PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Providers

Second Quarter 2023

In this Issue

Help Medicaid Recipients Keep Their Benefits

Molina Healthcare of Wisconsin has developed several patient information resources designed with universal language about Medicaid renewal. The redetermination Molina pieces are approved for use by the Wisconsin Department of Health Services and do not reflect HMO-specific references or language.

Add your logo to the Molina materials and Molina will cover printing costs for use in your facilities. Molina can also cover translation costs to help your patient base get Molina-offered materials in languages that reflect your patients' needs.

View the available Molina redetermination resources at MolinaHealthcare.com. Check out the folded business-sized card—a perfect piece to attach to Medicaid patients' exit paperwork.

For more information or to customize materials and make a print or translation order, email MHWIProviderNetworkManagement@MolinaHealthcare.com.

Remember: Ensuring a current mailing address is on record with the State is crucial for patients to stay informed of upcoming renewal requirements.

Access to Interpreter Services

All Providers, regardless of specialty, may request interpreters for Members whose primary language is other than English by calling Molina Member Services at (888) 999-2404. If Molina representatives are unable to interpret in the requested language, the representative will immediately connect you and the Member to a qualified language service Provider.

Molina Providers must support Member access to telephonic interpreter services by offering a telephone with speaker capability or a telephone with a dual headset. Providers may offer Molina Members interpreter services if the Members do not request them on their own. Please remember it is never permissible to ask a family member, friend or minor to interpret.

Payment Solutions

Molina Healthcare has partnered with our payment vendor, Change Healthcare, to disburse all payments and payment support via the ECHO Health (ECHO) platform. Access to the ECHO portal is *free* to Providers and we encourage you to register after receiving your first payment from Molina.

The ECHO payment platform offers enhanced functionality to serve Molina Providers such as e-check and virtual credit card (where available). Additionally, 835s will be generated and available to you for every transaction. You will also have direct access to yearly 1099s through your account.

ECHO support is available to answer questions regarding registration and 835s. Call ECHO support at (888) 834-3511.

Login or register for the ECHO payment platform today: providerpayments.com/Login.aspx.

NPPES Review for Data Accuracy

Please review your National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES) to ensure accurate provider data is displayed. Providers are legally required to keep their NPPES data current.

When reviewing your provider data in NPPES, update any inaccurate information in modifiable fields, including Provider name, mailing address, telephone and fax numbers and specialty. Be sure to include all addresses where you practice and *actively* see patients and where a patient can call and make an appointment. Do ***not*** include addresses where you *could* see a patient, but do not actively practice. Please remove any practice locations no longer in use. Once you update your information, you need to confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare Fee-For-Service.

If you have questions pertaining to NPPES, you may reference NPPES help at NPPES.cms.hhs.gov.

Patient Access to Care

Molina maintains access to care standards and processes for ongoing monitoring of access to health care provided by contracted PCPs and participating specialists. Providers surveyed include OB/GYN (high-volume specialists), Oncologists (high-impact specialists), and behavioral health Providers. Providers are required to conform to the Access to Care appointment standards listed below to ensure

that health care services are provided in a timely manner. The standards are based on 80 percent availability for Emergency Services and 80 percent or greater for all other services. The PCP or their designee must be available 24 hours a day, seven days a week to Members.

Appointment Access

All Providers who oversee the Member's health care are responsible for providing the following appointments to Molina Members in the timeframes noted.

Medical Appointment

Appointment Types	Standard
Routine, asymptomatic	Within 30 calendar days
Routine, symptomatic	Within 14 calendar days
Urgent Care	Within 24 hours
After-Hours Care	24 hours/day; 7 day/week availability
Specialty Care (High Volume)	Within 21 calendar days
Specialty Care (High Impact)	Within 21 calendar days
Urgent Specialty Care	Within 24 hours

Behavioral Health Appointment

Appointment Types	Standard
Life-Threatening Emergency	Immediately
Non-life-Threatening Emergency	Within 6 hours
Urgent Care	Within 48 hours
Initial Routine Care Visit	Within 10 business days
Follow-up Routine Care Visit	Within 30 calendar days

Additional information on appointment access standards is available from your local Molina Quality Department.

Cultural Competency Resources for Providers and Office Staff

Let's partner to achieve health equity! Complete refresher trainings on cultural competency to review topics related to communicating with diverse patient populations available on MolinaHealthcare.com. These trainings offer the opportunity for you and your staff to better understand and address disparities to improve health care. As our partner, assisting you is one of our highest priorities. We look forward to supporting your efforts, so all patients have the equal opportunity to attain their highest level of health.

