



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Prior Authorization Change Effective October 1, 2019 (Medicaid)

Effective October 1, 2019, requirements for Prior Authorization with Molina Healthcare of Washington will change for HCPCS code A9604 (Samarium sm-153 lexitronam, therapeutic, per treatment dose, up to 150 millicuries). This change affects Medicaid (Apple Health and Integrated Managed Care) lines of business. It does not apply to Marketplace members.

Previously, HCPCS code A9604 did not require Prior Authorization in the office, outpatient, home and Ambulatory Surgery Center (ASC) settings. Molina will require submission of a request for both participating and non-participating providers for claims submitted for any place of service. Please submit an invoice detailing cost, along with supporting documentation, at the time of the Prior Authorization request.

As always, clinical notes are required for review and approval of your authorization request. Submitting clinical notes along with the Prior Authorization request is recommended to receive a timely and accurate decision.

If Prior Authorization is required for a requested service, please fax your authorization requests to Molina at (800) 767-7188.

Forms:

- For Molina Prior Authorization forms, please see our provider website at: <https://www.molinahealthcare.com/providers/wa/medicaid/forms/PDF/mhwa-guide-request-form-medicaid-2019.pdf>

As always, our goal is to provide you with excellent customer service. We will continue our commitment to provide high quality support and services to our provider network. If you have any questions or concerns, please contact your Provider Services Representative at (800) 869-7175, Monday through Friday between 8:00 a.m. and 5:00 p.m.

Thank you for your continued service to Molina members.