



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Prior Authorization Reminder Effective January 1, 2018 (Medicaid)

As a reminder, effective January 1, 2018, requirements for Prior Authorization (PA) with Molina Healthcare of Washington updated in alignment with the Washington State Healthcare Authority for the below service. This change affects our **Apple Health and IMC line of business and does not apply to Marketplace members.**

Who is eligible for habilitative services?

Eligibility for habilitative services is limited to clients who are enrolled in the Alternative Benefit Plan (ABP) defined in WAC 182-501-0060. ABP clients who do not qualify under the habilitative services benefit may still qualify for outpatient rehabilitation under the outpatient rehabilitation benefit and billed according to the Health Care Authority's current Outpatient Rehabilitation Billing Guide.

Molina PA requirements and benefit limits for both participating and non-participating providers for claims submitted for services rendered in all settings did not change.

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. If a PA is required for a requested service, please fax your authorization request to Molina at (800) 767-7188.

PA forms can be found on our provider website at:

- Medicaid: 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.