MOLINA® HEALTHCARE MEDICAID
PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE
EFFECTIVE: 07/01/2023

REFER TO MOLINA'S PROVIDER WEBSITE OR PRIOR AUTHORIZATION LOOK-UP TOOL/MATRIX 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.
EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION.

- **Advanced Imaging and Specialty Tests**
- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**
  Review the PA Look Up Tool for specific requirements.
- **Cosmetic, Plastic and Reconstructive Procedures:**
  No PA required with Breast Cancer Diagnoses. Review PA Look Up Tool for specific requirements.
- **Durable Medical Equipment**
- **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**
- **Healthcare Administered Drugs:**
  Review the PA Look Up Tool for specific requirements.
- **Home Healthcare Services (including home-based PT/OT/ST):**
  Review the PA Look Up Tool for specific requirements.
- **Hyperbaric/Wound Therapy**
- **Inpatient Hospitalization** (Except Emergency and Urgently Needed Services)
- **Long Term Services and Supports (per State benefit).**
- **Miscellaneous & Unlisted Codes:**
  Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale should be submitted with the prior authorization request.
- **Neuropsychological and Psychological Testing:**
  Review the PA Look Up Tool for specific requirements.
- **Non-Par Providers:** **With the exception of some facility based professional services, receipt of ALL services or items from a non-contracted provider in all places of service require approval.**
  - Local Health Department (LHD) services.
  - Hospital Emergency services
  - Evaluation and Management services associated with inpatient, ER, and observation stays, or facility stay (POS 21, 22, 23, 31, 32, 33, 51, 52, 61)
  - Radiologists, anesthesiologists, and pathologists' professional services when billed in POS 19, 21, 22, 23 or 24, 51, 52.
  - Other State mandated services.
- **Nursing Home/Long Term Care**
- **Occupational, Physical & Speech Therapy:**
  Review the PA Look Up Tool for specific requirements.
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:**
  Review the PA Look Up Tool for specific requirements.
- **Pain Management Procedures**
- **Prosthetics/Orthotics**
- **Sleep Studies**
- **Transplants/Gene Therapy, including Solid Organ and Bone Marrow**
- **Transportation Services:** Non-emergent air transportation.

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 the claim.

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICAID 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 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.
- 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 (844)-236-1464.

IMPORTANT MOLINA HEALTHCARE MEDICAID CONTACT INFORMATION

(Service hours 8am-5pm local M-F, unless otherwise specified)

