# **Provider Bulletin**

Molina Healthcare of Washington, Inc.

May 2025

## Prior Authorization Code Matrix Update Effective July 1, 2025 (Marketplace)

Molina is updating the Prior Authorization (PA) Code Matrix effective July 1, 2025. This is notification only and does not determine if the benefit is covered by the member's plan. The following codes are being updated:

#### **Hyperbaric & Wound Care**

Add Prior Authorization

15271, 15275, 15273, 15274, 15277, 15278, 15272, 15276, Q4238, Q4180, A2005, Q4164, Q4194, Q4204, Q4151

#### **Durable Medical Equipment (DME)**

Add Prior Authorization

L7406, L6700, L0720, L5827

#### **Transplants/Gene Therapy**

Non-Covered

J3391 – New code for Lenmeldy (gene therapy)

#### **Healthcare Administered Drugs**

Deleted/Invalid Codes & Replacement Codes

Delete C9301 - Replace with Q2058

Delete C9302 - Replace with J9276

Delete C9303 - Replace with J1326

Delete C9304 - Replace with J7172

Delete J9340

#### **Healthcare Administered Drugs**

Add Prior Authorization

Q5153, J7356, Q5098, Q5100, Q5099

### Healthcare Administered Drugs – Reviewed by Evolent Vendor

Add Prior Authorization

J9382, J9275, J9289

The process for obtaining prior authorization <u>has not</u> changed. Please complete the Prior Authorization/Service Request Form with all pertinent information and medical notes as applicable. Service Request Form is available on the Molina Healthcare website under Provider/Forms.

