Provider Bulletin

Molina Healthcare of Washington, Inc.

December 2025

Prior Authorization Change Effective January 1, 2026
Codes Going to No Prior Authorization Required
(Medicaid)

Beginning January 1, 2026, Molina Healthcare of Washington will remove the prior authorization (PA) requirement for the codes listed below, if they are covered by Washington State Health Care Authority fee schedules. This change affects our **Apple Health, Apple Health Expansion, and IMC lines of business and does not apply to Marketplace members.**

Codes going to NO Prior Authorization:										
21601	23410	23412	23415	23420	23430	23450	23455	23460	23462	23465
23466	27120	27332	27333	27405	27407	27409	27416	27418	27420	27422
27424	27427	27428	27429	27600	27601	27602	27603	28344	30520	30545
32601	32604	32606	32607	32608	32609	32960	33016	33202	33203	33215
33218	33220	33222	33223	33226	33227	33228	33229	33233	33234	33235
33508	33741	33745	33746	33866	33894	33895	33897	33900	33901	33902
33903	35011	35045	35180	35184	35188	35190	35201	35206	35207	35226
35231	35236	35256	35261	35266	35286	35500	35572	35685	35686	35860
35875	35876	35879	35881	35883	35884	35903	36002	36818	36819	36820
36821	36825	36830	36831	36832	36833	37191	37192	37193	37197	37211
37212	37213	37214	37216	37241	37244	37500	37501	37565	37600	37605
37606	37607	37609	37619	37650	39401	39402	43887	47610	47612	49904
49906	55175	55180	57288	57289	58240	65775	76932	76937	78472	78473
78494	81168	81171	81172	81174	81237	81239	81306	81333	87799	87899
91113	92960	92961	92970	92971	92975	92977	92997	93015	93016	93017
93018	93227	93260	93261	93279	93280	93281	93282	93283	93284	93285
93286	93287	93288	93289	93290	93291	93292	93293	93297	93312	93313
93314	93315	93316	93317	93318	93355	93567	93580	93581	93582	93583
93593	93594	93595	93596	93597	93598	93600	93602	93603	93615	93616
93618	93624	93631	93640	93641	93642	93660	93724	93784	93786	93788
93790	93922	93923	93924	93970	93971	93975	96902	0101T	0278T	0565T
0566T	0774T	0776T	0777T	0778T	0779T	0781T	0782T	0783T	0793T	0794T
0798T	0799T	0800T	0801T	0802T	0803T	0868T	L1834	L1840	L1900	L1945
L1950	L1970	L2350	L2525	L5705	L8039	Q0480				

Molina will require a PA for both participating and non-participating providers for claims submitted for services rendered in all settings.

If prior authorization is required clinical notes will be 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 PA is required for a requested service, please fax your authorization request to Molina at (833) 552-0030 for Behavioral Health or (800) 767-7188 for Physical Medicine.

PA forms can be found on our provider website at:

- Medicaid: MolinaHealthcare.com/providers/wa/Medicaid/forms/fuf.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.

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