

# May 2026 Provider Bulletin

## Molina to Partner with Codoxo on Provider Scope® Education

Molina Healthcare of New York, Inc. (Molina) is informing providers that, as of July 15, 2026, we began partnering with Codoxo to implement its Provider Scope® Education solution. Provider Scope is a platform that reviews providers' coding patterns and practices.

### How it will help providers

Provider Scope provides transparency, education and coding pattern insights to the provider community to ensure you are following correct documentation and coding guidelines.

You will have the ability to log in to Codoxo's provider portal to review your billing activity as compared to your specialty or peer group. Molina encourages providers to take advantage of the portal to assist with ongoing education, as it will offer insights into specific billing patterns. These patterns could be cause for prepay or post-pay audits in the future, if not addressed.

In addition, the program may involve Codoxo reaching out to providers directly via letters, emails or phone calls to discuss billing patterns. Codoxo has experienced coding, clinical, and billing staff who can answer questions about identified billing patterns and provide relevant guidance.

### Next steps

We ask providers to preregister here: [Molina.ProviderScope.com/preregistration](https://Molina.ProviderScope.com/preregistration).

If you have any questions about this program, please contact the Codoxo Provider Support team:

- Phone: (470) 223-3591
- Email: [ProviderSupport@Codoxo.com](mailto:ProviderSupport@Codoxo.com)

### Digital-only PA

[Availability Essentials](#) is the exclusive provider portal for Molina Healthcare—and the only way to submit authorization requests, with the exception of Pharmacy requests and delegated UM vendors. Clinical supporting documents **must** accompany **all** authorization requests. Log in today to access claims management, eligibility/benefit verification, Digital Correspondence Hub, and more.

### In this newsletter you can expect:

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### Need Quick Answers?

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

## Changes Coming to Essential Plan Health Insurance on July 1, 2026

New York State will **discontinue Essential Plan (EP) coverage for individuals with incomes between 200% and 250% of the Federal Poverty Level (FPL) effective July 1, 2026**. Coverage remains in place through June 30, 2026. There is no immediate change to benefits.

## Provider Memorandum: MCG 30th Edition Go-Live April 30, 2026

Molina Healthcare of New York would like to inform our provider partners that the MCG 30th Edition is scheduled to go live and will become effective on Thursday, April 30, 2026.

This update does not change providers' day-to-day operations. Molina is simply updating the MCG edition currently used to support utilization management review processes.

If you have any questions regarding this update, please contact your dedicated Provider Network Manager or send an email to

[MHNYProviderServices@MolinaHealthcare.com](mailto:MHNYProviderServices@MolinaHealthcare.com).

## NY Medicaid Article 29-I Billing and Appeals Requirements

Article 29-I Health Facilities and providers must follow all NY Medicaid billing guidelines when submitting claims and should use the formal appeals process when a claim is denied and an appeal is required. Submitting corrected or replacement claims instead of a filing an appeal may result in a denial for untimely filing.

All Article 29-I claims must be submitted accurately and completely, including correct rate codes, procedure codes, modifiers, dates of service, required documentation, and must comply with Medicaid timely filing limits. Providers are responsible for ensuring claims are correct at the time of original submission.

When a claim is denied, providers should review the denial reason to determine the appropriate action. Appeals are required for denials related to medical necessity, coverage or benefit determinations, authorization or eligibility issues, or payment decisions based on policy or guideline interpretation, and should be submitted within required contractual and NY Medicaid timeframes.

Corrected or replacement claims are only appropriate to fix clerical or data entry errors, such as incorrect codes, modifiers, member IDs, or dates of service, and do not replace the appeals process.

Providers with questions should contact Provider Services at (877) 872-4716 or email [MHNYProviderServices@MolinaHealthcare.com](mailto:MHNYProviderServices@MolinaHealthcare.com) before resubmitting a denied claim.

## 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.

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## 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](mailto: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>

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## Important Changes to Prior Authorization Requirements Effective July 1, 2026

Molina Healthcare of New York, Inc. would like to inform you of upcoming changes to the current Prior Authorization (PA) requirements. These changes will take effect on **July 1, 2026**. The details of the updates are outlined below and should be reviewed carefully to ensure compliance with authorization requirements.

