

Welcome!
The webinar will begin soon.



Prior Authorization

For Medicaid SSI, BadgerCare Plus, and Marketplace Members

**Medicare Members will qualify for these resources but only until 12/31/2024.*

Prior Authorization Overview

A prior authorization (PA) requests the Molina utilization management (UM) department to review additional and/or subsequent services. Requests for PA are reviewed by Molina’s clinical staff and/or Chief Medical Officer.

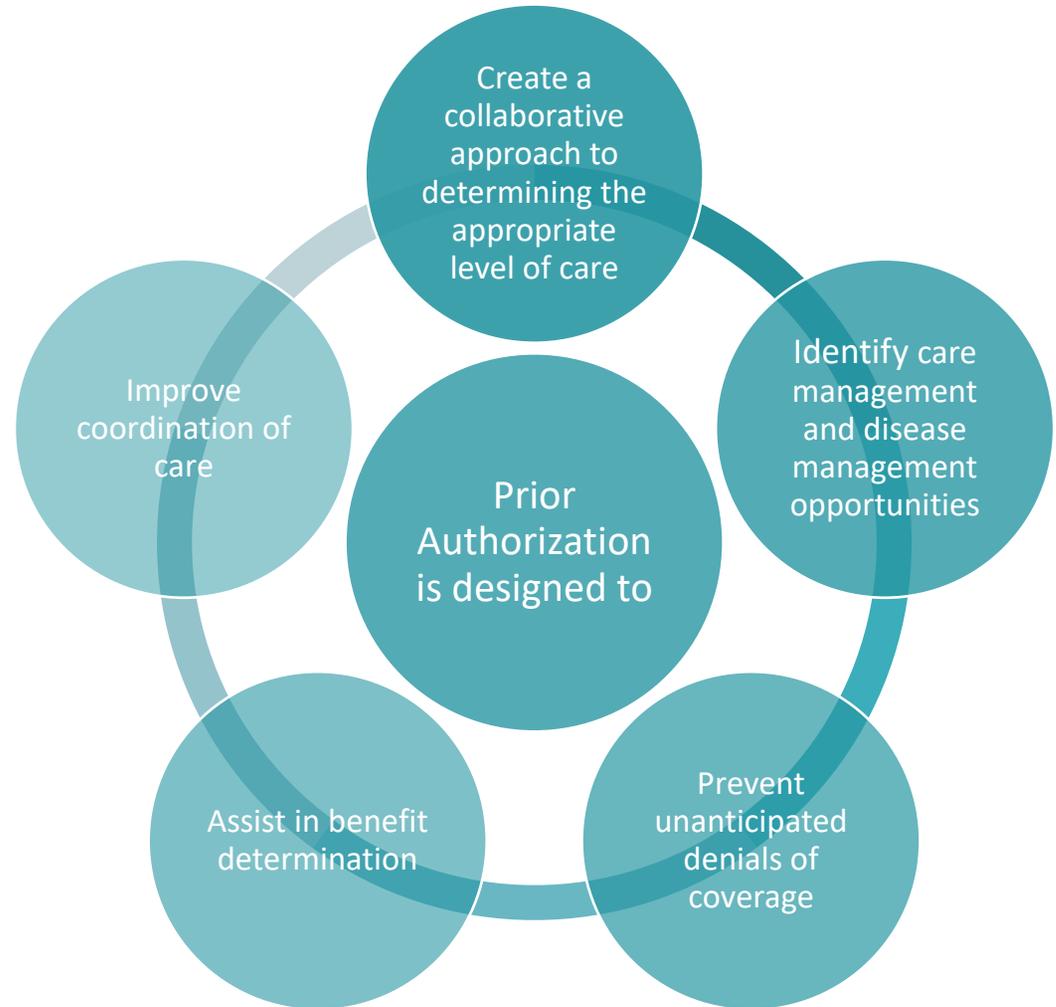
Prior Authorization Turn Around Times

Medicaid

- Standard/Elective: 14 Days
 - Molina’s Current Average: 5.57 days
- Expedited/Urgent: 72 Hours
 - Molina’s Current Average: 1.28 days

Marketplace

- Standard/Elective: 14 Days
 - Molina’s Current Average: 11.62 days
- Expedited/Urgent: 72 Hours
 - Molina’s Current Average: 1.38 days



How to Determine When Prior Authorization is Needed

Molina offers a Prior Authorization LookUp tool, housed on our [website](#) and the Availity portal, to determine if/when a prior authorization is needed.