We are committed to improving health equity as a culturally competent organization. We support and adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care as established by the Office of Minority Health. We also maintain compliance with accreditation standards focused on multicultural health care. Cultural and linguistic competency is the ability to provide respectful and responsive care to patients with diverse values, beliefs and behaviors, including tailoring health care delivery to meet patients' social, cultural and linguistic needs.

Molina's Building Culturally Competent Health Care: Training for Providers and Staff

Cultural competency can positively impact a patient's health care experience and outcomes. Five short cultural competency training videos are available to Providers and office staff on the *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* tab at https://www.molinahealthcare.com.

Training topics:

- Video 1: Introduction to Cultural Competency
  - The Need for Cultural Competency
  - How Culture Impacts Health Care
  - Implicit Bias
  - Federal Requirements Related to Cultural Competency (Affordable Care Act, Americans with Disabilities Act)
- Video 2: Health Disparities
  - Examples of Racial Health Disparities and Health Disparities Among Persons with Disabilities
  - Health Equity
  - Social Determinants of Health
- Video 3: Specific Population Focus – Seniors and Persons with Disabilities
  - Social Model of Disability and Accepted Protocol and Language of the Independent Living/Disability Rights Movement
- Video 4: Specific Population Focus – LGBTQ and Immigrants /Refugees
  - Health Disparities Among the LGBTQ Population
  - Clear Communication Guidelines for Health Care Providers Interacting with LGBTQ Patients
  - Disparities Among Immigrant and Refugee Communities
  - Clear Communication Guidelines for Health Care Providers Interacting with Immigrant and Refugee Patients
- Video 5: Becoming Culturally Competent
  - Perspective Taking
  - Clear Communication Guidelines
  - Tips for Effective Listening
  - Assisting Patients whose Preferred Language is Not English
  - Tips for Working with an Interpreter
  - Teach Back Method
  - Molina's Language Access Services

Each training video ranges in length from five to 10 minutes. Viewers may participate in all five training modules, or just one, depending on topics of interest. Upon completion of the trainings, please complete the Provider attestation form, available on the Culturally and Linguistically Appropriate Resources/Disability Resources page under Health Resources at www.MolinaHealthcare.com. Contact your Provider Services Representative with any questions.

Americans with Disabilities Act (ADA) Resources: Provider Education Series

A series of Provider education materials related to disabilities is now available to Providers and office staff on Molina's website. Visit Molina's *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* tab at MolinaHealthcare.com to view the materials.

Resources consist of the following educational materials:

- Americans with Disabilities Act (ADA)
  - Introduction to the ADA and questions and answers for health care Providers (i.e., which health care Providers are covered under the ADA; how does one remove communication barriers that are structural in nature; is there any money available to assist with ADA compliance costs?).
- Members who are Blind or have Low Vision
  - How to get information in alternate formats such as Braille, large font, audio, or other formats that Members can use.
- Service Animals
  - Examples of tasks performed by a service animal; tasks that do not meet the definition of service animal; inquiries you can make regarding service animals; and exclusions, charges, or other specific rules.
- Tips for Communicating with People with Disabilities & Seniors
  - Communicating with individuals who are blind or visually impaired; deaf or hard of hearing; communicating with individuals with mobility impairments; speech impairments; and communicating with seniors.

Contact your Provider Services Representative with any questions.

Molina's Language Access Services

Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction, and improve the quality of health care for Limited English proficiency patients. Molina Healthcare strives to ensure good communication with Members by providing language access services. Providing language access services is a legal requirement for health care systems that receive federal funds; a Member cannot be refused services due to language barriers. Molina Healthcare provides the following services directly to Members at no cost, when needed:

- Written material in other formats (i.e., large print, audio, accessible electronic formats, Braille)
- Written material translated into languages other than English
- Oral and sign language interpreter services
- Relay Service (711)
- 24-hour Nurse Advice Line
- Bilingual/Bicultural Staff

In many cases, Molina Healthcare will also cover the cost for a language or sign language interpreter for our Members' medical appointments. Molina Members and Providers are instructed to call Molina Member Services at (888) 999-2404, or the Provider Contact Center at (855) 326-5059, to schedule interpreter services or to connect to a telephonic interpreter.

Also, Molina's materials are always written in plain language and at the sixth-grade reading level or lower. For additional information on Molina's language access services or cultural competency resources, contact Provider Services or visit MolinaHealthcare.com.

Is Your Authorization Request Urgent?

Molina Healthcare renders decisions on prior authorization requests as quickly as a Member's health requires. In accordance with CMS and state guidelines, Providers may submit expedited or urgent requests when standard timelines could seriously jeopardize a Member's life or health.

