



# Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

## **Prior Authorization Reminder Effective April 1, 2024 (Medicaid)**

Effective April 1, 2024, requirements for Prior Authorization (PA) with Molina Healthcare of Washington were changed for the below codes. This change affects our **Apple Health and IMC line of business and does not apply to Marketplace members.**

Codes **81420** FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS and **81507** FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK no longer require prior authorization for participating providers.

If PA is required for a requested service, please fax your authorization request to Molina at (800) 767-7188. Clinical notes are required for review and approval of your authorization request. Submitting clinical notes along with the PA is recommended to receive a timely and accurate decision.

PA forms can be found on our provider website at:

- Medicaid: [MolinaHealthcare.com/providers/wa/Medicaid/forms/fuf.aspx](https://MolinaHealthcare.com/providers/wa/Medicaid/forms/fuf.aspx)

Our goal is to provide you with excellent customer service. If you have any questions or concerns, please contact your Provider Services Representative at (855) 322-4082, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

Thank you for your continued service to your Molina members.