

MOLINA[®] HEALTHCARE MARKETPLACE
NEW MEXICO
PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE
EFFECTIVE: 07/01/2021

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

OFFICE VISITS TO CONTRACTED/PARTICIPATING (PAR) PROVIDERS & REFERRALS TO NETWORK SPECIALISTS
DO NOT REQUIRE PRIOR AUTHORIZATION (PA). EMERGENCY
SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION.

- **Advanced Imaging and Specialty Tests**
- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**
 - Inpatient, Transitional Substance Abuse Residential Treatment, Day Treatment, Partial hospitalization, Detoxification Services.
 - Electroconvulsive Therapy (ECT);
 - Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD).
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting).** No PA Required with Breast Cancer Diagnoses
- **Durable Medical Equipment**
- **Elective Inpatient Admissions:** Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility.
- **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 regulations).
- **Healthcare Administered Drugs**
- **Home Healthcare Services (including home-based OT/PT/ST) after 7 visits**
- **Hyperbaric/Wound Therapy**
- **Long Term Services and Support:** Not a covered benefit
- **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.
- Radiologists, anesthesiologists, and pathologists' professional services when billed for POS 19, 21, 22, 23 or 24.
- **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;
 - Local Health Department (LHD) services;
 - PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting;
 - Radiologists, Anesthesiologists, and Pathologists professional services when billed in POS 19, 21, 22, 23 or 24.
 - Other services based on State requirements.
- **Occupational & Physical** After initial evaluation and 23 visits/year in outpatient and home settings **Speech Therapy** after 6 visits for outpatient and home settings
- **Hospital/Ambulatory Surgery Center (ASC) Procedures**
- **Pain Management Procedures**
- **Prosthetics/Orthotics**
- **Radiation Therapy and Radiosurgery**
- **Sleep Studies:** (Except Home (POS 12) Sleep Studies).
- **Transplants/ Gene Therapy including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization).
- **Transportation:** All non-emergent transportation.
- **Vision:** Pediatric Low Vision Optical Devices and Services: Please contact VSP at 1 (800) 877-7195 or visit their website at www.vsp.com/advantage

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MARKET PLACE 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 800-377-9594 ext. 180284 or for Advanced Imaging discussion contact our toll-free number: 855-714-2415.

Important Molina Healthcare Market Place Contact Information					
(Service hours 8am-5pm local M-F, unless otherwise specified)					
SERVICE AREA	PHONE	FAX	SERVICE AREA	PHONE	FAX
Prior Authorizations/ Inpatient Notification	1 (855) 322-4078	1 (833) 322-1061	Vision Care (VSP) www.vsp.com/advantage	1 (800) 877-7195	
Behavioral Health Authorizations	1 (855) 322-4078	1 (833) 322-1061	Provider Customer Service	1 (888) 825-9266	1 (505) 342-4711
Radiology Authorizations	1 (855) 714-2415	1 (877) 731-7218	Member Customer Service/Benefits/ Eligibility	1 (800) 580-2811	1 (505) 342-0595
Transplant Authorizations	1 (855) 714-2415	1 (877) 813-1206	TTY/TDD:	1 (800) 346-4128	
Pharmacy Authorizations	1 (855) 322-4078	1 (866) 472-4578	Nurse Advice Line (24 hours a day, 7 days a week)	(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.		

Providers may utilize Molina Healthcare’s Website at:

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

Available features include:

- Authorization submission and status
- Download Frequently used forms
- Provider Directory

- Claims submission and status
- Member Eligibility
- Nurse Advice Line Report