



## **Prior Authorization Changes: Joint Replacement - (Medicaid and Marketplace) -**

Effective **January 1, 2019**, prior authorization will be required for the following outpatient/professional procedures:

### **Shoulder Replacement and Patella Replacement Surgeries**

This impacts both Medicaid and Marketplace. We are sending this notice to provide you with information about these changes.

### **What is changing?**

- Shoulder replacement surgery in the outpatient setting (Medicaid ASC setting not covered by HCA) and professional services will require prior authorization when using CPT code 23470 (Arthroplasty glenohumeral joint hemiarthroplasty)
- Patella replacement surgery in the outpatient setting and professional services will require prior authorization when using CPT code 27438 (Arthroplasty patella with prosthesis)

For the most current list of CPT/HCPC codes that require prior authorization, please visit Molina Healthcare's secure online provider portal at <https://eportal.molinahealthcare.com/Provider/login> and view the Prior Authorization by CPT Code Guide.

You can submit a prior authorization request via our secure provider portal. By using the portal for authorization submission, you can upload clinical notes and view the status of your request at any time.

You can also fax your prior authorization request. As always, clinical notes are required for review and approval of your authorization request. Submitting clinical notes is recommended in order to receive a timely and accurate decision. Please fax your prior authorization request to: Medical/Behavioral Health Service at (800) 767-7188.

As always, our goal is to provide you with excellent customer service and support. If you have any questions, please call Healthcare Services at (855) 322-4082, Monday through Friday from 8:00 a.m. and 5:00 p.m.

Thank you for your continued service to Molina members.