

**Molina Healthcare of Ohio is contracted with eviCore to provide outpatient utilization management services. Effective Jan. 1, 2020 eviCore began managing prior authorization for:**

- 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

## GENERAL INFORMATION

### **Q. Do OB ultrasounds require prior authorization?**

- A. No, OB ultrasounds do not require prior authorization. Please refer to the Prior Authorization (PA) Code List located on the [www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders) website for a full list of codes which require prior authorization. Remember that all non-OB ultrasounds do require prior authorization.

### **Q. Do I have to submit a prior authorization request if Molina is a secondary payer?**

- A. Typically, Molina only requires prior authorization for services if we are the primary payer unless the services have been exhausted through the primary carrier or it is a non-covered benefit and the primary will not be making payment.  
NOTE: Molina does require and EOB from the primary carrier confirming the benefit is exhausted or that it is not covered prior to reviewing for medical necessity.

### **Q. 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?**

- A. These services are authorized by eviCore, and prior authorization requests must be directed to eviCore. Requests can be submitted via:
- eviCore's Portal <https://www.evicore.com/provider>
  - eviCore dedicated Molina Call Center: (888) 333-8144
  - eviCore will accept faxes for imaging and cardiology services only. Prior authorizations can be faxed to (800) 540-2406

### **Q. What happens if I request prior authorization for a non-covered service?**

- A. eviCore will review all prior authorization requests for medical necessity regardless of whether or not 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.

## eviCore Frequently Asked Questions

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 and Provider Services at (800) 646-0418, visit [www.evicore.com](http://www.evicore.com) or reach out to your Molina Provider Services Representative at (855) 322-4079.