state requirements • Respite care • Sleep studies • Specialty pharmacy drugs (oral and injectable): Refer to Molina Healthcare's website or Web Portal for specific codes that require authorization • Speech therapy: After initial evaluation plus 30 visits for outpatient setting • Transplants including solid organ and bone marrow • Transportation: Non-emergent ambulance air transport • Unlisted, miscellaneous and T (temporary) codes (in any setting): Molina Healthcare 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. • Wound therapy |
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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)



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IMPORTANT INFORMATION FROM MOLINA HEALTHCARE OF OHIO

Information generally required to support authorization decision making includes:

- Current (up to six 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 Expedited/Urgent 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 and fax denials are given the same day of the denial decision.
- **For Medicaid services only**, the provider can request a reconsideration of a denial by faxing the request with supporting documentation within 30 calendar days from the date of the denial. Submit a PA Denial Reconsideration Form via fax to (866) 449-6843. The form is posted online at www.MolinaHealthcare.com/OhioProviders under the "Forms" tab.
- Providers 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 (855) 322-4079.

Post-Stabilization Services: Effective 06/01/2014—Molina Healthcare provides post-stabilization services for Medicare members and MyCare Ohio dual eligible members. If you are a non-contracted provider and need authorization for post-stabilization services after normal business hours, please call our 24-Hour Nurse Advice Line.

- Medicare – English: (888) 275-8750 (TTY 711)
- Medicare – Spanish: (866) 648-3537 (TTY: 711)
- MyCare Ohio English/Spanish: (855) 895-9986 (TTY: 711)
- Includes 24-Hour Behavioral Health Crisis Line