

February 2026 Provider Bulletin

Strengthening Provider Partnerships Across New York

Molina Healthcare of New York is currently undergoing strategic growth and has expanded our staff resources to strengthen both onsite and field-based provider engagement. We remain committed to partnering with practices that are interested in growing alongside us.

Our team offers onsite training and support for practice staff, including education on Molina products and the establishment of clear points of contact to assist with day-to-day operations. Through these collaborative efforts, our goal is to enhance provider relationships and deliver meaningful support that improves practice efficiency and supports quality patient care.

If you are interested in growing your Molina patient panel or would like to learn more about how we leverage our field-based teams and community-based partners, please contact the following representatives based on your service area:

Alex Bastidas - Downstate Director of Sales & Business Development
Growth & Community Engagement

 (914) 348-5646 |  Alex.Bastidas@MolinaHealthcare.com

***Serving downstate Affinity by Molina Healthcare counties: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk, and Westchester**

Camilo Barrera - Upstate Director of Sales & Business Development
Growth & Community Engagement

 (315) 816-2068 |  Camilo.Barrera@MolinaHealthcare.com

***Serving upstate Molina Healthcare counties: Allegany, Broome, Cattaraugus, Chautauqua, Chenango, Cortland, Erie, Genesee, Livingston, Monroe, Onondaga, Ontario, Orleans, Tioga, Tompkins, Wayne, and Wyoming**

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:

Strengthening
Provider
Partnerships

ACT Utilization
Management
Update

Prior Authorization
Requirements for
Drugs, Supplies, and
Procedures Related
to Sexual and
Erectile Dysfunction

Prior Authorization
Updates Effective
April 1, 2026

TOB Values
Submitted on SUD
Residential
Habilitation

2026 AAP
Immunization
Schedule

Use of OASAS-
Certified Facilities
for
Substance Use
Disorder (SUD)
Treatment

Reminders

ACT Utilization Management Update

Effective 2/1/2026

Overview

Molina Healthcare of New York is issuing this bulletin to clarify utilization management requirements for **Assertive Community Treatment (ACT)** in accordance with guidance issued by the **New York State Office of Mental Health (OMH)**.

OMH updated ACT Utilization Management requirements in March 2023, as reaffirmed in the 2025 Updates: *Guidelines for New York State Medicaid Managed Care Organizations Regarding Assertive Community Treatment Utilization Management*.

Prior Authorization	<ul style="list-style-type: none"> • Prior authorization is not required for ACT services. • This applies to both Adult ACT and Youth ACT programs.
Concurrent Review	<p>Molina follows New York State Office of Mental Health (OMH) guidelines for Concurrent Review of ACT services.</p> <p>Concurrent Review, when conducted, is:</p> <ul style="list-style-type: none"> • Performed in accordance with OMH-defined criteria, • Member-specific, and • Based on the ACT Program Guidelines and OMH Utilization Management requirements. <p>Members receiving ACT services under an Assisted Outpatient Treatment (AOT) court order are not subject to Concurrent Review, consistent with OMH guidance.</p>
Authorization Duration	<p>If Concurrent Review is conducted and ACT services are continued, Molina will authorize services for no fewer than six (6) months, consistent with OMH requirements.</p>
Care Planning and Continuum of Care	<p>ACT providers are expected to:</p> <ul style="list-style-type: none"> • Routinely assess members' clinical progress and functional needs, and • Collaborate with Molina and Care Management to support appropriate transitions along the continuum of care, consistent with OMH ACT Program Guidelines.

Important Notes

- Concurrent Review is not automatic and is **not based on length of enrollment alone**.
- Molina does **not** apply claim edits, hard stops, or blanket authorization requirements for ACT services based solely on duration of enrollment.
- Providers should continue to render and bill ACT services in accordance with OMH program requirements.

No action is required from providers at this time. **Molina will contact providers directly if a member meets the New York State Office of Mental Health (OMH) criteria for Concurrent Review.** For any questions regarding this bulletin, providers may reach out to Molina Provider Services at 877-872-4716.