The screenshot displays the Molina Healthcare website interface. At the top, there are filters for 'Showing Information For Wisconsin', 'English', and 'Type Size'. The navigation menu includes 'Become a Member', 'Members', 'Health Care Professionals', 'Find a Doctor or Pharmacy', 'Brokers and Community Partners', and 'About Molina'. The 'Health Care Professionals' menu is expanded, showing options like 'Medicaid', 'Medicare', 'Marketplace', 'Availity Essentials Provider Portal', 'Prior Auth LookUp Tool', and 'My Choice Wisconsin Integration Updates'. The 'Prior Auth LookUp Tool' is highlighted with a red box. Below the navigation, there is a 'Welcome health professionals!' banner and a 'Need a Prior Authorization?' section with a 'Code LookUp Tool' button. The right side of the screenshot shows the 'Prior Authorization LookUp Tool' page, which contains the following text:

Prior Authorization LookUp Tool

THIS TOOL IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.

FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 – PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL.

This LookUp tool is for Out-Patient services. All Elective Inpatient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), or Long Term Acute Care Hospitals (LTACH) require Prior Authorization except as excluded by law. All Medicaid LTSS services require prior authorization regardless of code.

We attempt to provide the most current and accurate information on this PA LookUp Tool. Note prior authorization requirements change quarterly. Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care. If there is still a question that Prior Authorization is needed, please refer to your Provider Manual or submit a PA request form.

No PA is required for office visits at Participating (PAR) Network Providers. All NON-PAR Providers require authorization regardless of services provided or codes submitted, except for Emergency Services and Evaluation & Management Codes during non-elective observation/inpatient admissions or as required by law.

Molina Clinical Services completes Utilization Management for certain Healthcare Administered Drugs. For any drugs on the prior authorization list that use a temporary C code or other temporary HCPCS code that is not unique to a specific drug, which are later assigned a new HCPCS code, will still require prior authorization for such drug even after it has been assigned a new HCPCS code, until otherwise noted in the Prior Authorization list.

How to Determine When Prior Authorization is Needed

You need to enter:

- State
- Health Plan Benefit: Molina or My Choice
- Line of Business (LOB): Medicaid, Marketplace, Medicare
- Specific CPT/HCPCS code/service you are looking to render

Link to Medicaid Max Fee Schedule: [Max Fee Home \(wi.gov\)](#)

State: Health Plan Benefit: LOB:

CPT / HCPCS Code:

Prior Authorization Status: **Prior Authorization Not Required**
***Exclusions Apply**

***Exclusions:**

- Non-Participating Provider Requests
- Non-Covered Codes
- LTSS/waiver services (All LTSS/waiver services require PA)
- Any elective service/procedure performed in the Inpatient setting (requires Prior Authorization)
- Elective Inpatient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), Long-Term Acute Care Hospitals (LTACH)
- Generic, Miscellaneous or Not Otherwise Specified (NC Codes)

*The presence of a code on this tool should not be used to determine whether a service is covered. Refer to your regulatory agency for

* When Prior Authorization is 'Required', click [here](#) to create Service Request/Authorization

Submitting Prior Authorization

Molina offers the following electronic Prior Authorization submission options:

- Availability (preferred method): provider.molinahealthcare.com
- Phone: **(855) 326-5059**
- Fax:
 - Medicaid: **(877) 708-2117**
 - Marketplace: **(833) 322-1061**
 - Radiology / Advance Imaging, All LOBs: **(877) 731-7218**
- **Fax Submission Prior Authorization Guideline forms can be found on the website:**
 - [Medicaid](#)
 - [Marketplace](#)
- **PA Submission Best Practices:**
 - Only include the necessary clinical information; Molina's system will only allow for 100 pages of fax.
 - Make sure you are accurately selecting urgent vs. routine

Prior Authorization in Availity

To submit a prior authorization, we highly recommend going through Availity Essentials, Molina's provider portal partner.

