Molina Healthcare of Ohio, Inc. – Prior Authorization Request Form

MEMBER INFORMATION

Member Name:	Date of Request:	For MOLINA HEALTHCARE use only:
Member ID#:	DOB:	

Service Type:

- ☐ Non-Urgent/Routine/**Elective**:
- ☐ Urgent/**Expedited**
  - * Reason for Urgency ______________
- ☐ **Emergent** Inpatient Admission
- ☐ EPSDT/Special Services

*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.

FAX RESOURCES Per Line of Business/Service Type (See Provider Website for Portal Information)

- ☐ **Medicaid** **Fax: (866) 449-6843**
- ☐ **Transplant** (All lines of business) **Fax: (866) 449-6843**
- ☐ **MyCare Opt-Out** **Fax: (866) 449-6843**
- ☐ **ProgenyHealth (NICU)** **Fax: (866) 519-1259**
- ☐ **Marketplace** **Fax: (833) 322-1061**
- ☐ **MyCare Opt-in** **Home Health & Hospice room & board T2046 only **Fax: (877) 708-2116**
- ☐ **MyCare Opt-In OUTPATIENT** **Fax: (844) 251-1451** (Excluding Home Health)
- ☐ **Medicare/D-SNP OUTPATIENT** **Fax: (844) 251-1450**
- ☐ **Medicare/D-SNP MyCare Opt-in INPATIENT** **Fax: (844) 834-2152**
  Admit, Concurrent Review & discharge for hospital, SNF, LTAC, Rehab, BH (excluding Hospice room & board T2046)

Imaging and Special Tests:
- o Advanced Imaging (MRI, CT, PET, Selected ultrasounds)
- o Cardiac Imaging

☐ **All Lines of Business Fax: (877) 731-7218**

Radiation Therapy
- o Sleep Covered Services and Related Equipment
- o Molecular & Genomic Tests

☐ **Medicaid & Marketplace: Fax: (877) 731-7218**
☐ **Medicare/D-SNP: Fax: (844) 251-1450**
☐ **MyCare Opt-in: Fax: (844) 251-1451**

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)
- ☐ Other Inpatient:______________

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:

MOLINA® HEALTHCARE

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 Healthcare Use Only:				

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service, benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

Molina Healthcare of Ohio, Inc. – Prior Authorization Request Form

MEMBER INFORMATION		
Member Name:	**Date of Request:**	**For MOLINA HEALTHCARE use only:**
Member ID#:	**DOB:**	
Service Type:		
☐ Non-Urgent/Routine/**Elective**: ☐ Urgent/**Expedited** * Reason for Urgency _______________	☐ **Emergent** Inpatient Admission ☐ EPSDT/Special Services	

*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.

FAX RESOURCES Per Line of Business/Service Type (See Provider Website for Portal Information)			
☐ **Medicaid** **Fax: (866) 449-6843**	☐ **Marketplace** **Fax: (833) 322-1061**	☐ **Medicare/D-SNP** **OUTPATIENT** **Fax: (844) 251-1450**	**Imaging and Special Tests:** o Advanced Imaging (MRI, CT, PET, Selected ultrasounds) o Cardiac Imaging ☐ **All Lines of Business Fax: (877) 731-7218**
☐ **Transplant** (All lines of business) **Fax: (866) 449-6843**	☐ **MyCare Opt-in** **Home Health & Hospice room & board T2046 only **Fax: (877) 708-2116**	☐ **Medicare/D-SNP** **MyCare Opt-in** **INPATIENT** **Fax: (844) 834-2152** Admit, Concurrent Review & discharge for hospital, SNF, LTAC, Rehab, BH (excluding Hospice room & board T2046)	**Radiation Therapy** o Sleep Covered Services and Related Equipment o Molecular & Genomic Tests ☐ **Medicaid & Marketplace:** **Fax: (877) 731-7218** ☐ **Medicare/D-SNP:** **Fax: (844) 251-1450** ☐ **MyCare Opt-in:** **Fax: (844) 251-1451**
☐ **MyCare Opt-Out** **Fax: (866) 449-6843**	☐ **MyCare Opt-In** **OUTPATIENT** **Fax: (844) 251-1451** (Excluding Home Health)		
☐ **ProgenyHealth (NICU)** **Fax: (866) 519-1259**			

