Welcome!

The webinar will begin soon.

MOLINA®
HEALTHCARE

Prior Authorization

For Medicaid SSI, BadgerCare Plus, and Marketplace Members

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

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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

Prior Authorization is designed to

- Create a collaborative approach to determining the appropriate level of care
- Identify care management and disease management opportunities
- Prevent unanticipated denials of coverage
- Assist in benefit determination
- Improve coordination of care

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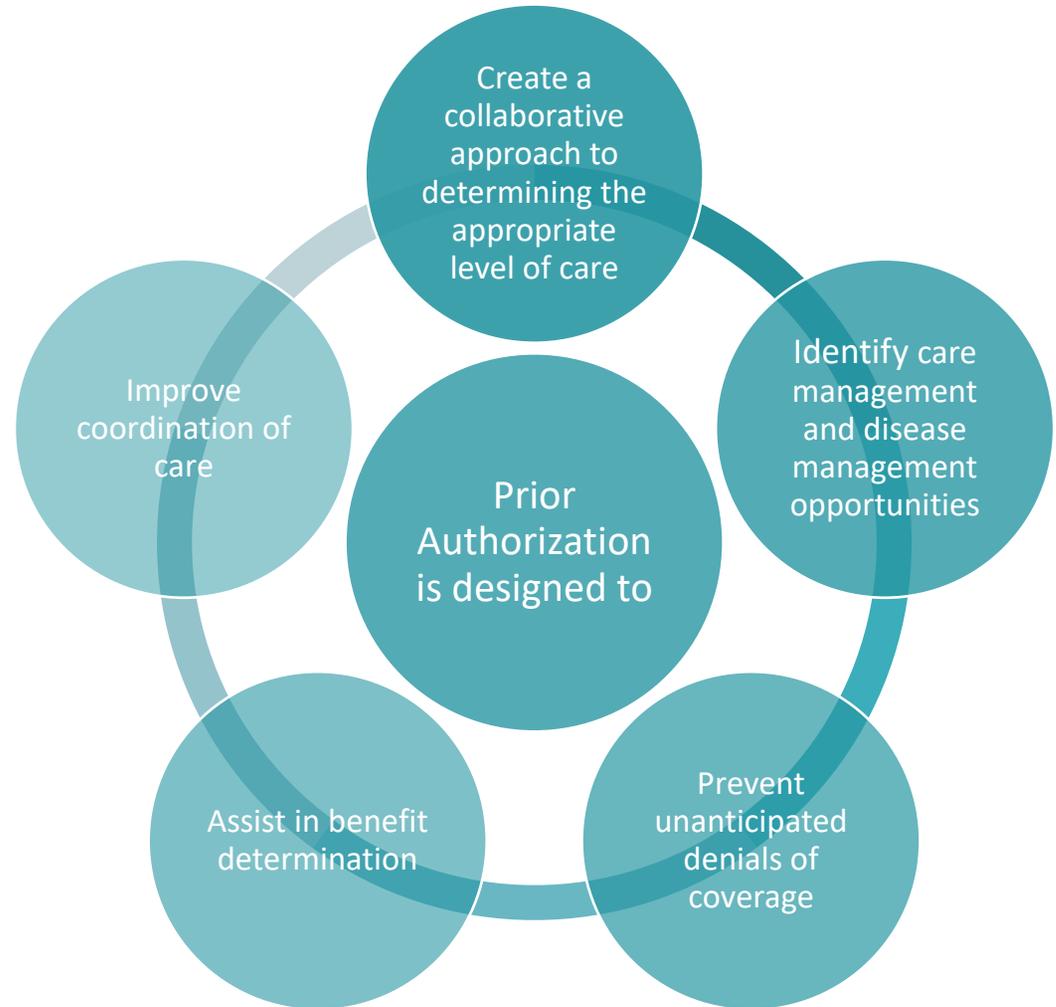
How to Determine When Prior Authorization is Needed

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

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
Wisconsin	Molina Healthcare of Wiscons	Medicaid

CPT / HCPCS Code

99214   **Lookup**

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 Inpatie 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:

- Availity (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

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Prior Authorization in Availity

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

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

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.

- 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)

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.