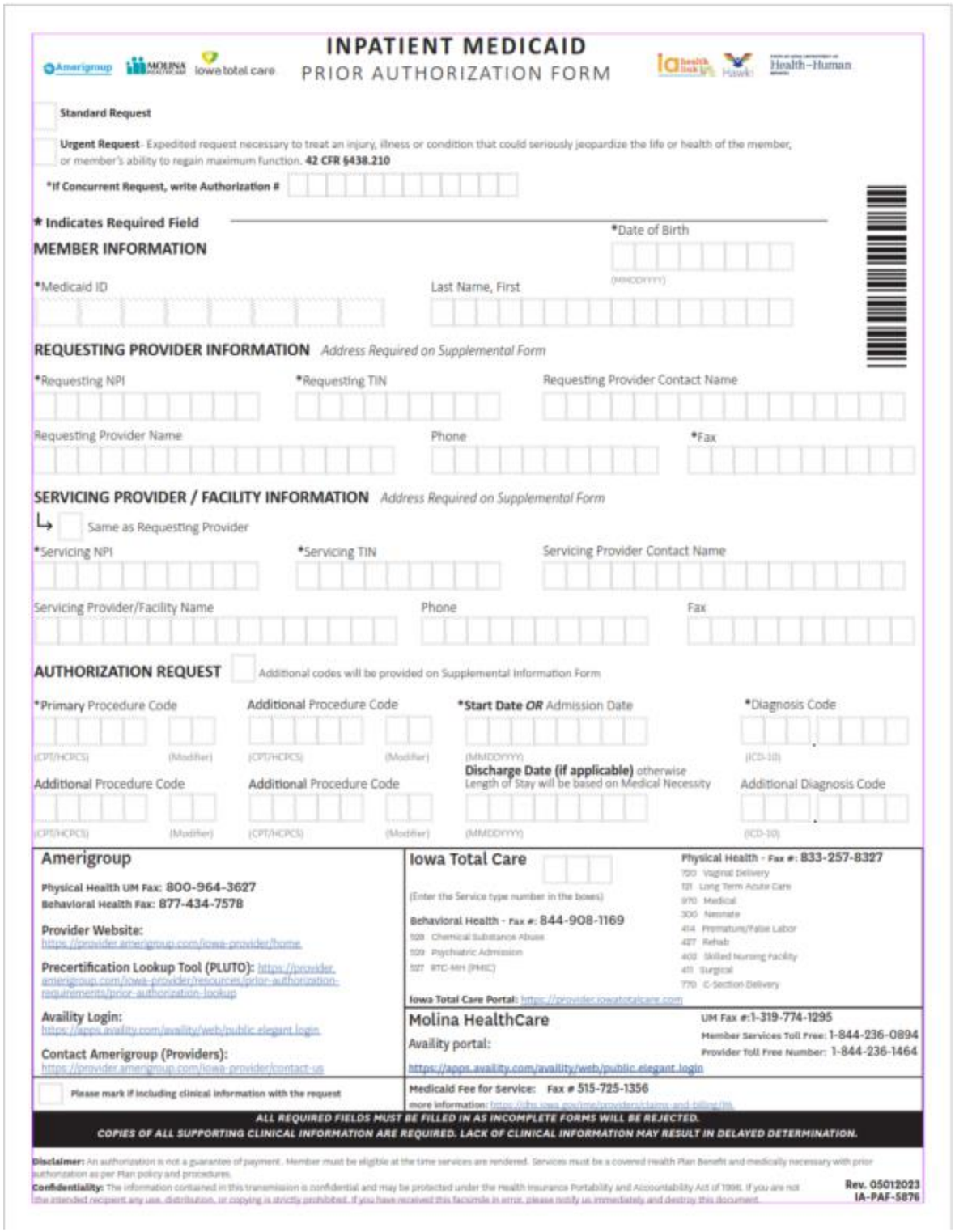
Prior Authorizations including Behavioral Health Authorizations: Phone: (844)-236-1464 Fax: (319)-774-1295	**24 Hour Behavioral Health Crisis (7 days/week):** Phone: 988 (10-digit number is (855) 581-8111)
Pharmacy Authorizations: Phone: (844)-236-1464 Fax: (877)-733-3195	**Dental:** Carved out in Iowa
Radiology Authorizations: Phone: (855) 714-2415 Fax: (877) 731-7218	**Vision:** Phone: (844) 496-2724
Provider Customer Service: Phone: (844)-236-1464	**Member Customer Service, Benefits/Eligibility:** Phone: (844)-236-0894/ TTY/TDD 711
Transportation: Phone: (866)-849-2062	**Transplant Authorizations:** Phone: (855) 714-2415 Fax: (877) 813-1206
24 Hour Nurse Advice Line (7 days/week) Phone: (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
- Member Eligibility
- Provider Directory
- Claims submission and status
- Download Frequently used forms
- Nurse Advice Line Report

Providers should use one of the Iowa Medicaid Prior Authorization forms when submitting a prior authorization. Examples are provided below.



INPATIENT MEDICAID
PRIOR AUTHORIZATION FORM

Amerigroup · Molina Healthcare · Iowa Total Care · Iowa Health Link · Hawki · Health–Human Services

☐ **Standard Request**

☐ **Urgent Request** - Expedited request necessary to treat an injury, illness or condition that could seriously jeopardize the life or health of the member, or member's ability to regain maximum function. **42 CFR §438.210**

***If Concurrent Request, write Authorization #**

*** Indicates Required Field**

MEMBER INFORMATION

*Medicaid ID

Last Name, First

*Date of Birth (MMDDYYYY)

