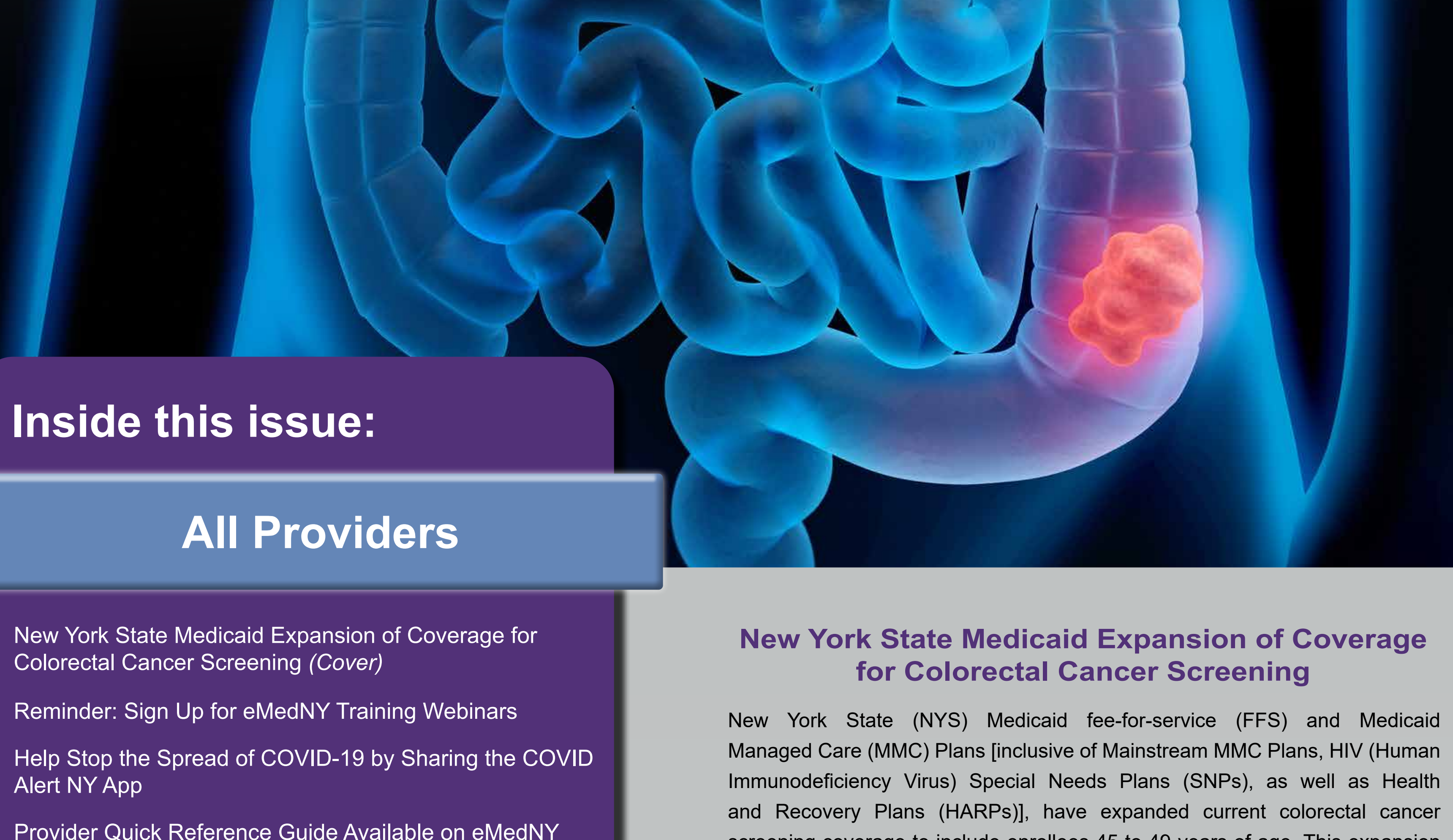


Medicaid Update



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NYS Medicaid providers should notify all their adult patients about their risk for colorectal cancer and discuss screening test options with them. Studies show that patients are more likely to be screened for colorectal cancer if they are offered test options. Providers, taking patient preferences into consideration, may order the most appropriate colorectal cancer screening methods from Table 1. The recommended frequencies listed in Table 1 are for patients considered to be of average risk of developing colorectal cancer.

