



Benefit Changes – Effective 1/1/23

Medicaid Managed Care (MMC) | Molina PLUS (HARP)| Essential Plan (EP) | Child Health Plus (CHP)

MMC (HIV SNP) Only

Benefit	Summary	Additional Guidance
Applied Behavioral Analysis	Applied Behavior Analysis (ABA) services provided by Licensed Behavior Analyst (LBA), Certified Behavior Analyst Assistant (CBAA) working under the supervision of LBAs, or other individuals specified under Article 167 of NYS education law, will be included in the Medicaid managed care (MMC) benefit package. This expansion allows the providers to bill for ABA services.	New York State Medicaid Update - September 2022 Volume 38 - Number 10 (ny.gov)

MMC/HARP

Gambling Disorder	<p>Gambling Disorder Treatment will be added to the MMC benefit package when provided through Office of Addiction Services and Supports (OASAS) certified programs. MMC Plans will begin covering Gambling Disorder Treatment provided to individuals receiving services from the following OASAS certified programs.</p> <ul style="list-style-type: none"> • Outpatient: <ul style="list-style-type: none"> ○ OASAS Certified Title 14 NYCRR Part 822 Outpatient Clinic with a Problem Gambling designation. ○ OASAS Certified title 14 NYCRR Part 825 integrated outpatient services with the OASAS gambling designation. • Inpatient: <ul style="list-style-type: none"> ○ OASAS Certified Title 14 NYCRR Part 818 Inpatient Rehabilitation Programs • Residential <ul style="list-style-type: none"> ○ OASAS Certified Title 14 NYCRR Part 820 Residential Treatment Programs 	https://www.health.ny.gov/health_care/medicaid/program/update/2022/no10_2022-09.htm#gamblingdisorder
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EP

Benefit	Summary	Additional Guidance
Emergency Ambulance Transportation	<p>In addition to Pre-Hospital Emergency Services, emergency ambulance transportation is now covered worldwide by a licensed ambulance service (either ground, water, or air ambulance) to the nearest Hospital where Emergency Services can be performed. This coverage includes emergency ambulance transportation to a Hospital when originating Facility does not have the ability to treat the Emergency Condition.</p> <p>Payments for Air Ambulance Services. We will pay a Participating Provider the amount We have negotiated with the Participating Provider for the air ambulance service.</p>	<p>New York State of Health Health Plan Marketplace for Individual and Small Business Health Insurance (ny.gov)</p>
National Cancer Institute (“NCI”) Designated Cancer Centers	<p>Coverage for cancer-related inpatient, outpatient and medical services provided by NCI Designated Cancer Centers licensed by the NYS Department of Health.</p>	<p>New York State of Health Health Plan Marketplace for Individual and Small Business Health Insurance (ny.gov)</p>

CHP

Assertive Community Treatment Services (ACT), Young Adult ACT and Youth ACT	<p>Coverage includes comprehensive and integrated combination of treatment, rehabilitation, case management, and support services primarily provided in the client's residence or other community locations by a mobile, multi-disciplinary mental health treatment team.</p>	<p>https://omh.ny.gov/omhweb/act/act_program_guidelines_2007_collateral.pdf</p> <p>SPA 21-15 (ny.gov)</p>
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Benefit	Summary	Additional Guidance
Medical Supplies	Medical Supplies means items for medical use other than drugs, prosthetic or orthotic appliances, durable medical equipment or orthopedic footwear which have been ordered by a practitioner in the treatment of a specific medical condition and which are usually consumable, nonreusable, disposable, for a specific purpose and generally have no salvageable value.	https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Procedure_Codes.pdf
Prescription/Non-Prescription Drugs	Removal of \$2,500 cap per calendar year for coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein, or which contain modified protein.	
Ambulance Services	<p>Transportation Between Hospitals:</p> <p>When a Child Health Plus enrollee is admitted to a hospital licensed under Article 28 of the Public Health Law, the reimbursement paid to the hospital includes all necessary transportation services for the inpatient. If the admitting hospital sends an inpatient round trip to another hospital for the purposes of obtaining a diagnostic test or therapeutic service, the original admitting hospital is responsible for the provision of the transportation services.</p> <p>The following ambulance transports are considered emergency transports; therefore, prior authorization is not required:</p> <ul style="list-style-type: none"> • Transport from an Emergency Room to a Psychiatric Center • Transport from an Emergency Room to a Trauma/Cardiac Care/Burn Center. • Transportation from an Emergency Room to an Emergency Room. • Transportation from an Emergency Room to Another Facility. 	

