



## *Changes to Prior Authorization Requirements*

2/12/2021

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 4/1/2021. The details of those changes are outlined below.

### **Effective: 4/1/2021**

Prior authorization will be required for:

Q4266	C9764	C9765	C9766	C9767
76390	Q5122	63082	63300	63304
63308	C9069	C9070	C9071	C9072
C9073	C1825	C9770	C9771	C9772
C9774	C9775	0017M	76391	C9762
C9763	S8037	S8092		

\*\*Please note with the anticipation of the carve out of Pharmacy for Medicaid on 4/1/21, the Pharmacy codes would only apply to CHP and Essential Plan unless the state delays the Pharmacy transition in which case the above would apply to all lines of business.

The Prior Authorization Loop-up Tool on our website will be 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.