Method	Recommended Frequency
Fecal Immunochemical Test (FIT) or High Sensitivity Fecal Occult Blood Testing (FOBT)	once annually
FIT-DNA* (e.g., Cologuard)	once every three years
Computed Tomography Colonography (CTC)	once every five years
Flexible Sigmoidoscopy (SIG)	once every five years
Colonoscopy	once every ten years
SIG with FIT	once every ten years (SIG), plus once every year (FIT)

*DNA = deoxyribonucleic acid, in this case based from stool and any blood shed therein.

To view all reminders regarding colorectal cancer screening methods, providers can refer to the [New York State Medicaid Expansion of Coverage for Colorectal Cancer Screening](#) article in this month's issue.

Questions and Additional Information:

- For more information and resources related to colorectal cancer screening, visit the [NYS Department of Health \(DOH\) Colorectal Cancer web page](#).
- Questions regarding Medicaid FFS policy should be directed to the Division of Program Development and Management (DPDM) by phone at (518) 473-2160 or by email at [EFSMedicaidPolicy@health.ny.gov](#).
- Questions regarding MMC reimbursement and/or documentation requirements should be directed to the enrollee's MMC Plan. For MMC Plan information, providers can visit the [NYS Medicaid Program Information for All Providers – Managed Care Information document](#), hosted on the eMedNY website.

All Providers

Reminder: Sign Up for eMedNY Training Webinars

eMedNY offers several online training webinars to providers and their billing staff, which can be accessed via computer and telephone. Valuable provider webinars offered include:

- ePACES for: *Dental, Durable Medical Equipment (DME), Free-Standing and Hospital-Based Clinics, Institutional, Physician, Private Duty Nursing, Professional (Real-Time), Health Homes, Nursing Homes, and Transportation*
- ePACES Dispensing Validation System (DVS) for DME
- ePACES Dispensing Validation System (DVS) for Rehabilitation Services
- eMedNY Website Review
- Medicaid Eligibility Verification System (MEVS)
- New Provider / New Biller

Webinar training is fast and easy. To register and view the list of topics, descriptions and available session dates, providers should visit the [eMedNY Provider Registration web page](#). Providers are reminded to review the webinar descriptions carefully to identify the webinar(s) appropriate for their specific training needs.

Questions
All questions regarding training webinars should be directed to the [eMedNY Call Center](#) at (800) 343 9000.

Help Stop the Spread of COVID-19 by Sharing the COVID Alert NY App

As more New Yorkers download the New York State Department of Health's COVID Alert NY app everyday, providers are encouraged to continue sharing the [COVID Alert NY app information](#) with partners and consumers. Together everyone can help stop the spread of this virus.

Additional Information
To read more about how NY State of Health enrollees benefit from the ARPA, providers can visit the [How NY State of Health Enrollees Benefit from the American Rescue Plan web page](#).

Provider Quick Reference Guide Available on eMedNY

Providers in need of contact information related to eMedNY and the NYS Medicaid Program can find the pertinent phone number, web site or email address in the [Provider Quick Reference Guide](#), arranged by the following (and additional) topics:

- Billing Questions
- Provider Enrollment
- Member Eligibility
- Utilization Threshold Override Applications
- Check Amount Inquiry
- Prior Approval (PA)
- Fraud and Abuse
- Medicaid Managed Care (MMC)
- NYS Department of Health (DOH) Medicaid Update Newsletter
- eMedNY LISTSERV®

The *Provider Quick Reference Guide* also contains a link to a comprehensive list of frequently used eMedNY mailing addresses and information on Expedited/Priority mailing.

Questions
All questions regarding the Provider Quick Reference Guide should be directed to the [eMedNY Call Center](#) at (800) 343 9000.