REQUESTING PROVIDER INFORMATION *Address Required on Supplemental Form*

*Requesting NPI

*Requesting TIN

Requesting Provider Contact Name

Requesting Provider Name

Phone

*Fax

SERVICING PROVIDER / FACILITY INFORMATION *Address Required on Supplemental Form*

↳ ☐ Same as Requesting Provider

*Servicing NPI

*Servicing TIN

Servicing Provider Contact Name

Servicing Provider/Facility Name

Phone

Fax

AUTHORIZATION REQUEST

☐ Additional codes will be provided on Supplemental Information Form

*Primary Procedure Code (CPT/HCPCS) (Modifier)

Additional Procedure Code (CPT/HCPCS) (Modifier)

*Start Date *OR* Admission Date (MMDDYYYY)

*Diagnosis Code (ICD-10)

Additional Procedure Code (CPT/HCPCS) (Modifier)

Additional Procedure Code (CPT/HCPCS) (Modifier)

Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity (MMDDYYYY)

Additional Diagnosis Code (ICD-10)

Amerigroup

Physical Health UM Fax: 800-964-3627
Behavioral Health Fax: 877-434-7578

Provider Website: https://provider.amerigroup.com/iowa-provider/home

Precertification Lookup Tool (PLUTO): https://provider.amerigroup.com/iowa-provider/resources/prior-authorization-requirements/prior-authorization-lookup

Availity Login: https://apps.availity.com/availity/web/public.elegant.login

Contact Amerigroup (Providers): https://provider.amerigroup.com/iowa-provider/contact-us

Iowa Total Care

(Enter the Service type number in the boxes)

Behavioral Health - Fax #: 844-908-1169
- 508 Chemical Substance Abuse
- 509 Psychiatric Admission
- 507 RTC-MH (PMIC)

Iowa Total Care Portal: https://provider.iowatotalcare.com

Physical Health - Fax #: 833-257-8327
- 700 Vaginal Delivery
- 131 Long Term Acute Care
- 970 Medical
- 300 Neonate
- 414 Premature/False Labor
- 427 Rehab
- 403 Skilled Nursing Facility
- 411 Surgical
- 770 C-Section Delivery

Molina HealthCare

Availity portal: https://apps.availity.com/availity/web/public.elegant.login

UM Fax #:1-319-774-1295
Member Services Toll Free: 1-844-236-0894
Provider Toll Free Number: 1-844-236-1464

☐ **Please mark if including clinical information with the request**

Medicaid Fee for Service: Fax # 515-725-1356
more information: https://dhs.iowa.gov/ime/providers/claims-and-billing/pa

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

Rev. 05012023
IA-PAF-5876

OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Amerigroup | Iowa total care | Molina Healthcare | ia health link | Hawki | Health-Human

☐ Request for additional units. Existing Authorization ☐☐☐☐☐☐☐☐☐☐☐☐ Units ☐☐☐☐

Mark Standard or Urgent Request if initial request

☐ **Standard requests**

☐ **Urgent requests** - Expedited request necessary to treat an injury, illness or condition that could seriously jeopardize the life or health of the member, or member's ability to regain maximum function. **42 CFR §438.210**

*** INDICATES REQUIRED FIELD**

MEMBER INFORMATION

Date of Birth* (MMDDYYYY)

Medicaid ID*

Last Name, First

REQUESTING PROVIDER INFORMATION *Address Required on Supplemental Form*

Requesting NPI* Requesting TIN* Requesting Provider Contact Name

Requesting Provider Name Phone Fax*

SERVICING PROVIDER / FACILITY INFORMATION *Address Required on Supplemental Form*

↳ ☐ Same as Requesting Provider

Servicing NPI* Servicing TIN* Servicing Provider Contact Name

Servicing Provider/Facility Name Phone Fax

AUTHORIZATION REQUEST

☐ Additional codes will be provided on Supplemental Information Form

*Primary Procedure Code (CPT/HCPCS) (Modifier) | Additional Procedure Code (CPT/HCPCS) (Modifier) | *Start Date OR Admission Date (MMDDYYYY) | *Diagnosis Code (ICD-10)

