MOLINA® HEALTHCARE

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

COUNTIES:
☒ Imperial
☒ Riverside/San Bernardino
☒ Los Angeles
☒ Orange
☒ Sacramento
☒ San Diego

LINES OF BUSINESS:
☒ Molina Medi-Cal Managed Care
☒ Molina Medicare
☒ Molina Marketplace (Covered CA)

PROVIDER TYPES:
☒ **Medical Group/ IPA/MSO**
   Primary Care
☒ IPA/MSO
☒ Directs
   Specialists
☒ Directs
☒ IPA
☒ **Hospitals**
   Ancillary
☒ CBAS
☒ SNF/LTC
☒ DME
☒ Home Health
☒ Other

Prior Authorization Tips for Advanced Imaging

This is an advisory notification to Molina Healthcare of California (MHC) network providers. Molina Clinical Services (MCS) Advanced Imaging (AI) continues to enhance our prior authorization (PA) process with more efficient ways of submission.

Molina has partnered with MCG Health to offer Cite AutoAuth (CAA) self-service for High-Cost AI PA requests.

How does CAA work?

By attaching the relevant care guideline content to each PA request and sending it directly to Molina, providers receive an expedited, often immediate, response. Through a customized rules engine, CAA matches Molina's specific criteria to the clinical information and attached guideline content to potentially authorize the procedure automatically.

Self-service available in the CAA tool includes, but is not limited to MRIs, CTs, and PET scans. To see the full list of imaging codes that require PA, please refer to the PA Code LookUp Tool at:
https://www.molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx.

What you need to do:

How to Access and Learn More

- CAA can be accessed 24 hours a day and 7 days a week at the Molina Provider Portal: https://provider.molinahealthcare.com/.
- For more information, watch Molina's MCG CAA Video at: https://www.youtube.com/watch?v=LmjvwxI6QOo.

We strongly encourage Portal submission as your primary submission route; however, existing fax/phone processes are also available.

FAX: (877) 731-7218
PHONE: (855) 714-2415

What you need to know:

PA Requirements

Please keep the following items in mind to ensure your request is reviewed in a timely manner:

- Refaxing/resubmitting requests will only cause delays in processing
- Allow 24-48 hours before calling to inquire about status
- Without clinical notes, there is a high risk of denial
- Expedited/Urgent requests should only involve serious threats to the Member's health

Clinical Notes/Information Needed for Medical Necessity

- Any lab test results not available at the time of your submission
- Any previous imaging results, such as ultrasounds, echocardiograms, X-rays, CT, MRI, or PET scan reports
- Reports of any investigative or therapeutic procedures such as endoscopy, biopsy, or surgery
- Recent (within the past 6 months) reports from other specialist consultants and/or physical or occupational therapists

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below:

Service County Area	Provider Services Representative	Contact Number	Email Address
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