

# IMPORTANT!

## Molina Provider News:



### **Genetic Testing Code Now Requiring Prior Auth**

Molina Healthcare is committed to improved health outcomes for our members.

As of 1/01/22, **Genetic Test: CPT 81220 - Genetic Analysis Procedures** will require Prior Authorization.

Prior authorization assists physicians with providing evidence-based, cost-effective and clinically appropriate care for patients who would benefit from genetic testing. Prior Authorization is not required if the genetic test will be billed with a place of service as “inpatient”. However, services billed with any other place of service (observation, ambulatory services, outpatient, etc.) require the ordering care provider to obtain prior authorization.

Coverage decisions will be based on Molina Healthcare’s clinical guidelines. If a request requires additional information, we’ll contact you. If a provider disagrees with a determination, the provider may go through the appeals process.

For more information, please visit our website at: [www.molinahealthcare.com](http://www.molinahealthcare.com).

All other contract terms and conditions not referenced in this policy remain in full force and effect.

If you have questions, please contact Molina Healthcare at: 855-322-4076

Thank you for your continued care to our Members!

Molina Healthcare of Florida