MOLINA HEALTHCARE
MEDICAID
PRE-SERVICE REVIEW GUIDE
EFFECTIVE: 1/1/26

REFER TO MOLINA'S PROVIDER WEBSITE OR PORTAL FOR SPECIFIC CODES THAT REQUIRE AUTHORIZATION. ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT

OFFICE VISITS OR REFERRALS TO IN NETWORK / PARTICIPATING PROVIDERS DO NOT REQUIRE PRIOR AUTHORIZATION

- **Cosmetic, Plastic and Reconstructive Procedures** (in any setting)
- **Doula Services:** Six (6) total visits during the prenatal and postpartum periods and one visit for attendance at labor and delivery
- **Durable Medical Equipment:** Refer to Molina's Provider website or portal for specific codes that require authorization.
- **Experimental/Investigational Procedures**
- **Genetic Counseling and Testing**
- **Home Healthcare and Home Infusion(Including Home PT or OT):** All home healthcare services require PA after initial evaluation plus six (6) visits. ***CSHCS members are eligible for ST visits with prior authorization.**
- **Hyperbaric Therapy**
- **Imaging and Specialty Tests**
- **Inpatient Admissions:** Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility.
- **Non-Par Providers/Facilities:** Office visits, procedures, labs, diagnostic studies, inpatient stays except for:
  - Emergency Department Services;
  - Professional fees associated with ER visit and approved Ambulatory Surgery Center (ASC) or inpatient stay;
  - Professional component services or services billed with Modifier 26 in ANY place of service setting
  - Local Health Department (LHD) services;
  - Women's Health, Family Planning and Obstetrical Services
  - Federally Qualified Health Center (FQHC) Rural Health Center (RHC) or Tribal Health Center (THC)
- **Occupational Therapy:** After initial evaluation plus 12 visits per calendar year
- **Outpatient Hospital/ASC Procedures:** Refer to Molina's website or provider portal for a specific list of codes that require PA.
- **Pain Management Procedures:** Refer to Molina's website or provider portal for a specific list of codes that require PA.
- **Physical Therapy:** After initial evaluation plus 12 visits per calendar year
- **Prosthetics/Orthotics:** Refer to Molina's Provider website or portal for specific codes that require authorization.
- **Radiation Therapy and Radiosurgery**
- **Sleep Studies**
- **Specialty Pharmacy drugs:** Refer to Molina's Provider website or portal for specific codes that require PA.
- **Speech Therapy:** After initial evaluation plus 12 visits. Pediatric cochlear implants – allowed up to 36 visits with prior authorization.
- **Transplants including Solid Organ and Bone Marrow** *Cornea transplant does not require authorization
- **Transportation:** Non-Emergent Air.
- **Unlisted & Miscellaneous 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. Molina requires PA for all unlisted codes except 90999 does not require PA.
- **Urine Drug Testing:** After 12 cumulative visits per calendar year. Please refer to Molina's provider website or portal for a specific list of codes that require PA.

Additional Information:

- 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.
- 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 (855) 322-4077

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 theproblem.
- 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 therequest.

MICHIGAN (Service hours 8:00am-5pm local M-F, unless otherwise specified)		
Service	**Phone**	**Fax**
Authorizations Non-NICU OB Deliveries	(855) 322-4077	(800) 594-7404 (844) 861-1930
Evolent *Cardiology authorizations for Adults	(888) 999-7713	(877)-370-0963
Progeny Health *NICU Authorizations (Medicaid Only)	(888) 832-2006	(866) 890-8857
Imaging Authorizations	(855) 714-2415	(877) 731-7218
Transplant Authorizations	(855) 714-2415	(877) 813-1206
Pharmacy Authorizations	(855) 322-4077	(888) 373-3059
Member Service	(888) 898-7969 / TTY: 711	
Provider Service	(855) 322-4077	(248) 925-1784
Dental (DentaQuest)	(844) 583-6157	
Vision (VSP)	(888) 493-4070	
Transportation	(855) 735-5604	
24 Hour Nurse Advice Line (7 days/Week)	1 (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	