Prior Authorization Requirements for Drugs, Supplies, and Procedures Related to Sexual and Erectile Dysfunction

Overview

Pursuant to Chapter 645 of the Laws of 2005, the New York State (NYS) Medicaid Program excludes coverage for all drugs, medical supplies, and procedures used to treat sexual dysfunction (SD) or erectile dysfunction (ED). These services are not reimbursable under mainstream MMC Plans, [Human Immunodeficiency Virus HIV], Special Needs Plans [SNPs], Child Health Plus [CHP], as well as Health and Recovery Plans [HARPs]. Accordingly, any claims for the treatment of SD/ED will be denied as non-covered benefits.

When SD/ED-related drugs, devices, or procedures are prescribed or performed for medical conditions other than sexual or erectile dysfunction, prior authorization is required. NYS mandates that these requests be verified through the Erectile Dysfunction Verification System (EDVS) prior to service delivery. This process ensures compliance with state law prohibiting coverage for individuals who are registered sex offenders.

Providers must obtain prior authorization before rendering any non-SD/ED treatment associated with the codes listed below.

Key Reminders

1. Non-Covered Services

- Medications, physician-administered drugs, medical supplies, and procedures used for SD/ED treatment are not covered under the NYS Medicaid program.
- Claims for SD/ED treatment will be denied.

*In the inpatient setting, alprostadil and papaverine may be covered for the treatment of a condition other than SD or ED *for which the drugs have been approved by the Food and Drug Administration (FDA)*.

2. Prior Authorization Requirements

- Prior authorization is required for all SD/ED-related drugs, procedures, and supplies used for non-SD/ED medical indications.
- Verifications must be submitted through the NYS Department of Health EDVS system.
- Failure to secure prior authorization will result in claim denials.

*The EDVS should be checked prior to the service date *each time there is a request* for drugs or procedures that can be used for the treatment of SD/ED, regardless of the diagnosis.

*Physician-administered collagenase, clostridium histolyticum and phentolamine mesylate may be covered for the treatment of a condition, other than SD or ED, *for which the drug has been approved by the FDA and prior approval has been received*. Due to the need for prior approval, a request to the Erectile Dysfunction Verification System (EDVS) to verify an enrollee's sex offender status should be submitted prior to the service date.

3. Restrictions for Registered Sex Offenders

- Payment will not be issued for SD/ED-related drugs, procedures, or supplies—even when used for non-SD/ED indications—when the Medicaid member is a registered sex offender.
- Providers must confirm member status and obtain prior authorization before proceeding with treatment.
- This requirement applies to all members age 13 and older, regardless of gender.

(Continued on page 4).

Prior Authorization Requirements for Drugs, Supplies, and Procedures Related to Sexual and Erectile Dysfunction (Continued)

Codes Requiring Prior Authorization

Providers are responsible for verifying current codes and requirements to ensure full compliance. The following are examples of billing codes requiring prior authorization under this policy:

Code	Description	Code	Description
37788	Penile revascularization, artery, with or without vein graft	54416	Removal and replacement of non-inflatable or inflatable prosthesis
37790	Penile venous occlusive procedure	54417	Removal/replacement of prosthesis through infected field, with debridement
54235	Injection of pharmacologic agents such as papaverine, phentolamine, or prostaglandin E1 into the corpora cavernosa of the penis	55870	Electroejaculation
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	J0270	Injection, alprostadil, 1.25 mcg
54401	Insertion of penile prosthesis; inflatable (self-contained)	J0275	Alprostadil urethral suppository
54405	Insertion of multi-component inflatable penile prosthesis	J0775	Injection, collagenase, clostridium histolyticum
54408	Repair of component(s) of multi-component penile prosthesis	J2440	Injection, papaverine hydrochloride
54410	Removal and replacement of all components of multi-component penile prosthesis	J2760	Injection, phentolamine mesylate
54411	Removal/replacement through infected field, including debridement	L7900	Male vacuum erection system
		L7902	Tension ring for vacuum erection device, replacement only

Note: Do not use miscellaneous billing codes if a specific code is available. Coding requirements are subject to change, contact Molina for the most up-to-date exclusions and billing guidance.

Additional Information

-The Department of Health considers diagnosis code N48.6 Induration Penis Plastica (Peyronie's Disease) to be an SD/ED-related diagnosis.

-For more details, refer to the New York State Medicaid Update ([September 2021, Volume 37, Number 11](#)).

