November 2025 Provider Bulletin

Availity Update: New Reports Tile Coming November 19, 2025

Great news! Starting **November 19, 2025**, a brand-new **"Reports (New)" tile** will be available in **Payer Spaces** on Availity. This refreshed tile offers the **same trusted functionality** you rely on today—now with a **cleaner, more modern design** that makes navigating and accessing your reports easier and more intuitive.

The current Reports tile will remain available until **mid-December**, giving you time to explore the new layout before the older version is retired.

This enhancement is designed to **streamline your workflow**, support quicker navigation, and offer a more user-friendly experience—helping your team stay focused on delivering **high-quality care to members**.

For more details, helpful tips, and highlights, be sure to check our upcoming provider bulletin, where we'll share simple guidance for using the updated tile.

Need Help?

If you have questions or need guidance with the new tile, **reach out to your Provider Representative for support**:

MHNYProviderServices@MolinaHealthCare.com

Our team is happy to assist and ensure you have everything you need.

In this newsletter you can expect:

Expand Your Skills with Availity Essentials Training

At Molina Healthcare, we're committed to empowering our provider partners with the tools and knowledge needed to deliver excellent, efficient care. As regulatory requirements continue to evolve—and UM processes become even more streamlined—having the right training at your fingertips is essential.

To support you, a wide range of training opportunities is available directly through the Availity Essentials Provider Portal at availity.com/providers/.

Authorizations

- **Authorization Submission Training:** Learn how to submit authorization requests accurately and avoid delays.

Claims

- **Claim Status Training:** Learn how to access claim status, review summary results, and review detailed claim information.
- **Quick Claims Training:** Learn how to create reusable templates and submit claims for multiple patients.
- **Atypical Provider Training:** Learn how to navigate common billing and submission challenges faced by atypical providers.
- **Remittance Viewer Training:** Learn how to search, filter, view, save, and print remittance information.

Eligibility & Benefits

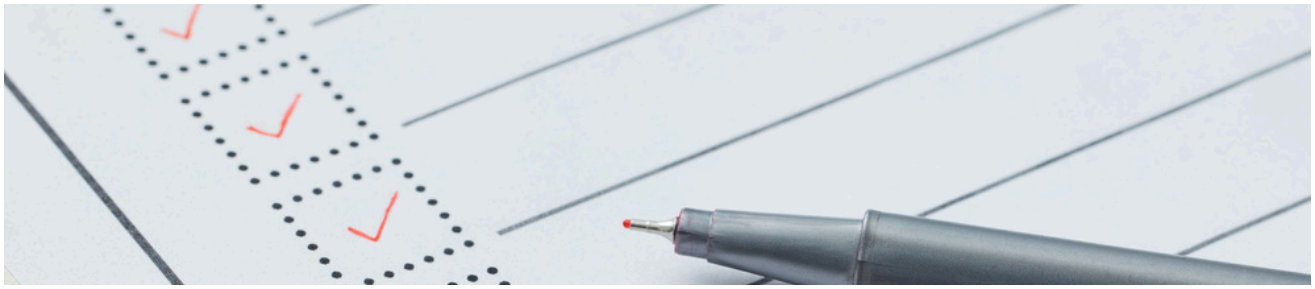
- **Eligibility and Benefits Inquiry Training:** Learn how to check patient eligibility and verify benefit coverage.

Recorded Webinars

- **Availity Overview - Recorded Webinar**: Availity Essentials Provider Portal Overview for Molina Healthcare Providers.
- **Claim Status - Recorded Webinar:** Beyond the basics.

Need More Support?

For additional training on Availity Essentials, navigate to **Help and Training** within the portal.



📄 Submit Itemized Bills for Accurate and Timely Claim Payment

Submitting itemized bills for inpatient claims helps ensure timely and accurate reimbursement, especially when dates of service extend beyond the approved authorization.

Why Itemized Bills Matter	Attachments in Availity
✅ **Validate Services Provided** Every procedure, service, or supply is accurately recorded.	📎 **When to Attach Documents** • Initial claim submission • Pending or in-process claim • Corrected claim
✅ **Apply Correct Payment Methodology** Ensures claims are reimbursed correctly.	**Attachment Guidelines** • Max 64 MB per file; 640 MB total • Up to 10 files per claim • Accepted formats: jpg, tiff, gif, png, pdf • File names must be 200 characters or less; can only contain letters, numbers, spaces, hyphens (-), and underscores (_)
✅ **Maintain Compliance** Supports contractual and regulatory requirements.	📌 **Tip for Smoother Processing** Whenever possible, attach your itemized bill **with the initial claim submission**. This simple step helps prevent delays and reduces additional requests—keeping your claim moving forward quickly.

