



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> <p>Outpatient:</p> <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. <p>Inpatient:</p> <ul style="list-style-type: none"> • OASAS Certified Title 14 NYCRR Part 818 Inpatient Rehabilitation Programs <p>Residential</p> <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>	New York State of Health Health Plan Marketplace for Individual and Small Business Health Insurance (ny.gov)
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>	New York State of Health Health Plan Marketplace for Individual and Small Business Health Insurance (ny.gov)

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>	https://omh.ny.gov/omhweb/act/act_program_guidelines_2007_collateral.pdf
Medical Supplies	<p>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.</p>	https://omh.ny.gov/omhweb/act/act_program_guidelines_2007_collateral.pdf



Benefit	Summary	Additional Guidance
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.	New York State Medicaid Dental Policy and Procedure Code manual
Preventative Dental Care	<p>Now includes:</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. <ul style="list-style-type: none"> ▪ 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). <p>Fluoride treatments that are not reimbursable under the program include:</p> <ul style="list-style-type: none"> ○ 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 	New York State Medicaid Dental Policy and Procedure Code manual



Benefit	Summary	Additional Guidance
Orthodontics for severe physically handicapping malocclusions	Services include orthodontic care for severe physically handicapping malocclusions as a once in a lifetime benefit that will be reimbursed for an eligible member for a maximum of three years of active orthodontic care, plus one year of retention care. Retreatment for relapsed cases is not a covered service. Treatment must be approved, and active therapy begun (appliances placed and activated) prior to the member's 19th birthday	

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