Medicaid Consumer Fact Sheets Now Available

Following a recommendation from the Medicaid Redesign Team (MRT) II, the New York State (NYS) Department of Health (DOH) Office of Health Insurance Programs (OHIP) created Medicaid consumer fact sheets focused on chronic health conditions. Each fact sheet provides information regarding how a condition can help be prevented or managed, as well as relevant Medicaid benefits that can be used to help members stay healthy. Topics include sickle cell disease, diabetes, high blood pressure, asthma control, HIV-PrEP (Human Immunodeficiency Virus - Pre-Exposure Prophylaxis), and smoking cessation. Fact sheets can be found on the [MRT II Policies and Guidance web page](#) and are available in English, Spanish, Traditional Chinese, Russian, Haitian Creole, Bengali, and Korean. The most recently added Sickle Cell Disease fact sheet is also available in Simplified Chinese, Polish, Yiddish, Arabic, and Italian.

Additional Information
To read more about how NY State of Health enrollees benefit from the ARPA, providers can visit the [How NY State of Health Enrollees Benefit from the American Rescue Plan web page](#).

The eMedNY Provider Outreach and Training Tab

eMedNY encourages all providers to reference to the ["Provider Outreach and Training" web page](#) for useful billing resources, training information, contacts and additional reference documents for provider billing needs. The page may be found from the [eMedNY home page](#), then select the "Provider Outreach Training" tab.

"Provider Outreach and Training" Tab Options:

- Training Calendar and Registration** – Providers can view the schedule of upcoming webinars, all covering a variety of topics, such as *New Provider/New Biller, ePACES, Eligibility*, and more provider specific topics.
- Training Videos** – Providers that are unable to attend training sessions can conveniently access training videos to fit training into their schedule.
- Contact Provider Outreach** – Providers in need of further training can connect with an eMedNY Regional Representative for a more personalized training experience. Interested providers must complete a *Contact Provider Outreach Form* and Outreach Representatives will respond to their requests.
- Additional Resources** – Providers can access links to ePACES Claim Quick Reference Guides (*Professional Real Time, Professional, Dental and Institutional*); ePACES Reference Sheets; Useful Tools, which include the *Edit/Error Knowledge Base (EEKB) Search Tool*, *NYS Medicaid Pre-Adjudication Crosswalk for Health Care Claims* document as well as eMedNY LISTSERV® sign-up information.
- About Provider Outreach** – Providers can learn more about the Provider Outreach team and how they can assist providers.

Questions and Additional Information
Providers with additional training needs should contact the [eMedNY Call Center](#) at (800) 343 9000.

Policy and Billing

New York State (NYS) Medicaid Reimburses for Fluoride Application Expansion for Dental Providers

less than three months between any type of fluoride treatment to qualify for reimbursement. For members-enrollees 21 years of age and older, both **"D1208"** and **"D2106"** are only approvable for those members/enrollees identified with a Recipient Exception code of RE **"81"** (Traumatic Brain Injury Eligible) or RE **"95"** [Office of Persons With Developmental Disabilities (OPWDD)/Managed Care Exemption], or in cases where salivary gland function has been compromised as a result of surgery, radiation, or disease. Fluoride treatments that are not reimbursable 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.

Note: **"D1208"** Topical application of fluoride excluding varnish is reimbursable once per six-month period for members/enrollees between one and 20 years of age (inclusive). This expansion does not apply to non-dental practitioner application of fluoride varnish in a primary care setting using CPT code **"99188"**.

Questions and Additional Information:

- All Medicaid FFS questions regarding this policy should be directed to [dentalpolicy@health.ny.gov](#).
- Questions regarding MMC reimbursement and/or documentation requirements should be directed to the enrollee's MMC Plan information, providers can visit the [NYS Medicaid Program Information for All Providers – Managed Care Information document](#), hosted on the eMedNY website.