Prior Authorization Updates Effective January 1, 2026

Beginning January 1, 2026, updates to prior authorization (PA) requirements will go into effect. To help your team stay informed and prepared, the following summary outlines which services will now require authorization and which will no longer need it.

The following service will now require prior authorization before it is provided:	
Healthcare Administered Drug	J2468
The following codes will no longer require PA: **(Unless performed by an out-of-network provider)**	
Behavioral Health	H0013
DMEPOS (Medical Supplies & Equipment)	A4341, A4342, A4560, A4563, E0692, E0693, E0762, E0785, E0786, K1004, Q0480, L1834, L1840, L1900, L1945, L1950, L1970, L2350, L2525, L5705, L8039
Surgical Procedures	21601, 23410, 23412, 23415, 23420, 23430, 23450, 23455, 23460, 23462, 23465, 23466, 27120, 27332, 27333, 27405, 27407, 27409, 27416, 27418, 27420, 27422, 27424, 27427, 27428, 27429, 28344, 30520, 30545, 32998, 33016, 33140, 33141, 33202, 33203, 33215, 33227, 33228, 33229, 33508, 33741, 33745, 33746, 33866, 33894, 33895, 33897, 33900, 33901, 33902, 33903, 35500, 35572, 35685, 35686, 37191, 37216, 37500, 37501, 42975, 43887, 46948, 47610, 47612, 49904, 49906, 53451, 53452, 53453, 53454, 55175, 55180, 57288, 57289, 58240, 64584, 65775
Cardiac (All Combined)	92970, 92971, 92975, 92977, 93580, 93581, 93582, 93583, 93631
Chemo / Phototherapy	96570, 96571, 96902, 96932, 96933
Emerging Technology (Category III Codes)	0101T, 0278T, 0565T, 0566T, 0689T, 0738T, 0770T, 0771T, 0772T, 0773T, 0774T, 0776T, 0777T, 0778T, 0779T, 0781T, 0782T, 0783T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0868T
Lab / Genetic Testing (PLA + Molecular)	81168, 81171, 81172, 81174, 81237, 81239, 81306, 81333, 81493, 81504, 81535, 81536, 81538, 0009U, 0070U, 0140U, 0153U, 0154U, 0155U, 0173U, 0174U, 0179U, 0184U, 0196U, 0206U, 0207U, 0209U, 0218U, 0387U, 0388U, 0389U, 0390U, 0391U, 0392U, 0393U, 0394U, 0395U, 0398U, 0399U, 0400U, 0401U, 0402U, 0403U, 0404U, 0405U, 0406U, 0407U, 0409U, 0410U, 0412U, 0413U, 0414U, 0415U, 0417U, 0418U
Microbiology	87799, 87899
Investigational / IDE Procedures	C9782

These updates are designed to make prior authorization requirements simpler and easier to follow, helping your office provide **timely, seamless care** to our members. The **Codification Matrix** on our website has been updated with these changes and will remain available online for your reference. If you have questions or need support, our **Utilization Management team** is happy to assist. You can reach them at **1-877-872-4716**.

CMS-0057 Interoperability & Prior Authorization Rule (2026-2027)

Effective 1/1/2026 the New York turnaround time will be updated to align with the CMS0057 Prior Authorization rule: please see the chart for how the changes will affect expected turnaround times for our Managed Medicaid, HARP and CHP lines of business:

Request type	Turnaround Time through 12/31/25	Turnaround time starting 1/1/2026	Change
Urgent	Initial Request- 72 Hours* Concurrent Request- 1BD*	Initial Request- 72 Hours* Concurrent Request- 1BD*	No Change
Emergent (Unplanned Inpt hospitalization)	Initial request- 1 BD* Continued stay- 1 BD*	Initial request- 1 BD Continued stay- 1 BD*	No Change
Standard	Initial Request- 3BD but no greater than 14 calendar days* Concurrent Request- 1BD but no greater than 14 calendar days* *Extension of up to 14 days permitted in certain circumstances.	Initial Request- 3BD but no greater than 7 calendar days* Concurrent Request- 1BD but no greater than **7** calendar days* *Extension of up to 14 days permitted in certain circumstances.	**Changing the turnaround time from 14 to 7 days**

Coordination of Benefits: Timely Filing Limits and Post-Payment Recovery Process

The Molina Cost Recovery team may initiate Coordination of Benefits (COB) recoveries close to or beyond Medicare's timely filing deadline, which is 12 months from the Date of Service (DOS). When recoveries are initiated after this timeframe, providers may be unable to bill the primary payer, which can affect claim reimbursement.