The screenshot shows the Availity Essentials provider portal dashboard. The top navigation bar includes the Availity logo, 'essentials', and user account information. The main menu has options like 'Patient Registration', 'Claims & Payments', and 'My Providers'. A sidebar on the left contains several menu items: 'Eligibility and Benefits Inquiry' (EB), 'Authorizations & Referrals' (A&R), 'View Essentials Plans' (EP), and 'Patient Care Summary Inquiry' (PCS). The 'Authorizations & Referrals' item is highlighted with a blue box and a yellow star. The main content area features a 'Messaging' section, a 'My Account Dashboard', and a 'News and Announcements' section. A purple box in the bottom right corner shows a detailed view of the 'Authorizations & Referrals' page, which includes a breadcrumb trail 'Home > Authorizations & Referrals' and a title 'Authorizations & Referrals'. Below the title, there is a section for 'Multi-Payer Authorizations and Referrals' with several action buttons: 'Authorization/Referral Inquiry', 'Authorization Request', 'Referral Request', 'Authorization/Referral Dashboard', and 'Drug Prior Authorization'. Each button has a 'View Payers' link and a heart icon.

Availity Portal Training

Contact training@availity.com at any time to receive training on the Availity Portal.

Prior Authorization in Availity

Once you've selected 'Authorization Request' in Availity, you will need to complete the Select a Payer screen.

- **Organization:** Your group / organization
- **Templates (Optional):** Templates created from often used service requests
- **Payer:** Molina Healthcare
- **Request Type:** Inpatient or Outpatient

Home > Authorizations & Referrals > Authorizations

Need help? Watch a demo about Authorizations and Referrals.

Authorizations

Give Feedback Go to Dashboard New Request

SELECT A PAYER

Organization ·
Availity Test Org

Template(s) optional [Manage Templates](#)
No template selected

Select a template from the list or continue with Payer and Request Type fields.

Payer ·
MOLINA HEALTHCARE

Request Type ·
Select Authorization Type
Inpatient Authorization
Outpatient Authorization

Next

Prior Authorization in Availity

Next, you will have the option to look up the service in question to determine if a prior authorization is required using Molina's Prior Auth LookUp tool.

The screenshot shows the Availity web interface. At the top, there is a navigation bar with the Availity logo, 'essentials', 'Home', 'Notifications 2', 'My Favorites', 'State', and 'Help & Training'. Below this is a secondary navigation bar with 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. The main content area contains a message: 'Please submit authorization requests to Availity, Molina Healthcare's Provider Portal: Availity Provider Portal'. Below this are several sections of text: 'Home Healthcare Services (including home-based PT/OT/ST): Home healthcare will not require prior authorization for the first THREE 30-day episodes of care per calendar year.', 'Outpatient Therapy (PT/OT/SLP): Prior authorization required after evaluation plus 12 visits.', 'Sleep Studies: Done in the home do not require authorization.', 'Transportation: Prior Authorization required for Non-Emergent Air & Ground Ambulance/Transport.', 'Medicaid LTSS: All Long Term Services and Support Codes Require PA.', 'Early Periodic Screening, Diagnostic, and Treatment (EPSDT) State Medicaid Eligible Members: Codes listed as non-covered (NC) may be considered for coverage under EPSDT special services and requires submission for medical necessity review.', and 'Healthcare Administered Drug Requests faxed to: •Medicare 866-290-1309 •Medicaid & Marketplace 888-487-9251'. A note at the bottom states: '**NOTE: For Molina Medicare Members with Molina Medicaid (Including MMP/FIDE Plans), Please Refer to Your State Molina Medicaid PA Look-Up Tool for Additional Medicaid Benefit PA Requirements**'. Below the text are two dropdown menus: 'Line of Business' with 'Medicare' selected, and 'CPT/HCPCS Code' with 'A4719 - *y set* tubing' selected. There is also a link 'Add another procedure code'. At the bottom are three buttons: 'Back', 'Next', and 'Skip'.