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### Services Requiring Prior Authorization

Effective July 1, 2026, prior authorization will be required for the following CPT/HCPCS codes **before services are rendered**:

Code	Description	Additional Information
70471	Imaging and Special Test	Diagnostic radiology code used for computed tomographic angiography of the head and neck with contrast
C9818	Healthcare Administered Drugs	
J3386, J3405	Transplant/Gene Therapy	New codes for Wakyra and Itvisma

Providers must obtain authorization in advance to ensure coverage and avoid potential claim denials.

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### Services No Longer Requiring Prior Authorization

There are **no codes being removed from prior authorization requirements** at this time. Prior authorization requirements will continue to apply as previously outlined. Services performed by **out-of-network providers** may still require authorization in accordance with plan guidelines.

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### Additional Information

The [Prior Authorization Matrix](#) on our website has been updated to reflect the changes outlined above. This notification will also be posted to our website for future reference. If you have any questions regarding the new prior authorization requirements, please contact Molina Healthcare's Utilization Management Department at **1-877-872-4716**.

Thank you for your continued cooperation.

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## The Role of the Care Management Team in Supporting Molina of New York’s HIV Population

At Molina Healthcare of New York, comprehensive and coordinated care for members living with HIV is a critical component of our mission to improve health outcomes and reduce disparities among vulnerable populations. The Care Management (CM) team plays a central role in ensuring that members with HIV receive timely, person-centered-, and continuous care across the full spectrum of medical, behavioral, and social needs.

### Care Coordination and Clinical Support

Molina’s Care Management team serves as a key connector between members, HIV specialty providers, primary care clinicians, behavioral health professionals, pharmacies, and community-based- organizations. Care managers work proactively to support linkage to care, retention in care, and adherence to antiretroviral therapy (ART). Through regular outreach and individualized care planning, the team helps ensure that members attend monitoring (including viral load and CD4 testing), and receive guideline concordant- treatment.

For members with complex clinical needs—such as co-occurring chronic conditions, transplant history, or advanced HIV disease—care managers collaborate closely with treating providers to support treatment plans, facilitate referrals, and prevent avoidable hospitalizations or emergency department utilization.

### Addressing Behavioral Health and Substance Use Needs

Recognizing the high prevalence of behavioral health conditions and substance use disorders among individuals living with HIV, Molina’s Care Management team integrates behavioral health screening and coordination into routine care management activities. Care managers help connect members to mental health services, substance use treatment programs, and psychosocial support, ensuring that behavioral health needs do not become barriers to HIV treatment adherence or overall health.

This integrated approach supports whole person- care and aligns with Molina’s commitment to reducing stigma while promoting engagement in care.

### Connecting with Molina of New York’s Care Management Team

Referrals or further inquiries regarding Molina of New York’s Care Management program may be sent to [MHNY.CareManagement@MolinaHealthcare.com](mailto:MHNY.CareManagement@MolinaHealthcare.com). You may also contact Angela Cespedes at [Angela.Cespedes@MolinaHealthcare.com](mailto:Angela.Cespedes@MolinaHealthcare.com) or 718-536-2536 and Amy Barry at [Amy.Barry@MolinaHealthcare.com](mailto:Amy.Barry@MolinaHealthcare.com) or 315-273-0037.

**In summary**, Molina of New York’s Care Management team is integral to delivering coordinated, equitable, and high- quality- care for members living with HIV. Through clinical coordination, behavioral health integration, SDOH support, and member empowerment, care management helps ensure that individuals with HIV can achieve viral suppression, improved health outcomes, and a higher quality of life.

### Social Determinants of Health and Community Linkages

Social determinants of health (SDOH) such as housing instability, food insecurity, transportation barriers, and legal or financial challenges disproportionately affect people living with HIV. Molina care managers routinely assess SDOH needs and connect members to community based- resources, including Social Care Networks (SCN), housing supports, nutrition programs, transportation assistance, and Ryan White–funded services when appropriate.

