



Changes to Prior Authorization Requirements

01/24/2025

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 03/01/2025. The details of those changes are outlined below.

Effective: 03/01/2025

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

Code	Description	Additional information
31242	Experimental and Investigational	Nasal Nerve Ablation
31243	Experimental and Investigational	Nasal Nerve Ablation
B4199	Healthcare Administered Drugs	Parenteral nutrition solution

Prior authorization **will no longer** be required for the following CPT codes, unless performed by an out of network provider.

Code	Description	Additional information
70490		Imaging & Special Tests
70491		Imaging & Special Tests
70492		Imaging & Special Tests
72125		Imaging & Special Tests
72128		Imaging & Special Tests
72127		Imaging & Special Tests
Q5107, Q5118, Q5126, Q5129		Bevacizumab when billed for intraocular injection does not require PA.

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.

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