



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Prior Authorization Change Effective August 1, 2019 (Medicaid)

Effective August 1, 2019, requirements for Prior Authorization with Molina Healthcare of Washington will change for HCPCS code A6549 (Gradient compression stocking/sleeve, not otherwise specified). This change affects Molina Medicaid (Apple Health and Integrated Managed Care (IMC) lines of business) and does not apply to Marketplace members. Previously, A6549 did not require Prior Authorization in the home place of service. Molina will require submission of a request for both participating and non-participating providers for claims submitted with place of service home or office.

As always, clinical notes are required for review and approval of your authorization request. Submitting clinical notes 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 our 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 Healthcare members.