By addressing non-medical drivers of health, the Care Management team helps stabilize members’ living situations and supports sustained engagement in HIV care.

### Member Education and Empowerment

Education is a cornerstone of effective HIV management. Molina care managers provide ongoing education related to HIV disease management, medication adherence, prevention strategies, and health maintenance. Through culturally competent and trauma-informed-communication, care managers empower members to actively participate in their care and make informed decisions that support long-term viral suppression and quality of life.

### Quality, Compliance, and Health Equity

The Care Management team also plays an essential role in supporting Molina’s quality improvement initiatives and regulatory requirements related to HIV care. By promoting adherence to evidence-based- clinical guidelines and closing care gaps, care management contributes to improved performance on quality measures, reduced health disparities, and better outcomes for members living with HIV.



# Reminders

## Behavioral Health Billing

This reminder is for Behavioral Health providers billing Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) services. Claims must be submitted in accordance with New York State Medicaid requirements. Submitting complete and accurate claims—using correct rate codes, procedure codes, modifiers, units, and allowable same-day service combinations—helps reduce avoidable denials and payment delays.

### Key Billing Reminders

- **Use the correct rate code and procedure code** that matches the service, program, setting, and billing provider type per OMH and OASAS guidance.
- **Bill modifiers and units exactly as required** (follow unit definitions and any limits)
- **Ensure your documentation supports what you billed** and is submitted within timely filing limits.

### Same-Day Billing and Service Combinations

- **Bill same-day services only when allowed** - confirm the combination is permitted by NY Medicaid policy for the member and date of service.
- **Avoid duplicate or overlapping billing** - do not bill services that duplicate or overlap; make sure dates of service (and times, when applicable) and documentation support each billed service.

### Denials: Appeals vs. Corrected Claims

When a claim is denied, providers should carefully review the denial reason to determine the appropriate course of action. Appeals are required for denials related to medical necessity, coverage or benefit determinations, authorization or eligibility issues, or payment decisions based on policy or guideline interpretation. Appeals must be submitted within applicable contractual requirements and New York State Medicaid timeframes.

Corrected or replacement claims are only appropriate to address clerical or data entry errors, such as incorrect procedure codes, modifiers, member identification numbers, or dates of service. Corrected claims do not replace the appeals process and should not be submitted for denials that require an appeal.

**For additional billing guidance, review the NYS resources listed below:**

- [Billing Behavioral Health \(BH\) Services Under Managed Care](#)
- [OMH Medicaid Reimbursement Rates](#)
- [Reimbursement | Office of Addiction Services and Supports](#)

Please contact the Molina NY Provider Services team with any questions.



# 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](https://MolinaHealthcare.com/providers/ny/medicaid/manual/medical.aspx)

## Availity Essentials Training

Access training anytime through the Availity Essentials Provider Portal at [availability.com/providers](https://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"> <li><a href="#">Authorization Submission Training</a></li> <li><a href="#">Claim Status Training</a></li> </ul>
Claims	<ul style="list-style-type: none"> <li><a href="#">Quick Claims Training</a></li> <li><a href="#">Atypical Provider Training</a></li> <li><a href="#">Remittance Viewer Training</a></li> </ul>
Eligibility & Benefits	<ul style="list-style-type: none"> <li><a href="#">Eligibility and Benefits Inquiry Training</a></li> </ul>
Recorded Webinars	<ul style="list-style-type: none"> <li><a href="#">Availity Overview - Recorded Webinar</a></li> <li><a href="#">Claim Status - Recorded Webinar</a></li> </ul>

## 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](mailto:MHNYNetworkOperations@Molinahealthcare.com)
- **Provider Contracting:**
  - [MHNYProviderContracting@MolinaHealthcare.com](mailto:MHNYProviderContracting@MolinaHealthcare.com)
- **General Inquiries - Provider Services:**
  - [MHNYProviderServices@MolinaHealthCare.com](mailto:MHNYProviderServices@MolinaHealthCare.com)