- Select the line of business (Medicaid, Marketplace, Medicare)
- Enter the needed CPT or service code

PA Status Determination will be Returned

- Red Box, Auth Required (move forward with next steps)
- Green Box, Auth Not Required (no need to proceed)

The screenshot shows the results of the Prior Auth LookUp tool. At the top, it displays 'Transaction ID: 0005fce9-9089-be18-0003-8296da194c0c', 'Customer ID: 0000', and 'Transaction Date: 2023-05-30'. Below this is a section titled 'Authorization/Referral Required' with a red arrow icon. Underneath, it shows 'Line of Business: Medicare'. The main results are presented in a table-like format:

PA Status	Procedure Code 1	Procedure Code Description
AUTH REQUIRED ★	19325 - BREAST AUGMENTATION W/IMPLT	BREAST AUGMENTATION WITH IMPLANT
PA Status Description Required	PA Notes No PA required when associated with Breast Cancer Diagnoses.	

At the bottom are three buttons: 'Back', 'Print', and 'Next Steps'.

Prior Authorization in Availity

Lastly, you will be brought to the actual prior authorization request form. Molina's 5 step process makes it easy to submit your prior authorization request.

The screenshot shows the Availity portal interface for submitting a prior authorization request. At the top, there is a breadcrumb trail: Home > Authorizations & Referrals > Authorizations. A link for 'Need help? Watch a demo about Authorizations and Referrals.' is also present. The main heading is 'Authorizations', with buttons for 'Give Feedback', 'Go to Dashboard', and 'New Request'. Below this is a 5-step process bar: 1. Start an Authorization, 2. Add Service Information, 3. Rendering Provider/Facility, 4. Add Attachments, and 5. Review and Submit. A yellow banner contains a message: 'MOLINA HEALTHCARE has a prior authorization Look-up Tool to quickly display what services require a prior authorization. Please utilize this tool prior to submitting an Outpatient transaction through the Availity Portal to confirm an authorization is needed.' Below the banner, a summary card shows: Transaction Type: Outpatient Authorization; Organization: Availity Test Org; Payer: MOLINA HEALTHCARE, with the Molina Healthcare logo. The 'PATIENT INFORMATION' section includes a 'Select a Patient' dropdown with a search icon and the text 'Search by any combination of patient name (first and last), DOB, or Member ID.' Below this are input fields for 'Member ID', 'Relationship to Subscriber' (set to 'Self'), and 'Patient Date of Birth' (with a calendar icon).

