August 2025 Provider Bulletin

New York Medicaid Health Plan Payment Policy: Physician Assistants

What's New

Changes to Physician Assistant reimbursement to align with the NYS Medicaid Program Physician Policy Guidelines: **Physician Manual Policy Guidelines.pdf**

Effective 09/01/25, Molina Healthcare's reimbursement guidelines for Registered Physician Assistants (RPAs) will be updated to require the following:

- Services rendered by a registered physician's assistant (RPA) must be in accordance with the provisions outlined in Article 131A of the NYS Education Law and Article 37 of the NYS Public Health Law.
- License requirements are established by the NYSED, and can be found at: **NYS Physician Assistant: License Requirements**

Reimbursement

The services of RPAs will be reimbursed as follows:

- Payment will be made to the physician who employs the RPA.
- Payment will be according to the standard fees that physicians normally receive. This applies whether the physician, the employed RPA, or both individuals provide the service.
- Molina will allow Payment for RPA direct claims, but will be discounted by 15%.
- The physician for a service may make no duplication or increase in charges, solely because an RPA has provided assistance.
- The only exception is "Physician Assistant Services for Assist at Surgery". Please refer to the Fee Schedule for instructions on the use of Modifier '-AS'. **http://www.emedny.org/ProviderManuals/Physician/**
- All claims for Medicaid reimbursement that are submitted by physicians must include an indication of those services or procedures that were rendered by or in conjunction with the RPA and also the name and Medicaid provider identification number of the RPA who rendered the care.
- The professional component for all services provided by a physician assistant (PA) in an Article 28 hospital outpatient department, hospital inpatient setting, emergency department, ambulatory surgery setting and diagnostic and treatment center (D&TC) for Medicaid fee-for-service patients is included in the APG or APRDRG payment to the facility.
- Supervising physicians and physician groups may not bill Medicaid separately for PA services provided in these settings.

Resources Available:

Physician_Manual_Policy_Guidelines.pdf / NYS Physician assistant: License Requirements

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.

Zeroing out of OASAS Opioid Treatment Program (OTP) Bundle Rate
(Effective November 3, 2025)

Beginning July 1, 2024, providers were given the option to bill OTP bundle services either under the existing OTP bundle rate codes or the APG methodology. The May memorandum also indicated that OASAS would zero out the bundle rate codes (7969-7976) after a short transition period.

As of November 4, 2024, all OASAS programs were expected to exclusively bill OTP bundle services under the APG methodology using procedure codes G2067, G2068, G2078 and G2079.

Providers may choose to bill other relevant APG procedure codes (e.g., H0020, 90834,etc.) instead of the bundle procedure codes.

Within the APG methodology, providers may switch between using the bundled and unbundled billing approaches as often as weekly, based on their preference.

As most providers and plans have now updated their systems to accommodate OTP bundle billing through the APG methodology, OASAS will officially zero out OTP bundle rate codes 7969-7976 effective November 3, 2025.

Personalized Recovery-Oriented Services (PROS) Program Updates
Effective April 1, 2025

Overview of Changes

- Redefined PROS unit
- Program participation time eliminated
- Monthly base rate tiers reduced (5 → 3)
- Updated billing & reimbursement rules

Service Component Changes

- CRS now includes: Complex Care Mgmt. & Peer Support
- CRS services consolidated → Psychosocial Rehab
- More qualified staff: OTs & CPRPs
- Cognitive Remediation moved to IR

For the full **official document** visit:
[OMH PROS Redesign Billing & Reimbursement Changes PDF](#)

New Monthly Base Rate Tiers

Tier	Rate Code	Proc. Code	Modifier	Monthly Unit Range
1	4516	H2019	U1	4-11 Units
2	4517	H2019	U2	12-43 Units
3	4518	H2019	U3	44+ Units

Discontinued Codes: 4520–4524

Unit Definitions & Billing Rules

- Individual/Collateral Services = 1 unit per 15 minutes
- Group Services = 1 unit per 30 minutes
- Off-site services count as double units once minimum duration is met.

Monthly Minimums & Daily Maximums

- CRS: 4 units/month minimum for base rate
- IR Add-On: at least 6 units total, including 1 IR service
- Onsite max: 5 units/day
- Off-site max: 10

Accurate Billing Requirements for Newborn Claims

Hospitals are reminded of the importance of accurately reporting newborn birth weights and diagnosis codes on inpatient claims. At Molina Healthcare, we are committed to working closely with our provider partners to ensure claims are submitted accurately and in compliance with New York State Medicaid requirements.

Key Requirements	Reference Billing Guidelines

Key Requirements

✅ **Include Birth Weight in Grams**

- For **newborns aged 28 days or younger**, claims **must** report the birth weight in grams.
- This applies to *all* claims, including when a newborn is transferred to another facility.

