



Changes to Prior Authorization Requirements

06/10/2024

Dear Provider,

Molina Healthcare of New York, Inc. is writing to inform you of the upcoming changes to additions to the benefit package. The authorization changes will take effect on 07/01/2024. The details of those changes are outlined below.

Effective: 07/01/2024

The benefit for Transcranial Magnetic stimulation (TMS) will be an available benefit for all Molina of New York Member.

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

Code	Description	Additional information
90867	INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	
90868	SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	
90869	SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	

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.