



# Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

## Prior Authorization Change Effective January 1, 2023 (Medicaid)

Effective January 1, 2023, requirements for Prior Authorization (PA) with Molina Healthcare of Washington will change for the below CPT and HCPCS codes. This change affects our **Apple Health and IMC line of business and does not apply to Marketplace members**. A separate blast fax will be sent that details changes to the Marketplace line of business. Below is a list of codes that will be changing from No PA Required, to PA Required.

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

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

PA required for all ages:

J1190	J9120	J9245	J9261	J9330
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Speech Therapy – UPDATE: PA required after 12 units for all ages:

92507	92508
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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.

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 a.m. and 5 p.m.

Thank you for your continued service to your Molina members.