January 2026 Provider Bulletin

Looking Ahead to 2026 Together

As we welcome the new year, Molina Healthcare of New York would like to extend our sincere thanks to our provider partners for your continued collaboration and dedication to the members we serve. Your commitment to delivering high-quality, person-centered care is essential to our shared mission and makes a meaningful difference across our communities.

This **Provider Bulletin includes important updates and changes effective in 2026**. The information contained within reflects program updates, regulatory requirements, and operational enhancements designed to support quality outcomes, compliance, and continuity of care. We encourage you and your staff to review the updates shared throughout this bulletin.

As part of our ongoing efforts to support providers and streamline daily operations, Molina Healthcare is enhancing digital options through Availity Essentials. These enhancements are intended to increase efficiency, simplify workflows, and improve access to information and key transactions. Instructional tools and guidance related to **Availity Essentials are available in the Reminders section of this bulletin**.

Healthcare continues to evolve, and strong collaboration remains essential. Molina Healthcare values the partnership we share with our provider network and is committed to supporting your success through clear communication, practical resources, and continued engagement.

Thank you again for your partnership and for the care you provide to Molina Healthcare members. We look forward to continuing our work together throughout 2026.

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:

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.

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

Utilization Management (UM) Turnaround Time for Prior Authorization

Beginning **January 1, 2026**, new federal requirements under the **CMS-0057 Final Rule on Interoperability and Prior Authorization** will take effect. These changes are designed to improve transparency, reduce administrative burden, and support timely access to care for patients.

As part of these new regulations, **standard prior authorization requests must now be processed within seven (7) calendar days**. This updated timeframe applies to all impacted services and is intended to ensure quicker decision-making and a more efficient experience for providers and members.

To help support timely and compliant processing, providers are strongly encouraged to:

- **Review internal processes** to ensure they align with the upcoming federal requirements
- **Submit all required clinical documentation** at the time of the prior authorization request
- **Provide complete and accurate information** to help prevent delays and reduce the need for additional follow-up

Submitting complete information upfront helps Molina process requests more efficiently and ensures members receive timely access to the care they need.

In addition, CMS-0057 introduces new application programming interfaces (APIs) to enhance provider access to prior authorization details. These tools are designed to streamline communication, provide real-time insights, and reduce administrative complexity.

Molina encourages providers to stay informed and participate in upcoming education sessions to support a smooth transition and ensure ongoing compliance with these requirements.

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.

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**.

Providing Facility Information in Availity Essentials

Background

When submitting an authorization request through the Availity Essentials Provider Portal, it is essential to include facility information in addition to the requesting and servicing provider details. This ensures accurate processing and timely decision making. Facility details help Molina Healthcare, Inc. confirm the location where care will be delivered, validate network participation, and apply the correct reimbursement and authorization rules. Missing facility information can lead to delays in decisioning, authorization request denials and access to care.

Recommendation

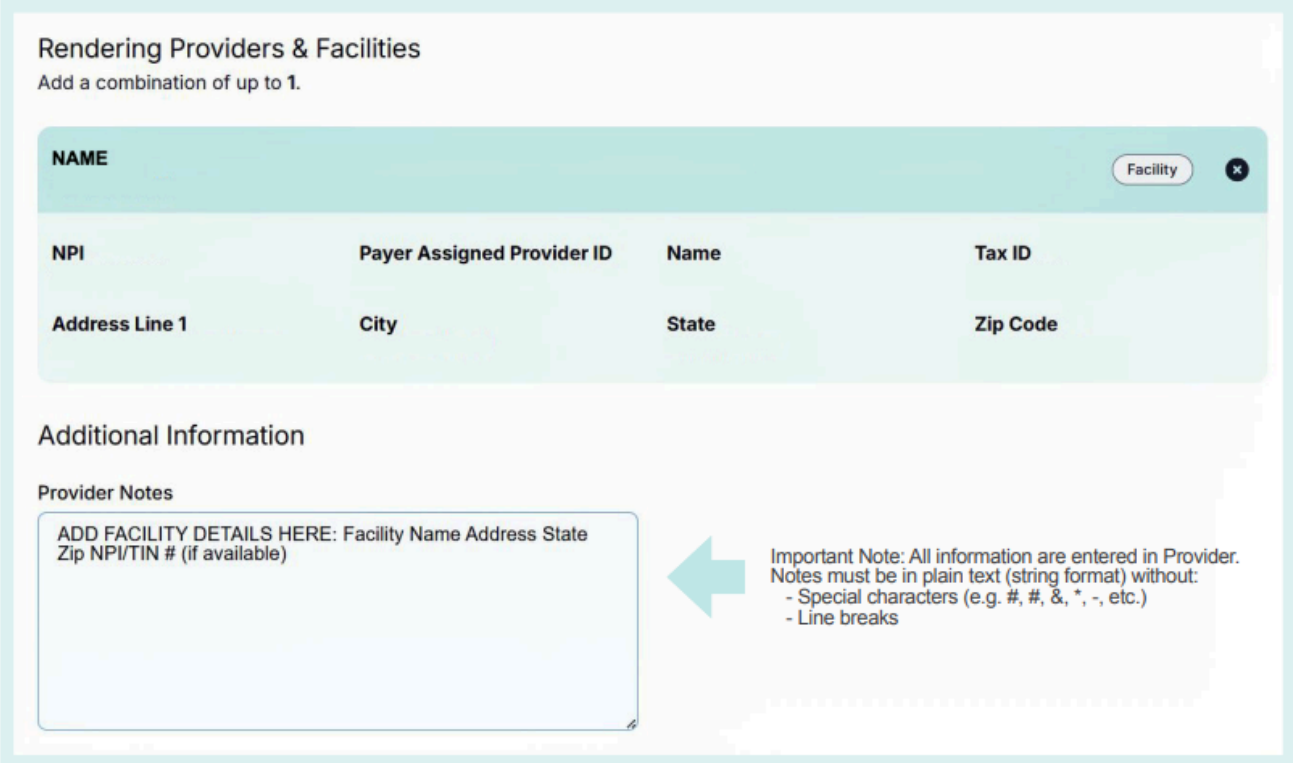
Outpatient and inpatient authorization requests

