

MOLINA VALUE ADDED SERVICE AUTHORIZATION REQUEST FORM

SECTION I – SUBMISSION

Issuer Name: Molina Healthcare of Texas	Phone: Utilization Management: 855-322-4080	Fax: 844-304-7127	Date:
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SECTION II – GENERAL INFORMATION

Review Type: <input type="checkbox"/> Texas Medicaid Non-Dual STAR+PLUS Value-added Services ONLY

SECTION III – MEMBER INFORMATION

Name:	Phone:	DOB:
Subscriber Name (if different):	Member or Medicaid ID #:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other
Diagnosis Code: <input type="checkbox"/> E10.8 – Type 1 DM With Unspecified Complications <input type="checkbox"/> Other: <input type="checkbox"/> E10.9 – Type 1 DM Without Complications <input type="checkbox"/> E11.8 – Type 2 DM With Unspecified Complications <input type="checkbox"/> E11.9 – Type 2 DM Without Complications <input type="checkbox"/> E13.8 – Other specified Diabetes Mellitus With Unspecified Complications <input type="checkbox"/> E13.9 – Other specified Diabetes Mellitus Without complications		

SECTION IV – PROVIDER INFORMATION

Prescribing Provider		Servicing/Rendering Provider	
Name:		Name:	
NPI #:	Specialty:	NPI #:	Specialty:
Phone:	Fax:	Phone:	Fax:
Contact Name:	Phone:	Auth Start Date:	Auth End Date: 08/31/2025

SECTION V – SERVICES REQUESTED

Service	HCPCS/CPT code and description	# of Units/QTY	Cost per Unit	Total Cost
Diabetic Shoe Inserts	A5510 – direct formed, compression molded insert, per shoe			
	A5512 – multiple density insert, each			
	A5513 – multiple density, 3/16 insert, each			
	A5514 – multiple density, total contact insert, each			
	E1399 – Miscellaneous			
Diabetic Shoes	A5501 – custom, molded shoe, per shoe			
	A5503 – shoe with roller or rigid rocker, per shoe			
	A5504 – shoe with wedge, per shoe			
	A5506 – shoe with off-set heel, per shoe			
	A5507, unspecified modification of shoe, per shoe			
	A5508 – deluxe feature of shoe, per shoe			
	E1399 – Miscellaneous			

*VAS for STAR+PLUS Non-dual members up to \$100 per member from 9/1/2024-08/31/2025. Signed and Dated Physician order is required for VAS authorization.

Internal UM Communication ONLY: All codes must be manually priced for Valued-Added Services.