Provider Support

If you have questions regarding this policy or the prior authorization process, please reach out to your Provider Network Account Manager or contact Provider Services at 1-877-872-4716 (Monday–Friday, 8:00 a.m.–6:00 p.m.).

Prior Authorization Updates Effective April 1, 2026

Beginning **April 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.

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

Code	Description	Additional Information
J1572	Injection, immune globulin (Flebogamma / Flebogamma DIF), intravenous, non-lyophilized (e.g., liquid), 500 mg	
J0601	Sevelamer carbonate (Renvela or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)	See New York State Medicaid Update August 2025, Volume 41, Number 8.
J0602	Sevelamer carbonate (Renvela or therapeutically equivalent), oral, powder, 20 mg (for ESRD on dialysis)	See New York State Medicaid Update August 2025, Volume 41, Number 8.
J0603	Sevelamer hydrochloride (Renagel or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)	See New York State Medicaid Update August 2025, Volume 41, Number 8.
J0605	Sucroferric oxyhydroxide, oral, 5 mg (for ESRD on dialysis)	See New York State Medicaid Update August 2025, Volume 41, Number 8.
J0607	Lanthanum carbonate, oral, 5 mg (for ESRD on dialysis)	See New York State Medicaid Update August 2025, Volume 41, Number 8.
J0608	LanthanumLanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to J0607 (for ESRD on dialysis)	See New York State Medicaid Update August 2025, Volume 41, Number 8.
J0609	Ferric citrate, oral, 3 mg ferric iron, (for ESRD on dialysis)	See New York State Medicaid Update August 2025, Volume 41, Number 8.
J0615	Ferric citrate, oral, 3 mg ferric iron, (for ESRD on dialysis)	See New York State Medicaid Update August 2025, Volume 41, Number 8.

Prior authorization **will not be required** for the following CPT codes, unless performed by an out of network provider.

Code	Description	Additional information
S0189	Testosterone pellet, 75 mg	Deleted/Invalid Code
J1460	Injection, gamma globulin, intramuscular, 1 cc	
J1560	injection, gamma globulin, intramuscular, over 10 cc	
90281	Immune globulin (Ig), human, for intramuscular use	
C9173	Injection, filgrastim-txid (Nypozi), biosimilar, 1 microgram	Deleted/Invalid Codes

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**.

New York Regulatory Communication: TOB Values Submitted on SUD Residential Habilitation

The New York State Department of Health (NYSDOH) is communicating expectations regarding the appropriate reporting of Type of Bill (TOB) values for substance use disorder (SUD) managed care encounters submitted to New York State Medicaid, in alignment with Centers for Medicare and Medicaid Services' (CMS) specifications. To meet CMS specifications and ensure accurate encounter reporting, NYSDOH is asking SUD providers to submit Facility Type Code values of '86' or '89' in loop 2300, in the Health Claim segment, for element 1331 (ref. CLM05-01) on claims for services using the following rate codes:

Program	Rate Code	Rate Code / Service Title
Withdrawal and Stabilization	4220	Article 32 Medically Supervised Inpatient Withdrawal
Inpatient Rehabilitation	4213	Article 32 Inpatient Rehabilitation
	4202	Article 32 State Operated Addiction Treatment Center
Residential Services	1144	Stabilization
	1145	Rehabilitation
	1146	Reintegration

2026 AAP immunization schedule

The New York State Department of Health and the New York City Department of Health and Mental Hygiene endorse the 2026 immunization schedule developed by the American Academy of Pediatrics and encourage its use in everyday clinical practice. This schedule reflects the latest evidence-based recommendations for pediatric immunization and supports consistent, high-quality preventive care.

Access the schedules:

- Providers: [AAP Immunization Schedule](#)
- Families: [Family-Friendly Schedules & Vaccine Info](#)

Key points:

- There are no changes to New York State or New York City school immunization requirements.
- Vaccine access, insurance coverage, and participation in the Vaccines for Children (VFC) Program remain unchanged.

This information is provided to support awareness of current immunization guidance and help maintain alignment with best practices in preventive care.



