

Provider Notice

Re: Changes to prior authorization requirements

November 5, 2021

Dear Molina Complete Care (MCC) Medicaid 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.

The chart below shows changes with an effective date of **December 5, 2021**.

CPT / HCPC Code	Code Description	PA Change Type (Add / Remove)
A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Add
A9276	SENSOR; INVSV DISP INTRSTL CONT GLU MON SYS 1U EQ 1D	Add
A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	Add
A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	Add
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Add
K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	Add
K0108	OTHER ACCESSORIES	Add

If you have any questions, please call Customer Care at the number below.

- Commonwealth Coordinated Care Plus: 1-800-424-4524
- Medallion 4.0: 1-800-424-4518