Provider Notice

Authorization Process Change to Physician-Administered Medications/HCPCS Code Policy

Effective **January 1, 2022**, Molina Complete Care will require prior authorization for Healthcare Common Procedure Coding System (HCPCS) codes for all participating providers using a **new form, new fax number, and new clinical criteria to help determine medical necessity**.

Please fax a completed *Request for Prior Authorization Form* along with any supporting clinical documentation to 844-278-5731. Please be advised that additional HCPCS codes may have been added and/or removed to this required prior authorization list. Our prior authorization forms can be found on the Forms page of **www.MCCofVA.com**.

Also, effective **January 1, 2022**, MCC will begin utilizing Molina Clinical Policy (MCP) to determine medical necessity on the medical codes listed below. MCC will continue to default to all applicable state and federal guidelines regarding criteria for authorization of covered services prior to applying internal medical policy.

Prior authorization is required to be submitted via Request for Prior Authorization form before services are rendered for the following (but not limited to) codes:

A9606	J0572	J1212	J1602	J2770	J3398	J7212	J9010	J9200	J9307	Q5121
C9043	J0573	J1230	J1627	J2778	J3400	J7306	J9015	J9202	J9308	Q5122
C9062	J0574	J1260	J1628	J2783	J3472	J7309	J9017	J9203	J9311	Q5123
C9064	J0575	J1267	J1632	J2785	J3489	J7310	J9019	J9204	J9312	S0013
C9065	J0584	J1290	J1640	J2786	J3490	J7311	J9020	J9205	J9313	
C9066	J0585	J1300	J1650	J2787	J3520	J7312	J9022	J9206	J9314	
C9069	J0587	J1301	J1726	J2791	J3530	j7313	J9023	J9207	J9316	
C9070	J0594	J1305	J1729	J2792	J3535	J7314	J9025	J9208	J9317	
C9071	J0596	J1322	J1738	J2793	J3570	J7315	J9027	J9210	J9318	
C9072	J0597	J1324	J1743	J2796	J3590	J7316	J9032	J9211	J9319	
C9073	J0598	J1327	J1744	J2797	J3591	J7318	J9033	J9212	J9320	
C9075	J0599	J1330	J1745	J2820	J7110	J7320	J9034	J9213	J9325	
C9076	J0600	J1426	J1746	J2840	J7168	J7322	J9035	J9214	J9340	
C9077	J0620	J1427	J1756	J2850	J7170	J7326	J9036	J9215	J9348	
C9078	J0630	J1428	J1823	J2860	J7175	J7327	J9037	J9216	J9349	
C9079	J0638	J1430	J1826	J2940	J7177	J7328	J9039	J9217	J9352	
C9080	J0640	J1437	J1833	J2950	J7178	J7329	J9040	J9219	J9353	
C9082	J0641	J1438	J1885	J2993	J7179	J7330	J9041	J9223	J9354	
C9083	J0690	J1439	J1930	J2995	J7180	J7331	J9042	J9225	J9355	
C9084	J0691	J1442	J1950	J2997	J7181	J7332	J9043	J9226	J9356	
C9140	J0695	J1443	J1951	J3031	J7182	J7340	J9044	J9227	J9357	
J0129	J0699	J1445	J2170	J3032	J7183	J7351	J9045	J9228	J9358	
J0130	J0706	J1447	J2182	J3101	J7185	J7352	J9047	J9229	J9371	
J0135	J0714	J1448	J2186	J3110	J7186	J7401	J9050	J9230	J9395	
J0178	J0716	J1451	J2212	J3111	J7187	J7504	J9055	J9245	J9400	
J0185	J0717	J1454	J2248	J3240	J7188	J7505	J9057	J9247	J9600	
J0202	J0740	J1455	J2270	J3241	J7189	J7511	J9060	J9261	J9999	
J0207	J0741	J1457	J2300	J3245	J7190	J7513	J9065	J9262	Q0138	
J0210	J0742	J1458	J2323	J3262	J7191	J7516	J9070	J9263	Q0139	
J0221	J0775	J1459	J2325	J3280	J7192	J7525	J9098	J9264	Q2043	
J0223	J0791	J1460	J2326	J3285	J7193	J7599	J9118	J9266	Q2050	
J0224	J0800	J1554	J2350	J3301	J7194	J7677	J9119	J9267	Q2053	
J0275	J0840	J1555	J2353	J3302	J7195	J7686	J9120	J9268	Q5101	
J0288	J0841	J1556	J2357	J3305	J7196	J7999	J9144	J9269	Q5103	
J0289	J0850	J1557	J2405	J3310	J7197	J8499	J9145	J9270	Q5104	
J0300	J0875	J1558	J2406	J3315	J7198	J8515	J9151	J9271	Q5107	
J0364	J0878	J1559	J2407	J3316	J7199	J8520	J9153	J9280	Q5108	
J0400	J0881	J1560	J2410	J3320	J7200	J8521	J9155	J9281	Q5110	
J0401	J0883	J1561	J2469	J3350	J7201	J8530	J9160	J9285	Q5111	
J0475	J0884	J1566	J2502	J3355	J7202	J8560	J9165	J9293	Q5112	
J0480	J0885	J1568	J2503	J3357	J7203	J8562	J9171	J9295	Q5113	
J0485	J0888	J1569	J2504	J3358	J7204	J8565	J9173	J9299	Q5114	
J0490	J0890	J1570	J2505	J3364	J7205	J8600	J9175	J9301	Q5115	
J0517	J0894	J1572	J2507	J3365	J7207	J8650	J9176	J9302	Q5116	
J0565	J0897	J1573	J2543	J3370	J7208	J8655	J9177	J9303	Q5117	
J0567	J1095	J1575	J2547	J3380	J7209	J8670	J9178	J9304	Q5118	
J0570	J1162	J1595	J2562	J3385	J7210	J8705	J9179	J9305	Q5119	
J0571	J1190	J1599	J2730	J3397	J7211	J8999	J9190	J9306	Q5120	