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 If Involuntary, Court Date:	☐ Residential Treatment ☐ Partial Hospitalization Program ☐ Intensive Outpatient Program ☐ Day Treatment ☐ Assertive Community Treatment Program (ACT) ☐ Targeted Case Management	☐ Institution of Mental Diseases (IMD) ☐ Electroconvulsive Therapy ☐ Psychological/Neuropsychological Testing ☐ Applied Behavioral Analysis ☐ Non-PAR Outpatient Services ☐ Other: _______________________

MOLINA HEALTHCARE

PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION

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

Dates of Service Start	Dates of Service 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#:	**Medicaid ID# (If Non-Par):**	☐**Non-Par** ☐**COC**	
Phone:	**Fax:**	**Email:**	
Address:	**City:**	**State:**	**Zip:**

For Molina Healthcare Use Only:

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service, benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

MOLINA HEALTHCARE

MEDICAID, MEDICARE AND MYCARE OHIO

PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE

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

- **Behavioral Health, Mental Health and Alcohol and Chemical Dependency Services:**
  - ACT
  - IHBT
  - CPST
  - Psychological Testing
  - SBIRT
  - Alcohol or Drug Assessment
  - Psychiatric Diagnostic Evaluations Inpatient, residential treatment, partial hospitalization
  - Electroconvulsive therapy (ECT)
  - Applied behavioral analysis (ABA)
- **Cosmetic, Plastic and Reconstructive Procedures:** No PA required with Breast Cancer Diagnoses.
- **Dental general anesthesia:** Greater than 7 years old per state benefit (not a Medicare Covered Benefit)
- **Durable Medical Equipment and Medical Supplies**: Refer to Molina Healthcare's website or Web Portal for specific codes that require authorization
  - Medicare hearing supplemental benefit: contact Avesis at (800) 327-4462
- **Elective Inpatient Admissions:** Acute Hospital, Skilled Nursing Facilities (SNF), Acute Inpatient Rehabilitation, Long Term Acute Care (LTAC) Facilities
- **Experimental/Investigational Procedures**
- **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 regulators
- **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**
  - Benefit is only available from HearUSA participating providers. Contact HearUSA at (855) 823-4632 to schedule. Hearing aids require prior authorization.
- **Home Healthcare Services (including home-based PT/OT/ST):** Medicare/MMP Medicare: Prior authorization required for any home healthcare in a year beyond the initial 60 day period. Marketplace/Medicaid/MMP Medicaid: after initial evaluation plus 6 visits per calendar year.
- **Hyperbaric/Wound Therapy**
- **Imaging and Special Tests**
- **Inpatient Admissions/Inpatient Hospice and Palliative care**
- **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, and inpatient stays except for:
  - Emergency and Urgently Needed Services
  - Professional fees associated with ER visits and approved Ambulatory Surgery Center (ASC) or inpatient stays
  - Other services based on state requirements
- **Occupational, Physical, & Speech Therapy:** PA required after 30 visits
- **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**
- **Prosthetics/Orthotics:** Refer to Molina Healthcare's website or Web Portal for specific codes that require authorization
- **Pregnancy and delivery**
- **Radiation Therapy and Radiosurgery**
- **Respite care**
- **Sleep Studies:** Except Home (POS 12) sleep studies
- **Transplants/Gene Therapy, including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization)
- **Transportation:** Non-emergent air transportation
- **Wound Therapy**

*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.)

Refer to Molina Healthcare's PA Code List for specific codes that require authorization at www.MolinaHealthcare.com/OhioProviders under the "Forms" tab.

