Re: Changes to prior authorization requirements

March 27, 2025

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, 2025 the following changes are being made for services that requiring PA.

Additional services added for PA:

Hyperbaric and Wound Care	Q4294, Q4295, Q4299
Transplants/Gene Therapy	Q2057
Experimental/Investigational	31242, 31243
Healthcare Administered Drugs	B4199, J1299, J2351, J9038, J1299, J2351, J9038, Q5107, Q5118, Q5126, Q5129, Q5147, Q5148, Q5149, Q5150, Q5151, Q5152, Q9999

PA requirement removed:

Imaging & Special Tests	70490, 70491, 70492, 72125, 72126, 72127
Healthcare Administered Drugs	J1300, J1810, J1890, J1940, J9037, J9247, Q5139, S0017, S0028, S0032, S0039, J1094

ICD 10 codes added to the list of diagnosis codes for which no PA is required for intraoculardiagnosis.

E08.3291,E08.3292,E08.3293,E08.3299,E08.3391,E08.3392,E08.3393,E08.3399,E08.3521,E08.3522,E08.3523,E08.3529,E08.3531,E08.3532,E08.3533,E08.3539,E08.3541,E08.3542,E08.3543,E08.3549,E08.37X1,E08.37X2,E08.37X3,E09.3291,E09.3292,E09.3293,E09.3299,E09.3391,E09.3392,E09.3393,E09.3399,E09.3521,E09.3522,E09.3523,E09.3529,E09.3531,E09.3532,E09.3533,E09.3539,E09.3541,E09.3542,E09.3543,E09.3549,E09.37X1,E09.37X2,E09.37X3,E10.3291,E10.3292,E10.3293,E10.3299,E10.3391,E10.3392,E10.3393,E10.3399,E10.3521,E10.3522,E10.3523,E10.3529,E10.3531,E10.3532,E10.3533,E10.3539,E10.3541,E10.3542,E10.3543,E10.3549,E10.37X1,E10.37X2,E10.37X3,E11.3291,E11.3292,E11.3293,E11.3299,E11.3521,E11.3522,E11.3523,E11.3529,E11.3531,E11.3532,E11.3533,E11.3539,E11.3541,E11.3542,E11.3543,E11.3549,E11.37X1,E11.37X2,E11.37X3,E13.3291,E13.3292,E13.3293,E13.3299,E13.3391,E13.3392,E13.3393,E13.3399,E13.3521,E13.3522,E13.3523,E13.3529,E13.3531,E13.3532,E13.3533,E13.3539,E13.3541,E13.3542,E13.3543,E13.3549,E13.37X1,E13.37X2,E13.37X3,H16.143,H33.001,H33.002,H33.003,H33.011,H

33.012,H33.013,H33.021,H33.022,H33.023,H33.031,H33.032,H33.033,H33.041,H33.042,H33.043,H33.051,H33.052,H33.053,

H33.101,H33.102,H33.103,H33.111,H33.112,H33.113,H33.121,H33.122,H33.123,H33.191,H33.192,H33.193,H33.21,H33.22,H33.23,H33.301,H33.302,H33.303,H33.311,H33.312,H33.313,H33.321,H33.322,H33.323,H33.331,H33.332,H33.333,H33.41,H33.42,H33.43,H33.8,H34.00,H34.01,H34.02,H34.03,H34.10,H34.11,H34.12,H34.13,H34.211,H34.212,H34.213,H34.219,H34.231,H34.232,H34.233,H34.239,H35.3131,H35.341,H35.342,H35.343,H35.373,H44.2C1,H44.2C2,H44.2C3

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 using the Availity provider portal, faxed requests are accepted. Molina Clinical Policies (MCP) are reviewed and update annually. Current policies are available at [Molina Clinical Policy]() ([www.molinaclinicalpolicy.com]() or [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

If you have any questions, comments or concerns about these changes and/or this process, please call us at (800) 424-5891 Monday-Friday 8am to 6pm.

Sincerely,
Molina Healthcare of Arizona