

## Changes to Prior Authorization Requirements

08/15/2025

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 10/01/2025. The details of those changes are outlined below.

### **Effective: 10/01/2025**

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

Code	Description	Additional information
J3403	New code for Encelto	Transplant/ Gene Therapy
J3402	New code for Ryoncil	Transplant/ Gene Therapy
C9250 Q4102 Q4103 Q4108 A4100 Q4110 Q4111	Skin Substitute	Skin Substitute
J9011, J0614	Replacing C9174, C9175	Healthcare Administered Drug
Q5159, Q5158, Q5157, J0458, Q5154, Q5155, Q5156, Q0235, J7173, J7174, J0681, J1809		Healthcare Administered Drug

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

Code	Description	Additional information
33904	ASC Procedures	Outpatient Hospital/Ambulatory Surgery Center procedures

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.