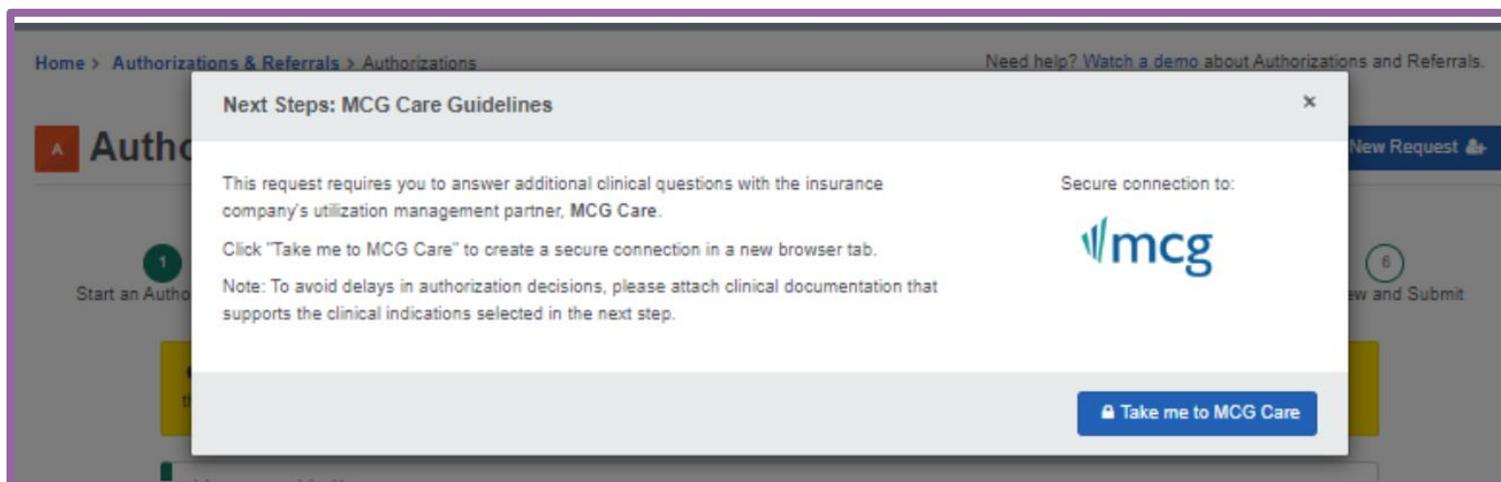
Availity Portal Training

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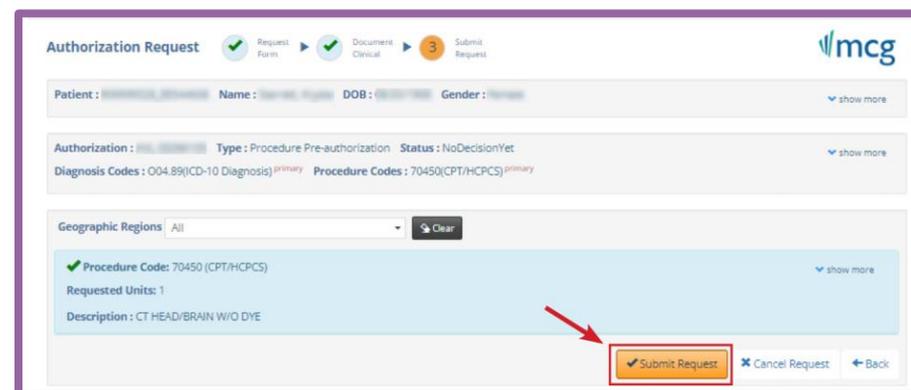


MCG Cite Auto Authorization

Molina has partnered with MCG Health to extend our Advance Imaging Cite AutoAuth self-service option directly in the Availity portal.

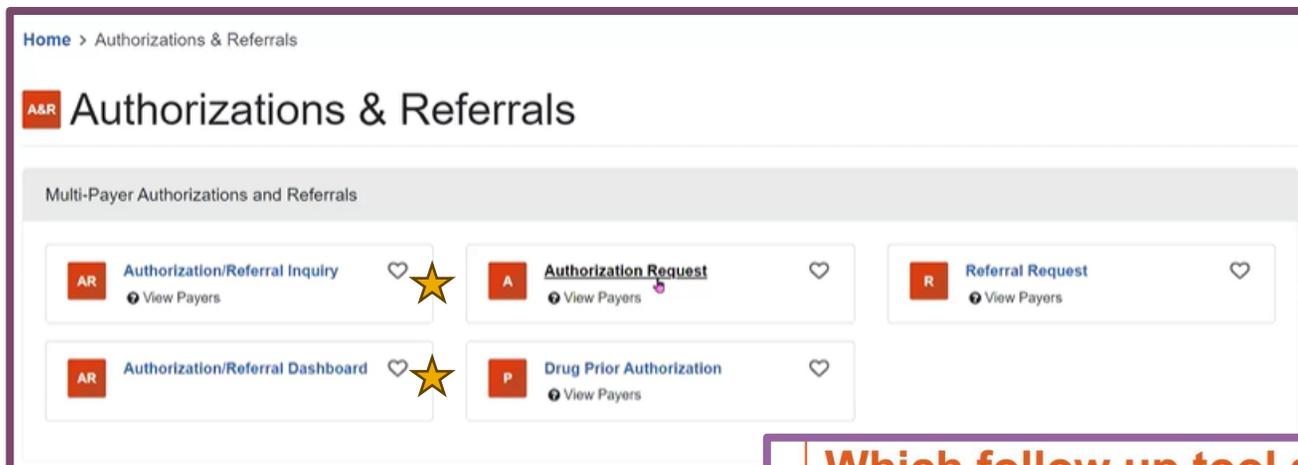


- The MCG AutoAuth process is extremely easy and built directly into the Availity PA functionality.
- Submitting your prior auth to MCG will give you instant determination on PA requests for advance imaging, or it will be sent directly to Molina for Medical Review.
- MCG AutoAuth requests will never be denied without first going to a medical professional for review.