Benefit	Summary	Additional Guidance
<p>Air Ambulance Services</p>	<ul style="list-style-type: none"> • Fixed wing air ambulance services and rotary wing air ambulance services <p>Air ambulance transportation must meet the following criteria:</p> <ul style="list-style-type: none"> • The patient has a catastrophic, life-threatening illness or condition; • The patient is at a hospital that is unable to properly manage the medical condition; • The patient needs to be transported to a uniquely qualified hospital facility and ground transport is not appropriate for the patient; • Rapid transport is necessary to minimize risk of death or deterioration of the patient’s condition; or Life-support equipment and advanced medical care is necessary during transport. <p>The following fixed wing air ambulance services are reimbursable when the transport physically occurs:</p> <ul style="list-style-type: none"> • Base Fee (lift-off/call-out); • Patient loaded mileage; • Physician (when ordered by hospital); • Respiratory therapist (when ordered by the hospital, and only when the hospital is unable to supply); or Destination ground ambulance charge (only when the destination is out of state). <p>The following helicopter (rotary wing) air ambulance services are reimbursable:</p> <ul style="list-style-type: none"> • Lift off from base; or • Patient occupied flight mileage. 	<p>https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_Manual_Policy_Section.pdf</p>



Benefit	Summary	Additional Guidance
Emergency, Preventative and Routine Dental Care	<p>Preventative:</p> <ul style="list-style-type: none"> • Topical fluoride treatment: when professionally administered in accordance with appropriate standards. Services must be provided by: <ul style="list-style-type: none"> ○ Physicians and nurse practitioners for members 0 through 6 years of age. • Dentists and dental hygienists (under general supervision of the dentist) in the dental office through age 19. • Fluoride varnish is reimbursable to physicians and nurse practitioners once per three (3) month intervals under CPT code 99188 (application of topical fluoride varnish by a physician or other qualified health care professional). • For dentists and dental hygienists, benefit is limited to gel, foam, and varnish and must be a minimum interval of three (3) months between all fluoride treatments under CDT codes D1206 (Professionally applied fluoride varnish) and/or D1208 (Topical application of fluoride excluding varnish). • Fluoride treatments that are not reimbursable under the program include: • Treatment that incorporates fluoride with prophylaxis paste. • Topical application of fluoride to the prepared portion of a tooth prior to restoration. • Fluoride rinse or “swish”; and, • Treatment for desensitization 	<p>New York State Medicaid Dental Policy and Procedure Code manual</p>



	<p>Prosthodontics</p> <p>Removable: Complete or partial dentures including six months follow-up care. Additional services include insertion of identification slips, repairs, relines and rebases and treatment of cleft palate.</p> <p>Fixed: Fixed bridges are not covered unless</p> <ol style="list-style-type: none"> 1. Required for replacement of a single upper anterior (central/lateral incisor or cuspid) in a patient with an otherwise full complement of natural, functional and/or restored teeth; 2. Required for cleft-palate treatment or stabilization; 3. Required, as demonstrated by medical documentation, due to the presence of any neurologic or physiologic condition that would preclude the placement of a removable prosthesis. 	
<p>Children and Family Treatment and Support Services (CFTSS): Other Licensed Practitioner (OLP)</p>	<p>Services performed by a non-physician behavioral health practitioner for treatment necessary to address the prevention (to encourage and increase protective factors and healthy behaviors that can help prevent the onset of a diagnosable behavioral health disorder and reduce risk factors that can lead to the development of a behavioral health disorder), diagnosis, and/or treatment of health impairments; the ability to achieve age-appropriate growth and development; and the ability to attain, maintain, or regain functional capacity.</p>	<p>https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm</p>
<p>Children and Family Treatment and Support Services (CFTSS): Outpatient and Residential Crisis Intervention (CI)rt Services</p>	<p>Services for children/youth who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress, and which exceeds the abilities and the resources of those involved (e.g., collateral, provider, community member) to effectively resolve it. A child/youth in crisis may be referred by a family member or other collateral contact who has knowledge of the child/youth’s capabilities and functioning</p>	<p>https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm</p>



Benefit	Summary	Additional Guidance
Children and Family Treatment and Support Services (CFTSS): Community Psychiatric Supports and Treatment (CPST)	Services that are goal-directed supports and solution- focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child/youth’s treatment plan. This includes the implementation of interventions using evidenced-based techniques, drawn from cognitive-behavioral therapy and/or other evidenced-based psychotherapeutic interventions approved by New York State.	https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm
Children and Family Treatment and Support Services (CFTSS): Psychosocial Rehabilitation (PSR)	Services are designed for children/youth and their families/caregivers to assist with implementing interventions outlined in the treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth’s behavioral health needs.	https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm
Children and Family Treatment and Support Services (CFTSS): Family Peer Support Services (FPSS)	Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community	https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm
Children and Family Treatment and Support Services (CFTSS): Youth Peer Support (YPS)	Youth Peer Support (YPS) services are formal and informal services and supports provided to youth, who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills.	https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm



Benefit	Summary	Additional Guidance
29-I Health Facility Core Limited Health- Related Services	Services include the five Core Limited Health-Related Services listed below: 1. Skill Building (provided by Licensed Behavioral Health Practitioners (LBHPs) as described in Article 29-I VFCA Health Facilities License Guidelines and any subsequent updates) 2. Nursing Services 3. Treatment Planning and Discharge Planning 4. Clinical Consultation/Supervision Services 5. VFCA Child Health Plus Liaison/Administrator	https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm
CHP Benefit Exclusions	<ul style="list-style-type: none"> • Durable Medical Equipment and Medical Supplies, except as defined. • Transportation, except as defined 	

Any questions or concerns can be directed to our Providers Relations’ Team at MHNYProviderServices@MolinaHealthcare.com or (877) 872-4716.