

# Provider Bulletin

Molina Healthcare of Washington, Inc.

April 2026

## Prior Authorization Change Effective July 1, 2026 (Medicaid)

Beginning July 1, 2026, Molina Healthcare of Washington will change the prior authorization (PA) requirement for the codes listed below, *if they are covered by Washington 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:

70471

### Codes Going to PA Required for All Ages (Delegated to Evolent for ages 21 and older):

37292 37294 37296 37298 92930

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 (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](https://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.