✅ **Use the Correct Value Code**

- Report the birth weight using **Value Code "54"** in the *Value Information* segment.

✅ **Avoid Reporting Errors**

- Incorrect birth weights or diagnosis codes on newborn and maternity claims can lead to **Medicaid overpayments**, which are subject to review and recovery by the Office of the Medicaid Inspector General (OMIG).

Reference Billing Guidelines

To ensure proper and timely payment when billing NYS Medicaid fee-for-service (FFS), please carefully follow the billing guidance in the:

- *eMedNY New York State UB-04 Billing Guidelines – Inpatient Hospital*
  - **Section 2.3.1.2 Acute APR DRG Payment Calculation**
  - **Rule 3 – Newborns**

Providers are also encouraged to review the **New York State Department of Health Medicaid Update – May 2025, Volume 41, Number 5** for additional information.

💡 Need Help?

Molina Healthcare encourages all providers to review their billing practices to ensure all required information is accurate and complete. If you have questions or need support, please contact your Molina representative. We appreciate your partnership in delivering high-quality care and ensuring compliance with Medicaid billing requirements.

🔗 For More Details:

Visit [eMedNY](#) or access the *UB-04 Billing Guidelines* and Medicaid Update directly.

Non-Invasive Abdominal / Visceral Vascular Studies

As a reminder, Molina Healthcare follows the guidelines below for Non-Invasive Abdominal / Visceral Vascular Studies.

State/Agency	Document Name / Description	Link / Document
CMS	Billing and Coding: Non-Invasive Abdominal / Visceral Vascular Studies	A57591 – cms.gov
CMS	Non-Invasive Abdominal / Visceral Vascular Studies	L35755 – cms.gov
CMS	Billing and Coding: Duplex Scanning	A57636 – cms.gov
CMS	Duplex Scanning	L33674 – cms.gov
CMS	Billing and Coding: Non-Invasive Vascular Studies	A56758 – cms.gov

UPDATE: Behavioral Health Appointment Wait Times Have Changed
(Effective July 1, 2025)

Effective **7/1/2025, t**he Behavioral Health appointment wait time standards for **Medicaid Managed Care, Child Health Plus (CHP), Essential Plans, and Commercial Insurers** have been updated as follows:

- **Ten (10) business days** for an **initial appointment** with an **outpatient facility** or **clinic**;
- **Ten (10) business days** for an **initial appointment** with a **behavioral health care professional** who is **not** employed by or contracted with an outpatient facility or clinic;
- **Five (5) business days** for a **follow-up visit after mental health/substance abuse emergency room (ER)** or **inpatient visit**;
- **Five (5) business days** for a **non-urgent mental health** or **substance abuse visit.**

🔗 **Reference & Next Steps:**
- Full details: **NYS Behavioral Health Access Regulations**
- Providers should also refer to the **Access to Care requirements** in the Molina Healthcare of New York Provider Manual, available at the **MolinaNY Provider Website**.

📞 **Want to know more?**
Contact your local **Molina Quality Department** at **(877) 872-4716**, visit the **Resources tab** at *MolinaHealthcare.com*, or refer to **Section 9: Quality** in the *2025 Molina Healthcare of New York Medicaid Provider Manual (pg. 82-85).*

Pharmacy vs. Medical Authorization Requirements

We're committed to ensuring our provider partners have the tools and guidance needed to deliver efficient, high-quality care. Understanding the difference between medical and pharmacy benefit requirements is key to timely medication access and avoiding avoidable delays.

🔍 Prior Authorization LookUp Tool

Use Molina's online **Prior Auth LookUp Tool** to verify authorization needs for **J Codes and other HCPCS-coded medications**.

✅ Available for:
• Medicaid
• Child Health Plus (CHP)
• Health and Recovery Plan (HARP)
• Essential Plan (EP)

💊 Pharmacy Benefit Formulary

For **non–J code medications** billed under the pharmacy benefit, refer to the **Pharmacy Benefit Formulary** available for **CHP** and **EP** members.

📌 Important

As of **April 1, 2023**, the **Medicaid Pharmacy Formulary** transitioned to the NYRx formulary. Use this link to access current NYS Medicaid drug coverage:

👉

https://www.emedny.org/info/formfile.aspx

📋 Authorization Submission Requirements

To ensure smooth processing:
• **Always specify** the benefit type requested:
– J Code / Medical Benefit
– Pharmacy Benefit
• If using an **outside pharmacy** for J Code medications, clearly indicate this in:
– Your **faxed request**, or
– Verbally when **calling** for authorization

🧾 Medicaid & HARP Reminder

For Medicaid and HARP members, medications **administered by a provider** should be submitted as **medical benefit requests** to be considered for coverage.