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

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.
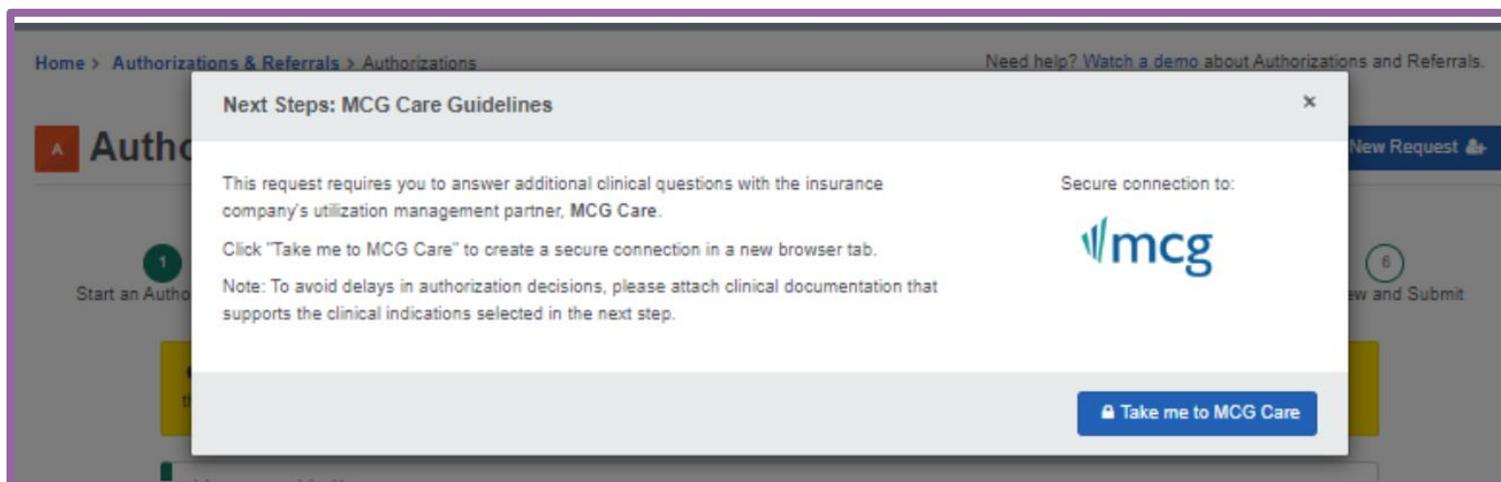
- The MCG AutoAuth process is extremely easy and built directly into the Availity PA functionality.

- 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.
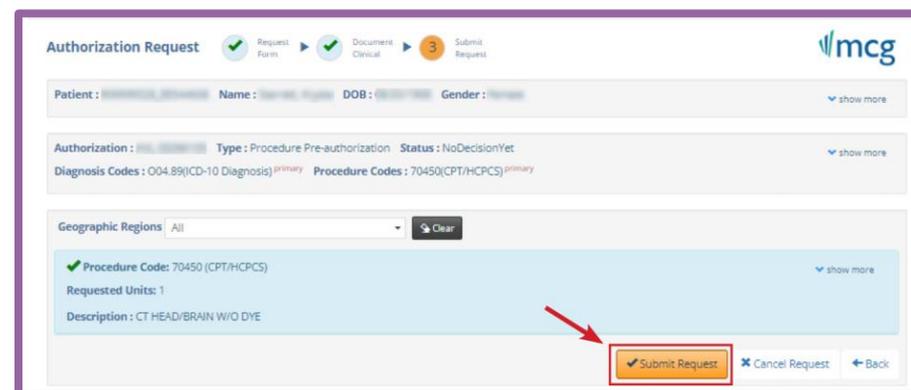
Checking Authorization Status in Availity

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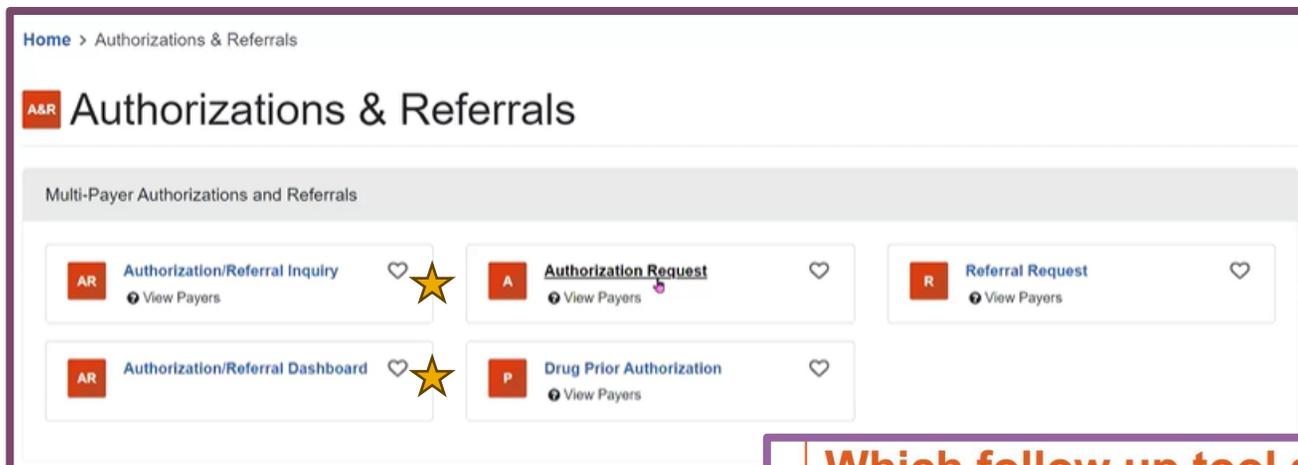
Checking Authorization Status in Availity

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.)

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

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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!

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Questions?