NYS Medicaid Fee-for-Service Preferred Diabetic Supply Program, Revised

Effective July 22, 2021, the New York State (NYS) Medicaid Fee-for-Service (FFS) Preferred Diabetic Supply Program (PDSP) will follow updated criteria for the coverage of Continuous Glucose Monitors (CGM) and disposable insulin pumps to align with the policy update found in the article titled *NYS Medicaid Coverage of Real-Time Continuous Glucose Monitors* found in the *April 2021* issue of the *Medicaid Update*. For a list of products available on the NYS Medicaid FFS PDSP providers can visit the [PDSP list](#).

Coverage of CGM may be available for members who are diagnosed with type 1 diabetes and **meet all of the following criteria**:

- the member is under the care of an endocrinologist, or an enrolled Medicaid provider with experience in diabetes treatment, who orders the device;
- the member is currently performing multiple finger-stick glucose tests daily;
- the member is on an insulin treatment plan that requires frequent adjustment of insulin dosing; and
- (**for real-time (RT) CGM only**) the member is able or has a caregiver who is able to hear and view RT-CGM alerts and respond appropriately.

Coverage of disposable insulin pumps (i.e. Omnipod®) may be available for members who are diagnosed with diabetes mellitus when ordered by an endocrinologist or a medical practitioner, who has experience managing patients on continuous subcutaneous insulin infusion therapy, if the following criteria are demonstrated, and documented in the clinical record:

- the member has a diagnosis of gestational diabetes; **or**
- the member has been on a program of multiple daily injections of insulin (i.e., at least three injections per day) with frequent self-adjustments of their insulin dose for at least six months prior to initiation of the insulin pump and has

failed to achieve acceptable control of blood sugars that are not explained by poor motivation or compliance; **and**

- the member completed a comprehensive diabetes education program and meets one or more of the following criteria while receiving multiple daily injections:
 - HbA1c >seven percent
 - History of recurring hypoglycemia
 - Wide fluctuations in blood glucose before mealtime (>140mg/dl)
 - Dawn phenomenon in a fasting state (>200mg/dl)
 - History of severe glycoemias

If the member does not meet all criteria listed for the requested product, the provider must submit a prior authorization (PA) request to the Magellan Clinical Call Center by phone at (877) 309-9493. Members currently using CGM or a disposable insulin pump covered under the PDSP will be allowed to continue use.

Additional Information and Questions:

- For coverage of devices not on the PDSP list, providers can refer to the [eMedNY Durable Medical Equipment \(DME\) Manual web page](#).
- For questions regarding Medicaid Pharmacy Policy, providers can email [ppno@health.ny.gov](#).

Provider Directory

- Office of the Medicaid Inspector General:** For suspected fraud, waste or abuse complaints/allegations, call 1-877-87FRAUD, (877) 873-7283, or visit [Office of Medicaid Inspector General \(OMIG\) web site](#).
- Provider Manuals/Companion Guides, Enrollment Information/Forms/Training Schedules:** Please visit the [eMedNY website](#).
- Providers wishing to listen to the current week's check/EFT amounts:** Please call (866) 307-5549 (available Thursday PM for one week for the current week's amount).
- For questions about billing and performing MEVS transactions:** Please call the eMedNY Call Center at (800) 343-9000.
- Provider Training:** Please enroll online for a [provider seminar](#). For individual training requests, call (800) 343-9000.
- Beneficiary Eligibility:** Call the TouchTone Telephone Verification System at (800) 997-1111.
- Medicaid Prescriber Education Program:** For current information on best practices in pharmacotherapy, please visit the following websites:
 - [DOH Prescriber Education Program page](#)
 - [Prescriber Education Program in partnership with SUNY](#)
- eMedNY**
For a number of services, including: change of address, updating an enrollment file due to an experience change, enrolling another NPI, or revalidating an existing enrollment, please visit [eMedNY's Provider Enrollment page](#) and choose the appropriate link based on provider type.
- NY Medicaid Electronic Health Record (EHR) Incentive Program**
Contact the New York Medicaid EHR Call Center at (877) 648-5410 for assistance.
- Comments and Suggestions Regarding This Publication**
Please contact the editor, Angela Lince, at [medicaidupdate@health.ny.gov](#).

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