



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Prior Authorization Change Effective January 1, 2024 (Marketplace)

Effective January 1, 2024, 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.

A full list of PA code matrix updates effective January 1, 2024 will be posted at: molinamarketplace.com/marketplace/wa/en-us/Providers/Communications/updateevents

PA Required (Covered with modifiers HH, HE, EH, HN and NH only):

A0130	A0426	A0428	T2005	T2049
-------	-------	-------	-------	-------

PA required after 48 units cumulative, per calendar year:

0373T	97153	97154	97155	97156	97157	97158
-------	-------	-------	-------	-------	-------	-------

Going from No PA to PA Required:

0480T

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 (833) 322-1061.

Forms:

PA forms can be found on our provider website at:

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 8:00 a.m. and 5:00 p.m.

Thank you for your continued service to your Molina members.