



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Prior Authorization Change Effective January 1, 2023 (Marketplace)

Effective January 1, 2023, requirements for Prior Authorization (PA) with Molina Healthcare of Washington will change for several CPT and HCPCS codes. Changes in the table below affect members of our Marketplace line of business. A separate blast fax will be sent that details changes to the Apple Health and IMC line of business. Below is a list of codes that will be changing from No Required, to PA Required.

*Prior Authorization required unless service is associated with a cancer diagnosis:

19303 53410 53420 53425 53430 54125 54410 54411 54416 54417
54520 54690 55175 55180 55866 56625 56800 56805 57106 57110
57291 57292 57296 57335 57436

Prior Authorization required for all ages:

A9607 J1190 J9120 J9245 J9261 J9330

UPDATE: Prior Authorization is required after 1 unit:

G0237 G0238 G0239

UPDATE: Prior Authorization required after initial 4 hours of testing:

96116 96121 96130 96131 96132 96133 96136 96137 96138 96139 96146

Molina will require a PA for both participating and non-participating providers for claims submitted for services rendered in all settings.

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.

Forms:

PA forms can be found on our provider website at:

- Marketplace: molinamarketplace.com/marketplace/wa/en-us/Providers/Provider-Forms.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 a.m. and 5 p.m. Thank you for your continued service to your Molina members.