



# Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

## **Prior Authorization Change Effective August 1, 2021 (Medicaid line of business only)**

Effective August 1, 2021, requirements for Prior Authorization (PA) with Molina Healthcare of Washington will change for HCPCS code J1756. This change will affect Medicaid members only. Medicare and Marketplace lines of business are not affected by this change. Currently, these services do not require PA in settings other than inpatient. Effective, August 1, 2021 this code will not require PA for diagnosis codes N18.1-N18.9 except for the inpatient setting. All other diagnosis codes will require PA for all settings including inpatient.

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](https://www.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.