Use of OASAS-Certified Facilities for Substance Use Disorder (SUD) Treatment

New York Medicaid Managed Care

Background

Substance Use Disorder (SUD) treatment services for New York Medicaid Managed Care members are governed by statute and regulation administered by the New York State Office of Addiction Services and Supports (OASAS). Programs delivering SUD treatment services to Medicaid members must hold OASAS certification.

New York State has confirmed that OASAS does not license or certify SUD treatment facilities located outside of New York State.

Policy Requirement

SUD treatment services must be provided by programs certified by OASAS. Because OASAS certification applies only to facilities located in New York State, out-of-state SUD treatment programs are not OASAS-certified.

If an SUD treatment facility is not licensed or certified by OASAS, Medicaid members cannot receive covered SUD services at that facility.

Medical necessity does not override OASAS certification requirements for ongoing or planned SUD treatment services.

Provider Responsibilities

Providers must refer New York Medicaid Managed Care members to in-state, OASAS-certified SUD treatment programs appropriate to the member's clinical needs and required level of care.

Providers are responsible for verifying OASAS certification prior to making a referral.

Providers should not refer members to out-of-state SUD facilities for non-emergency or ongoing treatment services.

Emergency Services

Emergency medical services may be provided as required by law. Once the member is stabilized, ongoing or planned SUD treatment services must be provided by an OASAS-certified provider located in New York State in order to be covered by Medicaid.

Non-Compliance

Referrals to non-OASAS-certified SUD treatment facilities may result in services not being covered by Medicaid, claim denials, and disruption or delay in member care.

Questions

For questions regarding this policy may be directed to Provider Services at Molina Healthcare of New York at 877-872-4716.

Reference - New York State Office of Addiction Services and Supports (OASAS) - Program Certification.

Available at: <https://oasas.ny.gov/providers/program-certification>

Regulations: 14 NYCRR Parts 810 and 822 – OASAS Certification and Substance Use Disorder Treatment Standards.



Reminders

Important Change – Tools Moved to Availity: Access to Cultural Competency, Disability, & Language Services Resources

At Molina Healthcare, we are committed to helping our providers deliver care that is culturally and linguistically appropriate for every member.

You can now access a wide range of helpful resources and training materials on cultural competency, disability-related services, and language access services through the Availity Essentials portal or by visiting the Molina Healthcare website.

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**.

These tools are designed to support you in delivering respectful, inclusive, and person-centered care to all Molina members.

If you have questions or need more information about Molina’s language access services or cultural competency resources, please reach out to your Provider Services representative. We’re here to help.



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
<p> Validate Services Provided</p> <p>Every procedure, service, or supply is accurately recorded.</p>	<p> When to Attach Documents</p> <ul style="list-style-type: none"> ◦ Initial claim submission ◦ Pending or in-process claim ◦ Corrected claim
<p> Apply Correct Payment Methodology</p> <p>Ensures claims are reimbursed correctly.</p>	<p>Attachment Guidelines</p> <ul style="list-style-type: none"> ◦ 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 (_)
<p> Maintain Compliance</p> <p>Supports contractual and regulatory requirements.</p>	<p> Tip for Smoother Processing</p> <p>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.</p>



Reminders

Provider Manual Updates

Molina Healthcare is committed to ensuring providers have access to accurate and up-to-date guidance that supports high-quality care for our members. The **Provider Manual** is reviewed annually and may also be updated more frequently as needed to reflect operational, regulatory, or program changes.

The most current version of the Provider Manual is available online at:

MolinaHealthcare.com/providers/ny/medicaid/manual/medical.aspx

Availity Essentials Training

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

Most utilized courses include:

Training Area	Course
Authorizations	<ul style="list-style-type: none"> • Authorization Submission Training • Claim Status Training • Quick Claims Training
Claims	<ul style="list-style-type: none"> • Atypical Provider Training • Remittance Viewer Training
Eligibility & Benefits	<ul style="list-style-type: none"> • Eligibility and Benefits Inquiry Training
Recorded Webinars	<ul style="list-style-type: none"> • Availity Overview - Recorded Webinar • Claim Status - Recorded Webinar

Frequently Used Links

- [2026 Provider Quick Reference Guide](#)
- **Molina Provider Website:**
 - [Molina Healthcare.com](https://MolinaHealthcare.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