

Re: Changes to prior authorization requirements

July 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. Notable changes occurring July 1, 2024 include:

Effective July 1, 2024 the following changes are being made for services that requiring PA. Notable changes reflect:

- CMS released a number of replacement codes for healthcare administered drugs that have required PA under a temporary code or a non-manufacturer specific code. These codes have been added to the PA required list.
- PA requirements will be added for a number of high-cost specialized orthotics and prosthetics.

Additional services added for PA:

Respite Services:	S5150, S5151
Hyperbaric and Wound Care	Q4326
Healthcare Administered Drugs	C9166, C9167, C9168, Q5137, Q5138, J3263, J2267, J7171, J9361, J3247, J0872, J7355, J0911, Q0224, J1748
Transplants/Gene Therapy	J3393, J3394
Durable Medical Equipment (DME), and Orthotics/Prosthetics	A4239, E1229, E2512, E2599, E0468, E2298, E0316, E0640, L0462, L0636, L1200, L2350, L2525, L2627, L2628, L3900, L3901, L3904, L5100, L5105, L5150, L5160, L5210, L5301, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5611, L5614, L5616, L5639, L5643, L5649, L5651, L5681, L5683, L5703, L5705, L5706, L5707, L5718, L5722, L5724, L5726, L5728, L5780, L5795, L5816, L5822, L5824, L5830, L5845, L5848, L5964, L5966, L5969, L5988, L5990, L6000, L6010, L6020, L6050, L6100, L6110, L6120, L6370, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6638, L6646, L6696, L6697, L6707, L6708, L6709, L6712, L6713, L6715, L6721, L6722, L6900, L6905, L6910, L7045, L5783, L5841, L5050, L5060, L5200, L5220, L5230, L5250, L5270, L5280, L5312, L5321, L5331, L5341, L5610, L5613, L5700, L5701, L5702, L5781, L5782, L57823, L5814, L5826, L5828, L5840, L5930, L5961, 968, L5973, L5979, L5980, L5981,

L5987,L6055,L6130,L6200,L6205,L6250,L6300,L6310,L6320,
L6360, L6400,L6450,L6500,L6550,L6570,L6624,L6648,L669,
L6880, L6881,L6882,L6920,L6925,L6930,L6935,L6940,L6945,
L6950,L6955,L6960,L6965,L6970,L6975,L7007,L7008, L7009,
L7040,L7170,L7180,L7181,L7185,L7186,L7190,L7191,
S5165
Outpatient Procedures 95800

Services removed for PA:

Healthcare Administered Drugs Q5105
Outpatient Procedures 17004
Deleted/Invalid Codes Q4277,0204U,0353U,0416U,C9168,Q4210,J9371 E2300,
K1022,K1013,G2066,C1933,C1934,C1935,C1937,C1938,C1940,
C1941,A4397,K0553,K0554,J7333,G0056,C1834,C9788,C9803,
K1015,K1021,K1026,M1156,M1157,M1158

The Molina Healthcare website PA code lookup tool is located at
[Molina Healthcare Arizona Providers.](#)

You can access the prior authorization form on this site under Forms then Utilization Management.
For providers not wanting to use the Availity provider portal, faxed requests are accepted.

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

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