



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Prior Authorization Change Effective July 1, 2021 (Medicaid, Marketplace)

Effective July 1, 2021, requirements for Prior Authorization (PA) with Molina Healthcare of Washington will change for several CPT and HCPCS codes. Changes will affect both our **Medicaid and Marketplace members**. Medicare lines of business are not affected by these changes. Currently, these services do not require PA in settings other than inpatient. Codes identified in the tables below will change to require PA for Marketplace and Medicaid lines of business, respectively.

MARKETPLACE LINES OF BUSINESS	
CODE	DESCRIPTION
J1427	INJECTION VILTOLARSEN 10 MG
J1554	INJECTION IMMUNE GLOBULIN ASCENIV 500 MG
J7402	MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG
J9037	INJECTION BELANTAMAB MAFODONTIN-BLMF 0.5 MG
Q2053	BREXUCABTAGENE AUTOLCL AU ANTI-CD19 CAR P V T C
93797	OUTPATIENT CARDIAC REHAB W O CONT ECG MONITOR
93798	OUTPATIENT CARDIAC REHAB W CONT ECG MONITORING
G0422	INTENSIVE CARD REHAB; W WO CONT ECG MON W EXER
G0423	INTENSIVE CARD REHAB; W WO CONT ECG MON W O EXER
G0424	PULM REHAB INCL EXER 1 HR PER SESS TO 2 PER DAY
S9472	CARD REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM
S9473	PULM REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM
C1849	SKIN SUBSTITUTE SYNTHETIC RESORBABLE PER SQ CM
33999	UNLISTED CARDIAC SURGERY

MEDICAID LINES OF BUSINESS	
CODE	DESCRIPTION
J1427	INJECTION VILTOLARSEN 10 MG
J1554	INJECTION IMMUNE GLOBULIN ASCENIV 500 MG
J7402	MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG
J9037	INJECTION BELANTAMAB MAFODONTIN-BLMF 0.5 MG
Q2053	BREXUCABTAGENE AUTOLCL AU ANTI-CD19 CAR P V T C
C1849	SKIN SUBSTITUTE SYNTHETIC RESORBABLE PER SQ CM

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

Forms:

PA forms can be found on our provider website at:

- **Medicaid:** MolinaHealthcare.com/providers/wa/Medicaid/forms/fuf.aspx
- **Marketplace:** Molinamarketplace.com/marketplace/wa/en-us/Providers/Provider-Forms.aspx

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 valued service.