Enter servicing/rendering provider information

- You must enter the servicing or rendering provider details in the designated fields. These fields ensure that the provider delivering the service is correctly identified for authorization and reimbursement purposes.

Enter additional information

- You must include the facility information where the service will be rendered in Provider Notes section. This ensures the health plan can confirm the location, network participation, and apply correct authorization and reimbursement rules.



Availity Essentials Access for Third-Party Billers
~ Please Forward to Your Billing Team ~

Molina Healthcare, Inc. is pleased to share some exciting news with our third-party billers. There is a more efficient, user-friendly way to handle your Molina transactions. We highly encourage you to use our **Availity Essentials Portal** for business-related functions, such as eligibility, claims inquiries and authorizations, rather than calling our Contact Center.

To register as a third-party biller, click the **Availity Portal Link**.

We understand this represents a change for you and have enhanced our portal to address historical concerns and ensure a more seamless user experience:

- You can now upload larger files—up to 640MB.
- Processing is faster, with files being pulled every 5 minutes.
- Real-time email alerts on status updates are available.
- More CPT codes are now auto approved, reducing paperwork.
- Clinical information is required during authorization submission to ensure timely processing.

At Molina, our goal is to make doing business with us easier. By using Availity, your team can check claim statuses, submit authorization requests faster, track status updates in real-time, and reduce delays caused by fax transmission or manual processes, resulting in faster turnaround times. This means our members will receive quicker access and improved continuity of care. Ultimately, it's designed to make your workflow more efficient and transparent.

We're happy to assist you through the registration process or provide training materials and tip sheets. The links below will help you get started with registering, setting up your organization and accessing other helpful reference guides: **Getting Started with Availity**. Step-by-step instructions are also available at **Register your billing service organization**.

Thank you for your cooperation and understanding as we transition to this more efficient method of operations. We believe it will greatly benefit your office, and our mutual goal of providing excellent care for our members!

Reminder: NDC and HCPCS Combination Requirements

Accurate billing for clinician-administered drugs is an important part of ensuring Medicaid claims are processed smoothly. As a reminder, claims for these services must include a valid **National Drug Code (NDC)** reported in combination with the appropriate **Healthcare Common Procedure Coding System (HCPCS)** code.

Correct NDC/HCPCS reporting helps support compliance with applicable Medicaid and Medicare program requirements and reduces the likelihood of avoidable claim denials.

Key Billing Considerations

To help ensure smooth claims processing, please review the following billing requirements for clinician-administered drugs:

- **Use a valid NDC/HCPCS combination**
  The NDC reported must correspond to the HCPCS code billed. Claims will be denied when the NDC and HCPCS code pairing is invalid.
- **Submit complete and active NDC information**
  Claims will be denied if the NDC is missing, incomplete, invalid, or inactive.
- **Match the NDC to the product details**
  Confirm the NDC on the drug packaging aligns with the HCPCS description, including dosage, strength, and route of administration.
- **Bill the correct units**
  Follow the billing units specified in the HCPCS code descriptor and applicable state guidance.
- **Maintain complete documentation**
  Documentation should include all administered drugs and any documented waste.

Additional Resources

For more information about Medicaid NDC requirements, including frequently asked questions, visit the New York State Department of Health website:

https://health.ny.gov/health_care/medicaid/program/update/2023/no11_2023-06.htm

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
✅ **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

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 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