



Provider Memorandum

*****IMPORTANT UPDATE*******

eviCore New Prior Authorization Requirements Effective April 1st, 2020

Date: March 10, 2020

Information for Molina providers

As per previous notifications, the Molina Healthcare of New York, Inc. transition to eviCore to provide outpatient utilization management services had been delayed.

We are now pleased to announce effective April 1st, 2020 eviCore will officially begin managing prior authorizations.

As a reminder the services affected will be:

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

Based on recent feedback, we would like to share the following **FAQs** with our provider network”

Do OB ultrasounds require prior authorization?

No, OB ultrasounds do not require prior authorization. Please refer to the Prior Authorization Code Matrix located on the MolinaHealthcare.com website for a full list of codes which require prior authorization.

Do I have to submit prior authorization request if Molina is a secondary payer?

No. Molina only requires prior authorization if we are the primary payer.

Where do I send my prior authorization requests for: imaging and special tests, radiation therapy, sleep covered services and related equipment, and molecular and genomic testing?

These services are authorized by eviCore, and prior authorization requests must be directed to eviCore. Requests can be submitted via:

- eviCore’s [Portal](#)
- eviCore dedicated Molina Call Center: 1-888-333-8144



What happens if I request prior authorization for a non-covered service?

eviCore will review all requests for medical necessity regardless of whether the service is a covered benefit. To verify if a service is a covered benefit please consult member benefit

documents located on the Molina Member website and the Molina Portal; or refer to the applicable regulatory agency for benefit coverage and non-covered codes.

Important Reminder: Authorization is not a guarantee of payment for services. Payment is based on member's eligibility, benefit limitation/exclusions, evidence of medical necessity, and other applicable standards during the claim review.

Providers who have questions, concerns, or would like additional information about eviCore may contact eviCore Client & Provider Services at **1-800-223-7242 (x753504)** or go to www.evicore.com.