Re: Changes to prior authorization requirements

March 1, 2024

Dear Valued Provider:

As part of our effort to ease provider administrative work and ensure our members live healthier lives, we continue to refine our prior authorization (PA) requirements. We do this by adding and removing PA requirements for certain medications and services. Codes that become obsolete or retired will be removed from prior authorization requirements.

Effective April 1, 2024, services represented by CPT code **0345U** will require prior authorization. Submit requests to Molina Healthcare by faxing a completed prior authorization form to the applicable fax number listed below.

You can access the prior authorization form on the provider pages of our website at www.molinahealthcare.com.

Service Type Fax number:
    Outpatient Medicaid 888-656-7501
    Inpatient Medicaid 888-656-2201
    Advanced Imaging 877-731-7218
    Pharmacy (both Medical and Pharmacy benefit) 844-271-6887
    Dental (non-hospital) 262-241-7150
    Dental (hospital and SPU) 262-834-3575
    Transplant 877-813-1206

You can also access the PA LookUp Tool on MCCofAZ.com to determine if a service requires prior authorization. We will notify you of any further changes. If you have any questions, comments or concerns about these changes and/or this process, please call us at (800) 424- 5891 Monday-Friday 8 AM to 6 PM. If you also treat DSNP members, please refer to the authorization list located at www.mccofaz.com/dsnp. If you have questions or need prior authorization for a DSNP member, call (800) 424-4509.

Sincerely, Molina Healthcare of Arizona.