



Changes to Prior Authorization Requirements

January 23, 2023

Dear Provider,

Molina Healthcare of New York, Inc. is introducing changes to our current prior authorization requirements—the codes listed on this grid will now require that prior authorization be obtained by the provider. These changes will take effect on **3/1/23**.

The ***Codification Matrix and Code LookUp Tool*** on our website will be updated and posted with the applicable changes effective **3/1/23**: <https://www.molinahealthcare.com/members/ny/en-us/health-care-professionals/home.aspx>.

In addition, this notification will be posted to the *Provider Portal* for future reference. Should you have any questions regarding the new prior authorization requirements, please contact Molina Healthcare's Utilization Management Department at 1-877-872-4716. Thank you for your continued cooperation.

Sincerely,

Molina Healthcare of New York, Inc.



SERVICE CATEGORY	CODES	LOB(S)	NOTES
Experimental/Investigational	0717T,0718T	Medicaid	
OP Hosp/Amb Surgery Center (ASC) procedures	19303 53410 53420 53425 53430 54125 54410 54411 54416 54417 54520 54690 55175 55180 55866 55970 55980 56625 56800 56805 57106 57110 57291 57292 57296 57335 57426	All	No prior auth required for service when associated with a cancer diagnosis.
Healthcare Administered Drugs	J1190,J9120,J9245,J9261,J9330	Medicaid	Delegated to NCH in NCH States (KY, NV, WA) and require PA for kids and adults
Multiple Categories	0738T,0739T,0740T,0741T,0744T,0745T,0746T,0747T,0748T,0766T,0767T,0768T,0769T,0770T,0771T,0772T,0773T,0774T,0775T,0776T,0777T,0778T,0779T,0781T,0782T,0783T,22860,30469,33900,33901,33902,33903,33904,43290,43291,55867,69729,69730,81418,81441,81449,81451,81456,96203,98978,99418,0355U,0356U,0357U,0358U,0359U,0360U,0361U,0362U,0363U	All	Codes in red will be in scope for NCH Cardiology plans For 99418: These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61. For 55867: No PA required when associated with cancer diagnosis
Multiple Categories	J9046,J9048,J9049,A4238,E2102	All	Add PA for the following New HCPCS codes replacing codes currently on PA: J9046, J9048, J9049 replacing J9044 A4238 replacing K0553 E2102 replacing K0554 for Medicare, A9278 replacing for Medicaid/MKP
Healthcare Administered Drugs	Q5126	Medicaid	Q5126 is replacing deleted code C9142 For Medicaid NCH oncology plans (NV, KY) and Marketplace NCH oncology plans (WA), code will require PA only when delegated to NCH for adult members with cancer diagnoses. No PA required from an MHI standpoint. Will remain NC for WA Medicaid.