Checking Authorization Status in Availity

To check the status of your submitted authorizations in Availity, you follow the same steps we started with today.



Which follow up tool should I use?

AUTH/REFERRAL INQUIRY

Use to find an individual authorization submitted through alternate means (phone, fax, by another organization, etc.).

Tip: Pin these results to your dashboard so you don't have to keep looking them up.

AUTH/REFERRAL DASHBOARD

Use to review all your authorization requests in one place.

Auth/Referral Dashboard only displays requests that were:

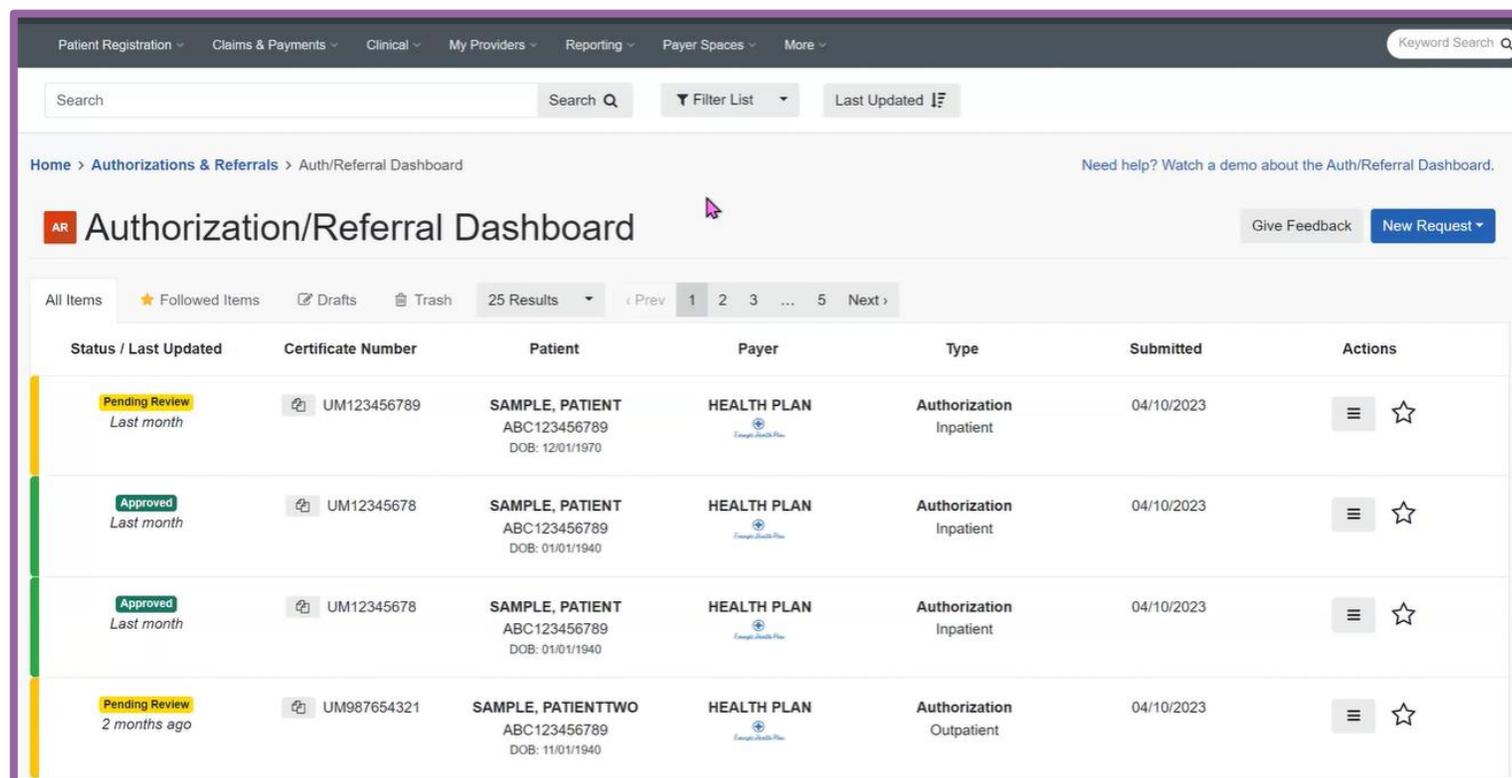
- submitted electronically through Essentials by members in your organization, or
- pinned to the dashboard from an inquiry result.

