



Changes to Prior Authorization Requirements

September 29, 2022

Dear Provider,

Molina Healthcare of New York, Inc. is pleased to announce changes to the current prior authorization requirements. The authorization changes will take effect on 11/1/2022. The details of those changes are outlined below.

Effective: 11/1/2022

Prior authorization will be required after 12 visits for Physical, Occupational, and Speech Therapy codes listed below. The following CPT codes will require prior authorization before the services are rendered after the timeframe specified above.

92507 TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND

92508 TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV

97110 THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES

97112 THER PX 1 OR GT AREAS EACH 15 MIN NEUROMUSC REEDUCA

97129 THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES

97130 THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES

97530 THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN

97542 WHEELCHAIR MGMT EA 15 MIN

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,
Molina Healthcare of New York, Inc.