📞 Contact Information

Use the contacts below for both J code and Pharmacy benefit authorizations:
• **Fax:** (844) 823-5479
• **Phone:** (877) 872-4716

📌 Specifying the correct benefit type—**Medical (J Code)** or **Pharmacy**—is essential to prevent delays. Use our online tools and reach out with questions. Molina is here to support your team and the members we serve—every step of the way.

✅ Reminders

📌 <u>MCG 29th Edition Went Live Effective April 29 , 2025</u>

As a reminder, the **MCG 29th Edition** went live on **Tuesday, April 29 , 2025 .** Molina Healthcare of New York is updating the edition used for **utilization management** . This update does **not impact providers' day-to-day operations** , and no action is required. Providers should continue their usual processes while the most current edition is applied for clinical guidance.

📌 <u>PCP ASSIGNMENT ON ID CARDS</u>

- ✅ **Confirm eligibility** and **PCP assignment** using the **Availity Provider Portal** before scheduling or treating patients.
- 📞 If a member wishes to switch PCPs, they may call (800) 223-7242 before their appointment to request the change.
- 🚫 If there is a discrepancy with the PCP listed on a MMC member's ID card during ongoing care, **do not turn the patient away**.
- ✅ Instead, **call** Molina Healthcare at **(877) 872-4716** to have the **PCP assignment** updated and resolved.

📌 <u>Submit Itemized Bills for Inpatient Claims and Timely Payment</u>

To ensure proper reimbursement and reduce payment delays, providers should:

- Submit itemized bills for all inpatient claims when the date of service exceeds the authorization.
- Itemized billing is essential for:
  - ✅ Validating services rendered
  - ✅ Applying correct payment methodologies
  - ✅ Maintaining compliance with reimbursement policies

💡 Tip: Prompt submission of itemized bills helps ensure timely and accurate reimbursement.

📌 Simplify Your Administrative Tasks with: Availity Essentials™

At Molina Healthcare, we are dedicated to making it easier for you to care for your patients. **Availity Essentials™** serves as Molina's exclusive provider portal, delivering a secure, reliable platform that has been trusted by payers nationwide for more than 20 years. Availity Essentials is designed to help streamline your administrative processes so you can focus on what matters most—your patients.

🛠️ Key Capabilities at Your Fingertips

With Availity Essentials, you can easily:

✅ **Manage Staff Access**
- Register staff and assign roles tailored to their responsibilities.

✅ **Check Claim Status**
- Track claims, upload documentation, and resolve disputes in the Claims & Payments tab.

✅ **Verify Eligibility & Benefits**
- Confirm patient coverage and access member ID cards through the Patient Registration tab.

✅ **Submit Authorizations**
- Request and monitor medical and behavioral health authorizations.

✅ **Submit Claims**
- Quickly submit single or corrected claims securely online.

✅ **View Remittance Advice**
- Print or download remittance details to reconcile payments.

📘 Need Help Getting Started?

We've got you covered with these helpful resources:

- Availity Essentials Registration for Health Care Providers
- New User Registration with Availity
- Login Process and Data Privacy
- Login Process for Primary Administrators

We're Here for You

If you have questions or need support, reach out to your **Molina Provider Services Representative** anytime.

Thank you for your partnership and for the compassionate care you provide to Molina members every day.

🗓️ Reminders

💡 Behavioral Health Billing Reminders

Molina Healthcare would like to remind our Behavioral Health provider partners that we follow all New York State Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) billing guidelines.

To ensure accurate claims processing and avoid disruption in services, it is essential that any changes or updates to your designation, services, or site information are reported as soon as possible.

This helps us maintain current provider data and supports timely, accurate reimbursement.

To report changes, please contact our Contracting team at: **MHNYProviderContracting@MolinaHealthcare.com**

📅 2025 Quarterly Provider Town Hall Webinars

Stay connected with Molina Healthcare of New York through our upcoming provider webinars. Each session covers key updates and offers time for Q&A.

Upcoming Sessions –

- November 5 – **Cost Recovery**
  - **9 a.m. to 10 a.m. ET**

Invites and reminders will be sent before each session. We hope to see you there!

Frequently Used Links

- **Molina Provider Website:**
  - Molina Healthcare.com
  - Molina Provider Communications - Updates and Bulletins
  - Molina Healthcare Provider Manual
  - 2025 Provider Quick Reference Guide
- **Forms:**
  - New York Providers Home (MolinaHealthcare.com) under the **Forms** tab.
- **Prior Authorization Lookup Tool**
  - PA Lookup Tool
- **Provider Roster / Demographic Updates:**
  - MHNYNetworkOperations@MolinaHealthcare.com
- **MHNY Provider Services:**
  - MHNYProviderServices@MolinaHealthCare.com