Additional Procedure Code (CPT/HCPCS) (Modifier) | Additional Procedure Code (CPT/HCPCS) (Modifier) | End Date OR Discharge Date (MMDDYYYY) | Total Units/Visits/Days For Primary CPT Code

Amerigroup

Physical Health UM Fax: 800-964-3627
Behavioral Health Fax: 877-434-7578

Provider Website:
https://provider.amerigroup.com/iowa-provider/home

Precertification Lookup Tool (PLUTO): https://provider.amerigroup.com/iowa-provider/resources/prior-authorization-requirements/prior-authorization-lookup

Availity Login:
https://apps.availity.com/availity/web/public.elegant.login

Contact Amerigroup (Providers):
https://provider.amerigroup.com/iowa-provider/contact-us

Medicaid Fee for Service: Fax # 515-725-1356
more information: https://dhs.iowa.gov/ime/providers/claims-and-billing/faq

Iowa Total Care

(Enter the Service type number in the boxes)

Physical Health - Fax #: 833-257-8327

422 Biopharmacy
299 Drug Testing
922 Experimental
205 Genetic Testing
249 Home Health
997 Office Visit/Consult
201 Sleep Study
472 Stereotactic Radiosurgery
209 Transplant
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management

Behavioral Health - Fax #: 844-908-1170

161 ABA Services
516 Intensive Outpatient Therapy
519 Outpatient Therapy
530 Partial Hospitalization Program
521 Psychological Testing

DME
417 Rental
120 Purchase
$ (Purchase Price)

Iowa Total Care Portal: https://provider.iowatotalcare.com

Molina HealthCare

Availity portal:
https://apps.availity.com/availity/web/public.elegant.login

UM Fax #:1-319-774-1295
Member Services Toll Free: 1-844-236-0894
Provider Toll Free Number: 1-844-236-1464

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

Rev. 05012023
IA-PAF-5875

MOLINA HEALTHCARE
Your Extended Family.

MEDICAID SUPPLEMENTAL INFORMATION
PRIOR AUTHORIZATION FORM

Sheet ___ of ___

MEMBER INFORMATION

Medicaid ID

Last Name, First

Date of Birth (MMDDYYYY)

Requesting Provider Address
(Street Address) (City) (State) (Zip Code)

Servicing Provider Address
(Street Address) (City) (State) (Zip Code)

ADDITIONAL DIAGNOSIS CODES

Diagnosis Code (ICD-10) | Diagnosis Code (ICD-10) | Diagnosis Code (ICD-10)

Diagnosis Code (ICD-10) | Diagnosis Code (ICD-10) | Diagnosis Code (ICD-10)

ADDITIONAL PROCEDURE CODES

Procedure Code (CPT/HCPCS) (Modifier) | Total Units/Visits/Days | Procedure Code (CPT/HCPCS) (Modifier) | Total Units/Visits/Days

Procedure Code (CPT/HCPCS) (Modifier) | Total Units/Visits/Days | Procedure Code (CPT/HCPCS) (Modifier) | Total Units/Visits/Days

Procedure Code (CPT/HCPCS) (Modifier) | Total Units/Visits/Days | Procedure Code (CPT/HCPCS) (Modifier) | Total Units/Visits/Days

Procedure Code (CPT/HCPCS) (Modifier) | Total Units/Visits/Days | Procedure Code (CPT/HCPCS) (Modifier) | Total Units/Visits/Days

Procedure Code (CPT/HCPCS) (Modifier) | Total Units/Visits/Days | Procedure Code (CPT/HCPCS) (Modifier) | Total Units/Visits/Days

Procedure Code (CPT/HCPCS) (Modifier) | Total Units/Visits/Days | Procedure Code (CPT/HCPCS) (Modifier) | Total Units/Visits/Days

Procedure Code (CPT/HCPCS) (Modifier) | Total Units/Visits/Days | Procedure Code (CPT/HCPCS) (Modifier) | Total Units/Visits/Days

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible when services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

 Form 470-XXXX