MOLINA HEALTHCARE

Important Information for Molina Healthcare Providers

Information generally required to support authorization decision making includes:

- Current (up to 6 months) and 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.
- **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/D-SNP English/Spanish: (855) 895-9986 (TTY: 711)
  - Includes 24-Hour Behavioral Health Crisis Line

Important Molina Healthcare Contact Information

OHIO (Service hours 8 a.m.to 5 p.m. local time, Monday through Friday, unless otherwise specified)

Providers may utilize Molina Healthcare's Website at: https://provider.molinahealthcare.com/Provider/Login

Available features include:

- Authorization submission and status
- Member Eligibility
- Provider Directory
- Claims submission and status
- Download frequently used forms
- Nurse Advice Line

PRIOR AUTHORIZATION	
Medicaid & MyCare Opt-Out	**MyCare Opt-In Outpatient** (Excluding Home Health)
Phone: (855) 322-4079 **Fax:** (866) 449-6843	**Phone:** (855) 322-4079 **Fax:** (844) 251-1451
Transplant (All lines of business)	**MyCare Opt-In** (Home Health & Hospice Room and Board T2046)
Phone: (855) 322-4079 **Fax:** (866) 449-6843	**Phone:** (855) 322-4079 **Fax:** (877) 708-2116
Marketplace	**Medicare/D-SNP Outpatient**
Phone: (855) 322-4079 **Fax:** (833) 322-1061	**Phone:** (855) 322-4079 **Fax:** (844) 251-1450
Imaging and Special Tests	**Medicare/D-SNP/MyCare Opt-In Inpatient**
Phone: (855) 322-4079 **Fax:** (877) 731-7218	**Phone:** (855) 322-4079 **Fax:** (844) 834-2152
Medicaid & Marketplace Radiation Therapy	**Medicare/D-SNP Radiation Therapy**
Phone: (855) 322-4079 **Fax:** (877) 731-7218	**Phone:** (855) 322-4079 **Fax:** (844) 251-1450
ProgenyHealth (NICU)	**MyCare Opt-In Radiation Therapy**
Phone: (888) 832-2006 **Fax:** (866) 519-1259	**Phone:** (855) 322-4079 **Fax:** (844) 251-1451

MOLINA HEALTHCARE

Pharmacy Authorizations	
Medicaid Phone: (855) 322-4079 **Fax:** (800) 961-5160	**Medicare Phone:** (855) 322-4079 **Fax:** (866) 290-1309

Hearing (HearUSA)	Vision (March Vision Care)	Dental (SKYGEN)
Phone: (800) 442-8231 Monday to Friday, 8 a.m. to 8 p.m. EST	Phone: (844) 756-2724 TTY: 711 or (877) 627-2456	Phone: (888) 818-7932 TTY: 711 7 days a week, 8 a.m. to 8 p.m. EST

Important Molina Healthcare Contact Information

24-Hour Nurse Advice Line (24 hours a day, 7 days a week)
Medicaid/Medicare/Marketplace

No referral or prior authorization is needed.

English:
(888) 275-8750
TTY: 711
Spanish:
(866) 648-3537
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.

24-Hour Nurse Advice Line (24 hours a day, 7 days a week)
MyCare Ohio

English & Spanish:
(855) 895-9986
TTY: 711

No referral or prior authorization is needed.

Provider Services
Phone: (855) 322-4079
Fax: (888) 296-7851

MyCare Ohio/D-SNP:
8 a.m. to 6 p.m.
All other lines of business:
8 a.m. to 5 p.m.

Meals
(Mom's Meals NourishCare PurFoods, LLC dba)
Care Manager must enroll the member in the home delivered meal program giving them access to this benefit.

Care Managers Phone:
(866) 224-9485

Member Service Contact Information

Medicaid	Medicare	MyCare Ohio Opt-In	MyCare Ohio Opt-Out	Marketplace
7 a.m. to 7 p.m. Monday to Friday (800) 642-4168 TTY: 711	8 a.m. to 8 p.m. 7 days a week (866) 472-4584 TTY:711	8 a.m. to 8 p.m. Monday to Friday (855) 665-4623 TTY: 711	8 a.m. to 8 p.m. Monday to Friday (855) 687-7862 TTY: 711	8 a.m. to 6 p.m. Monday to Friday (888) 296-7677 TTY: 711

Transportation
(Access2Care (A2C)
Where needed, authorizations are not required unless over the trip limit (over 50 miles one-way).

MyCare Ohio: (844) 491-4761

Medicaid: (866) 642-9279

Press 1 for Ride Assist; otherwise stay on the line for assistance.

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