To help avoid this issue, providers should ensure CMS guidelines are followed - Your Billing Responsibilities | CMS:

- Identify the correct primary insurance before submitting claims
- Submit claims within the required Medicare filing window

Process for COB Post Payment Recoveries

Medicare requires that claims be submitted within 12 months of the DOS. Claims filed after this period are typically denied, though exceptions may apply under certain Medicaid regulations - What are the exceptions to Medicare's general timely filing period? | Medicaid.

When Molina applies a COB recovery, the following steps should be taken when billing the primary payer:

1. **Submit the Molina cost recovery letter** as documentation when filing the claim with Medicare. This may support an exception under Medicare regulation 42 CFR § 424.44(b).
2. **Refile the claim with Molina** for the Medicaid payment, following the standard procedures outlined in Molina's Provider Manual.
3. **Include a copy of the Explanation of Benefits (EOB)** when submitting the Medicaid claim.

For additional guidance, please refer to Molina's timely filing and claims processing policies:

- **Essential Plans Provider Manual**: Molina Healthcare of New York, Inc. Provider Manual 2025
- **Managed Care, HARP, and CHP Provider Manual**: Molina Healthcare of New York, Inc. Provider Manual

Zeroing out of OASAS Opioid Treatment Program (OTP) Bundle Rate
(Effective November 3, 2025)

Beginning July 1, 2024, providers were given the option to bill OTP bundle services either under the existing OTP bundle rate codes or the APG methodology. The May memorandum also indicated that OASAS would zero out the bundle rate codes (7969-7976) after a short transition period.

As of November 4, 2024, all OASAS programs were expected to exclusively bill OTP bundle services under the APG methodology using procedure codes G2067, G2068, G2078 and G2079.

Providers may choose to bill other relevant APG procedure codes (e.g., H0020, 90834,etc.) instead of the bundle procedure codes.

Within the APG methodology, providers may switch between using the bundled and unbundled billing approaches as often as weekly, based on their preference.

As most providers and plans have now updated their systems to accommodate OTP bundle billing through the APG methodology, OASAS will officially zero out OTP bundle rate codes 7969-7976 effective November 3, 2025.

Reminders

Reminder for Front Desk Staff

(Not for Member Distribution)

Soon, some of your patients who are Molina members will receive the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey in the mail. This survey asks them about their patient experience, including visits to your practice / facility.

You play a key role in making patients feel supported and cared for. Here are some simple ways to help:

- ☑ Schedule follow-up visit or routine visits (e.g., 2-week newborn checks, 4-week postpartum visits) before the patient leaves the office.
- ☑ Offer patients appointment reminders via email / text.
- ☑ Assist patients with adding appointment reminders to their calendar if needed.
- ☑ Teach patients how to schedule appointments online or via the patient portal when available.
- ☑ Ask patients if they would like to be added to a cancellation list to get an earlier appointment if one becomes available.

The CAHPS® Survey helps us improve together so patients stay engaged and achieve better health outcomes. Thank you for the kindness and professionalism you show every day. It truly makes a difference!

Reminders

Cultural & Language Tools Are Now in Availity

How to Access on Availity:

1. Log in to the **Availity Essentials portal**.
2. Select **Molina Healthcare** under **Payer Spaces**.
3. Click the **Resources** tab.
4. Choose **Culturally and Linguistically Appropriate Services Provider Training Resources/Disability Resources and Links**.

Self-Disclosure Program Reminder

Medicaid entities/providers are required to report, return, and explain any overpayments to the OMIG Self-Disclosure Program:

- Within 60 days of identification OR
- By the cost report due date, whichever is later.

📜 **Reference:**
Social Services Law (SOS) § 363-d(6)

💡 **Learn more about our process:**
Self-Disclosure Program

Frequently Used Links

- **Molina Provider Website:**
  - Molina Healthcare.com
  - Molina Provider Communications - Updates and Bulletins
  - Molina Healthcare Provider Manual
  - Access and Availability Standards
  - 2025 Provider Quick Reference Guide
- **Forms:**
  - New York Providers Home (MolinaHealthcare.com) under the **Forms** tab.
- **Prior Authorization Lookup Tool**
  - PA Lookup Tool
- **Provider Data Updates: Demographic Changes, Rosters, and Credentialing:**
  - MHNYNetworkOperations@MolinaHealthcare.com
- **Provider Contracting**
  - MHNYProviderContracting@MolinaHealthcare.com
- **General Inquiries - Provider Services:**
  - MHNYProviderServices@MolinaHealthCare.com