

March 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**

In this newsletter you can expect:

Strengthening
Provider
Partnerships

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(K0899TW-TW)

Private Duty Nursing
(PDN) Billing
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New York Regulatory
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Reminders

Need Quick Answers?

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

Billing Guidance For Backup Power Wheelchair Repairs (K0899TW-TW)

Effective January 1, 2026 for Fee-for-Service (FFS) and March 1, 2026 for Managed Care, in limited instances, Group 2, Group 3, Group 4, Group 5, and Group 6 power wheelchairs (PWC) with or without power options, are eligible for use as a backup PWC when the user has been provided with a new, primary PWC.

Overview

- **Eligible wheelchairs:** Group 2 through Group 6 PWCs that were previously used as the member's primary source of mobility.
- **Method of authorization:** direct bill - no prior approval is necessary.
- **HCPCS code/modifier:** Reimbursement for repair of any backup PWC regardless of group or code at purchase requires use of HCPCS code K0899 with the TW modifier.
- **Limits:** Repairs for backup PWCs will be reimbursed up to \$5000 over a period of 5 years.

Detailed Billing Guidance:

- When submitting a claim for K0899-TW, the Reimbursement form for Backup Wheelchair Repairs (found here: [Reimbursement Form for Backup PWC Repairs](#)) should be completed by the billing provider (DME vendor), and the attestation should be signed by the provider's Assistive Technology Professional (ATP).
- Parts will be reimbursed at the typical MRA for the code for that part. Parts that do not have a Maximum Reimbursable Amount (MRA) will be reimbursed at cost +51%.
- Invoices must be provided, showing all dealer discounts for parts and to support pricing of components at cost plus 51%.
- Labor performed by the billing provider will be reimbursed at the MRA for K0739 which is currently \$18.18. Please itemize the type of labor and number of units requested. Up to 8 units are available, if additional labor is needed, please provide rationale on the form.
- Please note: If any fields are left blank on the form, or invoices are missing, the claim will be denied, and a new claim would need to be filed.

For questions related to policy and coverage guidelines, contact the Bureau of Medical Review at 1-800-342-3005 or OHIPMedPA@health.ny.gov.

For questions related to billing, call GDIT at 1-800-343-9000

Reference:

New York State Department of Health. *DME Communications: Backup Power Wheelchair Repairs (K0899-TW) Reimbursement Form*.

Available at: <https://www.emedny.org/ProviderManuals/DME/communications.aspx>

Private Duty Nursing (PDN) Billing Reminder

To ensure accurate and timely reimbursement, newly contracted Private Duty Nursing (PDN) providers must bill using the correct HCPCS code and appropriate modifier combination.

Please review the billing guidance below:

Code	Modifier	Code Description
S9123		Nursing Care, in the Home by Registered Nurse, per hour
S9123	U1	Nursing Care, in the Home by Registered Nurse, high tech fee, per hour
S9123	U2	Nursing Care, in the Home by Registered Nurse, Medically Fragile Trained
S9123	U3	Nursing Care, in the Home by Registered Nurse, high tech fee, Medically Fragile Trained, per hour
S9123	U4	Nursing Care, in the Home by Registered Nurse, Medically Fragile Trained and Directory
S9123	U5	Nursing Care, in the Home by Registered Nurse, high tech fee, Medically Fragile Trained and Directory, per hour
S9124		Nursing Care, in the home, by Licensed Practical Nurse, per hour
S9124	U1	Nursing Care, in the home, by Licensed Practical Nurse, high tech fee, per hour
S9124	U2	Nursing Care, in the home, by Licensed Practical Nurse, Medically Fragile Trained, per hour
S9124	U3	Nursing Care, in the home, by Licensed Practical Nurse, high tech fee, Medically Fragile Trained, per hour
S9124	U4	Nursing Care, in the home, by Licensed Practical Nurse, Medically Fragile Trained and Directory, per hour
S9124	U5	Nursing Care, in the home, by Licensed Practical Nurse, high tech fee, Medically Fragile Trained and Directory, per hour

Shared Case Billing Guidelines: A shared case occurs when more than one member at the same location receives PDN services during the same span of hours from a single nurse.

Billing requirements for shared cases: The first member should be billed at the full hourly rate. • The second member must be billed using the TT modifier. • Reimbursement for the second member will be reduced by 50%

Important Reminder: Submitting claims with the correct HCPCS codes and modifiers helps prevent claim denials and payment delays. Please review your billing practices to ensure compliance with these requirements. For questions regarding PDN billing, please contact Provider Services.

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

Billing for a Low Birth Weight

Accurately reporting a newborn's birth weight in grams is essential when billing Medicaid for Low Birth Weight (LBW) Kick Payments. **Billing in pounds instead of grams with the LBW rate code can result in inappropriate payments.**

Provider Action

- **Report birth weight in grams** on all claims.
- Use **LBW Kick Payment (rate code 2291)** only for newborns **under 1200 grams (2 lbs. 10.328 oz)**.
- For newborns **1200 grams or more**, use the **Supplemental Newborn Capitation Payment (rate code 2298)**.
- Refer to **New York State Medicaid Update – May 2025, Volume 41, Number 5** for guidance on reporting newborn birth weights.
- Ensure all maternity claim information is complete and accurate to support proper Medicaid payment.

References

- Medicaid Model Contract, *Section 3.10: Supplemental Maternity Capitation Payment (March 1, 2024)*
- New York State Medicaid Update – *May 2025, Volume 41, Number 5*

Please share this information with all relevant staff. Thank you for helping ensure accurate billing and proper payments for newborn care!



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.

✔ Apply Correct Payment Methodology

Ensures claims are reimbursed correctly.

✔ Maintain Compliance

Supports contractual and regulatory requirements.

📎 When to Attach Documents

- Initial claim submission
- Pending or in-process claim
- Corrected claim

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 (_)

📌 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	<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