Checking Authorization Status in Availity

Once you've selected the Auth/Referral dashboard, you will see a list of all authorizations submitted on behalf of your organization to Molina Healthcare.

Dashboard Details Include:

- Status
- Certificate (or Auth) Number
- Patient
- Payer
- Type: Inpatient or Outpatient
- Date Submitted
- Actions (pinned items, see details, etc.)



The screenshot displays the Availity Authorization/Referral Dashboard. At the top, there is a navigation bar with various menu items like 'Patient Registration', 'Claims & Payments', 'Clinical', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. A search bar and a 'Keyword Search' field are also present. Below the navigation, there is a search bar with a 'Search Q' button and a 'Filter List' dropdown. The main content area is titled 'Authorization/Referral Dashboard' and includes a 'Give Feedback' button and a 'New Request' button. The dashboard shows a list of 25 results, with the first four items displayed in a table. The table has columns for Status / Last Updated, Certificate Number, Patient, Payer, Type, Submitted, and Actions. The items are categorized by status: Pending Review (Last month), Approved (Last month), and Pending Review (2 months ago).

Status / Last Updated	Certificate Number	Patient	Payer	Type	Submitted	Actions
Pending Review Last month	UM123456789	SAMPLE, PATIENT ABC123456789 DOB: 12/01/1970	HEALTH PLAN	Authorization Inpatient	04/10/2023	⋮ ☆
Approved Last month	UM12345678	SAMPLE, PATIENT ABC123456789 DOB: 01/01/1940	HEALTH PLAN	Authorization Inpatient	04/10/2023	⋮ ☆
Approved Last month	UM12345678	SAMPLE, PATIENT ABC123456789 DOB: 01/01/1940	HEALTH PLAN	Authorization Inpatient	04/10/2023	⋮ ☆
Pending Review 2 months ago	UM987654321	SAMPLE, PATIENTTWO ABC123456789 DOB: 11/01/1940	HEALTH PLAN	Authorization Outpatient	04/10/2023	⋮ ☆

Prior Authorization Resources

Availity Portal Resources

- [Availity Portal](#)
 - Submit authorizations, check authorization status, and/or authorization reports
- LIVE Training – 11/21 @ 2PM [Authorization Request and Follow-up for Molina Healthcare Providers](#)
- Recorded Webinar - Availity Learning Center: [Authorization Request and Follow-up for Molina Healthcare Providers](#)
- Contact training@availity.com at any time to receive training on the Availity Portal.
- [Prior Authorization LookUp Tool](#)

Transitions of Care (TOC) Support

Case Management will assist the member with support following discharge to help promote compliance and reduce readmission.

- Collaboration with patient's Molina Case Manager when planning for discharge and/or transitions of care.
- Include Molina Case Manager on patients discharge summary.
 - (855) 326-5059, select "0", LOB = Medicaid, option 5 for Case Management



Prior Authorization Contact & Program Information

Frequently Used Forms

- **Prior Authorization Request Forms:**
 - [Medicaid](#)
 - [Marketplace](#)
- [Personal Care Worker \(PCW\) Request Form](#)

Prior Authorization Fax Numbers

- Medicaid: **(877) 708-2117**
- Marketplace: **(833) 322-1061**
- **Radiology/Advance Imaging Contact Information, All Molina Lines of Business**
 - Phone: **(855) 714-2415**
 - Fax: **(877) 731-7218**

We will always do our best to get your authorization request to the appropriate department, however, sending it to the wrong place may cause processing delays. Reference the prior authorization guide to ensure you are submitting your request to the appropriate department
OR submit it electronically!



Questions?

