



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Prior Authorization Change Effective April 1, 2022 (Marketplace)

Effective April 1, 2022 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. Below is a list of codes that will be changing from No PA Required, to PA Required.

MARKETPLACE CODES REQUIRING PA 4/1/22					
33509	33894	33895	33897	93319	93593
93594	93595	93596	93597	96020	90901
90912	90913	90875	90876	J0248*	
*New code effective 1/22/22					

MARKETPLACE CODES REQUIRING PA 4/1/22					
NEW Benefit limit: For PT/OT, PA required after initial 12 visits/year. For ST, PA required after initial 6 visits/year.					
97110	97112	97113	97116	97139	97140
97150	97161	97162	97163	97164	97165
97166	97167	97168			

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.

Forms:

PA forms can be found on our provider website at:

- Marketplace: 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.