



Changes to Prior Authorization Requirements

04/21/2025

Dear Provider,

Molina Healthcare of New York, Inc. is to inform you of the upcoming changes to the current prior authorization requirements. The authorization changes will take effect on 07/01/2025. The details of those changes are outlined below.

Effective: 07/01/2025

Prior authorization **will be required** for the following CPT codes before the services are rendered.

Code	Description	Additional information
15271,15275,15273,15274,15277,15278,15272,15276	Hyperbaric and Wound Care	Skin Substitute Grafts
C9301	Transplant and Gene Therapy	Obecabtagene autoleucel
L6700	DME	Upper extremity addition
J7172, J9382, J 9275, J9289, Q5153, J7356, Q5098, Q5100, Q5099, Q2058, J1326, J9276	Healthcare Administered Drug	
64583	DME/Procedure	Hypoglossal Nerve Stimulators

The Codification Matrix on our website has been updated and posted with the above referenced changes. In addition, this notification will be posted to our website 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,

Utilization Management
Molina Healthcare of New York, Inc.