MOLINA HEALTHCARE® | **Molina Complete Care**

Request for Prior Authorization

Molina Complete Care is your partner in providing care.
In order to efficiently process your authorization request, fields marked with ***** <u>must be completed</u>.

Member Information:

*Full Name: _____ Height _____ Weight _____

Address: _____

Telephone #: (_____)_____ *****DOB: ____/____/_____ *****Medicaid #: _____

Emergency/Legal Guardian Contact Person: _____ Telephone #: _____

Request Type: *Physical Health* ☐ *Behavioral Health* ☐

☐ Out of Network - If Out of Network, reimbursement will be at DMAS Medicaid Rates - Accept: Yes ☐ No ☐

☐ Standard/Routine

☐ Concurrent

☐ Expedited

☐ Retrospective***** For inpatient medical/behavioral related to inability to verify insurance coverage timely (up to 5 days post discharge)

* Expedited service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the member's ability to regain maximum function. Request outside of this definition should be submitted as one of the other options.

Inpatient Services	Outpatient Services	Additional Services
☐ Surgical Procedure	☐ Surgical Procedure	☐ Skilled Home Care Services
☐ Hospitalization	☐ Infusion Therapy	☐ Private Duty Nursing
☐ SNF	☐ OT/PT/ST	☐ DME Purchase
☐ Custodial NF	☐ Personal Care	☐ DME Rental
☐ LTACH	☐ Respite Services	☐ J-Codes *(Authorized up to 6 months at a time.)*
☐ Hospice (inpatient)	☐ Hospice (outpatient)	☐ Other_____
☐ Inpatient Rehabilitation	☐ Other_____	
☐ Long Stay Hospital		
☐ TDO/ECO		

*Requested Diagnosis Code: _____

*Requested CPT/HCPCS Code: _____

*Requested Number of Visits: _____ *****DOS From: ____/____/____ to ____/____/_____

*Frequency of Service: *(Detailed)* _____

Indicate the # of units, visits, or hours being requested daily, weekly or monthly as pertained to service requested. (i.e.:3 visits/week; 8 hrs/day).

J Code				
Drug Name/ Strength				
Dose				
Route				
Frequency				
Total Doses				

PLEASE SEND CLINICAL NOTES AND ALL SUPPORTING DOCUMENTATION WITH THIS REQUEST FORM

Requesting Provider:	Servicing Provider/Facility:
*Name: _____	*****Name: _____
*Provider ID #: _____	*****Provider ID that claim will be billed with: _____
TIN/NPI #: _____	TIN/NPI #: _____
Telephone #: _____	Telephone #: _____
*Fax #: _____	*****Fax #: _____
*Contact Name/Phone #: _____	*****Contact Name/Phone #: _____
	*Address to mail letter: _____

Submitted By: _____ (Please Print) Date: ____/____/_____

Utilization Management Department Phone: **CCC Plus**: 1-800-424-4524 or **Medallion 4.0**: 1-800-424-4518
UM CCC Plus Fax: 1-866-210-1523 or **UM Medallion 4.0 Fax:** 1-855-769-2116
Physician-Administered/HCPCS Utilization Management Department Fax: 1-844-278-5731