

Effective September 1, 2021, Prior Authorizations Will Transition Back to Molina and Away from eviCore

June 4, 2021

Effective September 1, 2021, prior authorization requests and medical coverage appeals for Molina Healthcare members that are currently required to be submitted through eviCore healthcare (eviCore) will transition back to Molina. This change will apply to all Molina lines of business.

This will impact prior authorizations and appeals for the following specialized services:

- Imaging and Special Tests
 - Advanced Imaging (MRI, CT, PET, Selected Ultrasounds)
 - Cardiac Imaging
- Radiation Therapy
- Sleep Covered Services and Related Equipment
- Molecular and Genomic Testing

Services performed without required prior authorization, or that do not meet medical necessity criteria will be denied for payment and the rendering provider may not seek reimbursement from the member beyond any applicable co-payments or cost share.

Learn more about Molina's prior authorization requirements on [our website](#). The Molina Provider Website includes the Prior Authorization code list for services that require prior authorization and Molina's new Prior Authorization Look-up Tool.

It's important to remember that benefits will vary based on the member's coverage and the service being rendered. Always check the member's eligibility and benefits through [the provider portal](#) or through Molina's automated phone system at: 1-888-999-2404.

Thank you for your ongoing care for Molina members. Questions regarding this transition, or prior authorization requirements can be directed to the Provider Services department at: WIProviderNetworkManagement@MolinaHealthCare.Com