



Provider Memorandum

Prior Authorization Modernization: 2024 Changes

Over the last year, Molina Healthcare of Wisconsin (Molina) has completed a thorough review of prior authorization requirements, for all lines of business. This comprehensive review has resulted in a large volume of codes being removed from the list starting Q1, 2024.

Our ultimate goal is to ensure that our members get the right care at the right place and at the right time. Additionally, this change will decrease administrative burden while still ensuring the delivery of high-quality health care.

Please review the ForwardHealth Fee Schedule to determine coverage for Medicaid line of business.

For more information on prior authorization requirements for 2024, review the prior authorization guidelines on Molina Healthcare's website.

Questions?

We're here to help. Contact your Provider Relations Manager or email the Provider Network team at MHWIProviderNetworkManagement@MolinaHealthcare.com or visit MolinaHealthcare.com.

Availity Essentials - Molina's Provider Portal

Ensure that you and your staff have access to streamlined claims management, authorizations, eligibility/benefit verification, and more at availability.com/molinahealthcare.