December 2025 Provider Bulletin

Phosphate Binder Changes

Effective January 1, 2026

Effective January 1, 2026, phosphate binder prescription drugs for Medicaid dialysis patients will no longer be covered as a pharmacy benefit and must be provided by the patient's dialysis clinic. The update aligns with the Centers for Medicare & Medicaid Services (CMS) policy change under the Transitional Drug Add-on Payment Adjustment (TDAPA), as detailed in the CMS End Stage Renal Disease Prospective Payment System final rule, where CMS finalized its policy to include oral-only phosphate binders in the ESRD Prospective Payment System bundled payment (providers should refer to 89 Federal Register 98822). NYS Medicaid will follow CMS's approach by incorporating the cost of these drugs into the APG reimbursement through a standard APG claim submission.

The August 2025 Medicaid Update, article titled, ***NYS Medicaid Ambulatory Patient Group Weight Adjustment for Dialysis Clinics to Account for Phosphate Binder Costs*** found here:

https://www.health.ny.gov/health_care/medicaid/program/update/2025/docs/mu_no08_aug25_p r.pdf has additional information.

Pharmacies should direct Medicaid members to their dialysis clinic or facility to obtain phosphate binders on and after January 1, 2026. New prescriptions and refills should not be billed to NYRx on and after this date.

Questions and Resources:

- CY 2016 ESRD PPS final rule and updated regulations at 42 C.F.R. § 413.174(f)(6)
- CMS Guidance: Including Oral-Only Drugs in the ESRD PPS Bundled Payment
- August 2025 Medicaid Update; Volume 41 – Number 8: NYS Medicaid Ambulatory Patient Group Weight Adjustment for Dialysis Clinics to Account for Phosphate Binder Costs
- eMedNY LISTSERV (October 16, 2025): Updated Implementation Date for APG Weight Adjustment for Phosphate Binders
- Questions regarding this policy may be emailed to NYRx@health.ny.gov.

Need Quick Answers?

Find the **2026 NY Medicaid Provider Quick Reference Guide** under the **Contact Us** dropdown on the **Molina Provider website**

In this newsletter you can expect:

- Phosphate Binder Changes
- Casgevy™ & Lyfgenia® Billing Update
- Mount Sinai Hospital Network Change
- Dental Vendor Change
- Coordination of Benefits: Timely Filing Limits and Post-Payment Recovery Process
- Availity Update: New Reports Tile Coming
- CMS-0057 Interoperability & Prior Authorization Rule (2026-2027)
- Prior Authorization Updates
- Reminders

Casgevy™ & Lyfgenia® Billing Update

New York State (NYS) Medicaid is participating in the federal CMS Cell and Gene Therapy (CGT) Access Model, which aims to increase access to innovative therapies, improve health outcomes, and manage costs for Medicaid beneficiaries. This model includes gene therapies for sickle cell disease, specifically Casgevy™ (exagamglogene autotemcel) and Lyfgenia® (lovotibeglogene autotemcel).

With CMS approval to participate in the CGT Access Model, and an anticipated **effective date of January 1, 2026**, NYS Medicaid providers should be aware of the following:

- **Coverage:**
  - Casgevy™ and Lyfgenia® will be reimbursed through the NYS Medicaid fee-for-service (FFS) program for both FFS members and Medicaid Managed Care (MMC) enrollees.
  - For MMC members, approval for treatment-related care will be determined by the individual managed care plan.
  - The model also includes a fertility preservation provision provided by the manufacturers of Casgevy™ and Lyfgenia®.

Additional information is available on the CMS "CGT Access Model Frequently asked Questions" web page: https://www.cms.gov/cgt-access-model-frequently-asked-questions

- **Drug Claim Submission:**
  - Facilities and pharmacies enrolled with NYS Medicaid will be reimbursed for the c**ost of Casgevy™ and Lyfgenia®**
  - Pharmacy providers must have an **"0442"** category of service (COS) to submit the eMedNY 150003 form to NYS DOH. Please see the following for enrollment information: https://www.emedny.org/info/ProviderEnrollment/
  - Providers will submit claims using the medical professional claim format with the New York State eMedNY 150003 paper claim form, located at: https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/150003_Instructions_for_Drugs_Billed_Separately.pdf, that includes both of the following:
    - the assigned Healthcare Common Procedure Coding System (HCPCS) code along with the National Drug Code (NDC) associated with the drug; and
    - a copy of the drug invoice showing the actual acquisition cost of the drug, dated within six months prior to the date of service and/or should include the expiration date of the drug.

Providers may not use 340B inventory for the CGT Access Model drugs.

Additional information for billing: the eMedNY New York State Medicaid General Professional Billing Guidelines, located at: https://www.emedny.org/providermanuals/allproviders/General_Billing_Guidelines_Professional. pdf.

Drug Administration Claim Submission:

- **For FFS members, payment for drug administration** will be made through the outpatient Ambulatory Patient Groups (APG) payment when administered in a clinic setting or, if administered on an inpatient basis, following the All Patient Refined Diagnosis Related Groups (APR-DRG).
- **For MMC enrollees, payment for drug administration** will be made through the MMC Plan. Providers should check with the **MMC Plan** regarding specific medical coverage criteria, and reimbursement. MMC Plan contact, and plan directory information is located on the NYS Department of Health "Medicaid Managed Care Plan Information web page: https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/mcp /index.htm

Questions and Additional Information:

- NYS Medicaid (FFS) billing and claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- NYS Medicaid FFS drug coverage and policy questions should be directed to the Office of Health Insurance Programs Division of Program Development and Management by telephone at (518) 486-3209 or by email at NYRx@health.ny.gov

Additional Provider Updates for the New Year

Important Update: Mount Sinai Hospital Network Change

Effective December 31, 2025

Mount Sinai Hospital, including all employed physicians and health care providers, will no longer participate in the Molina Healthcare Inc. network effective December 31, 2025.

For questions or additional information, please contact Molina Provider Services at (877) 872-4716.

Dental Vendor Change

Effective January 1, 2026

To continue supporting quality dental care for our members, Molina Healthcare of New York, Inc. will transition its dental vendor from DentaQuest to **Liberty Dental**, effective **January 1, 2026**.

Providers who are not currently contracted with Liberty Dental are encouraged to begin the contracting process as soon as possible to help ensure uninterrupted access to care. For contracting questions or to get started, **please contact Liberty Dental directly at Provider@libertydentalplan.com**.

Thank you for your continued partnership in caring for Molina members.

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

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.
be sure to check our upcoming provider bulletin, where we'll share simple guidance for using the updated tile.

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.

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**

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**.

Reminders

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!

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.

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**.

Availity Essentials Training

Access training anytime through the Availity Essentials Provider Portal at availity.com/providers. Select Help & Training for tutorials, webinars, and step-by-step guidance.

Most utilized courses include:

Training Area	Course
Authorizations	• Authorization Submission Training
Claims	• Claim Status Training • Quick Claims Training • Atypical Provider Training • Remittance Viewer Training
Eligibility & Benefits	• Eligibility and Benefits Inquiry Training
Recorded Webinars	• Availity Overview - Recorded Webinar • Claim Status - Recorded Webinar

Frequently Used Links

- 2026 Provider Quick Reference Guide
- **Molina Provider Website:**
  - Molina Healthcare.com
  - Molina Provider Communications - Updates and Bulletins
  - Molina Healthcare Provider Manual
  - Access and Availability Standards
- **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