When submitting prior authorization requests, keep the following in mind:

- The recommended route for prior authorization submission is through the Availity Essentials portal. Supporting documentation can be submitted though the portal. Additionally, Providers may be able to receive immediate authorization approval for advanced imaging requests by utilizing the MCG Cite AutoAuth tool, available through portal submissions.
- An urgent/expedited service request designation should be used only when "applying the standard time for making a determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function." When submitting requests that don't fulfill this definition, mark them elective/routine in the portal submission process or on the Molina Healthcare Prior Authorization Request Form, if requesting via fax.
- By requesting an expedited/urgent authorization, Providers are asking Molina to decide within mandated timeframes. Because these timeframes are measured in hours rather than days, the Provider or Provider's office staff must be available to answer any potential questions about the request in a timely manner.
- Submit all necessary information with the request. Failure to do so will require Molina to ask for additional information, which could delay the decision. If Molina requests more information, we urge Providers to respond immediately to allow Molina to render a decision within the mandated expedited timeframe.
- Molina will provide Member prior authorization notification and decisions in accordance with CMS and/or any state guidelines which may include verbal and written decisions.

Submitting Electronic Data Interchange (EDI) Claims

Submitting claims electronically through methods like clearinghouses or through the Availity Essentials portal offers many advantages. These include:

- Improved HIPAA compliance
- Reduced operational costs associated with paper claims (printing, postage, etc.)
- Increased accuracy of data and efficient information delivery
- Fewer claim delays, since errors can be corrected and resubmitted electronically
- Claims reach Molina faster than mailed claims.

How to submit EDI claims

A clearinghouse is the easiest way to submit EDI claims to Molina. You may submit EDI transactions through Molina's gateway clearinghouse, Change Healthcare, or use a clearinghouse of your choice. If you do not have a clearinghouse, Molina offers additional options for electronic claims submissions. Log onto the Availity Essentials portal at provider.Molinahealthcare.com for more information.

Frequently Asked Questions

- Can I submit COB claims electronically?
  - Yes, Molina and our connected clearinghouses fully support electronic COB.
- Do I need to submit a certain volume of claims to send EDI?
  - No, any number of claims via EDI saves both time and money.
- Which clearinghouses are currently available to submit EDI claims to Molina?
  - Molina uses Change Healthcare as our channel partner for EDI claims. You may use the clearinghouse of your choice. Change Healthcare partners with hundreds of other clearinghouses.
- Which EDI transactions does Molina utilize?
  - 837P (Professional claims) and 837I (Institutional claims)
  - 270/271 (Health Care Eligibility Benefit Inquiry and Response)
  - 278 (Health Care Services Review - Request for Review and Response)
  - 276/277 (Health Care Claim Status Request and Response)
  - 835 (Health Care Claim Payment/Advice)
- What is Molina's Payer ID?
  - Molina Healthcare of Wisconsin's Payer ID is ABRI1
- What if I still have questions?
  - More information is available at Molinahealthcare.com under the EDI tab.

2023 Molina Healthcare Model of Care Provider Training

In alignment with requirements from the Centers for Medicaid & Medicare Services (CMS), Molina Healthcare requires PCPs and key high-volume specialists including Psychiatry, Hematology & Oncology, and Obstetrics & Gynecology to receive training about Molina Healthcare's Special Needs Plans (SNP) Model of Care (MOC).

The SNP MOC is the plan for delivering coordinated care and care management to special needs Members. Per CMS requirements, Managed Care Organizations (MCOs) are responsible for conducting their own MOC training, which means you may be asked to complete separate trainings by multiple insurers.

MOC training materials and attestation forms are available at Molinahealthcare.com/model-of-care-Provider-Training. The completion date for this year's training is September 1, 2023.

If you have questions, contact your Molina Provider Services Representative at: MHWIProviderNetworkManagement@MolinaHealthcare.com.

Availity Essentials is the Official Portal for Molina Healthcare Providers

Availity Essentials is the secure portal for Provider transactions with Molina Healthcare. It is available to all Molina Providers at no cost. It is designed to reduce administrative burden and make it simple to conduct secure transactions and obtain reports from Molina.

Molina is sunsetting our legacy tool, the Molina Provider Portal. Direct Access to the legacy Molina Provider Portal sunseted on March 28 for the following states: FL, NM, WI, SC and UT. Watch for

further updates on the sunset of the legacy Molina Provider Portal for Providers in CA, ID, IL, MI, MS, NY, OH, WA and TX.

Enhance your workflows on Availity Essentials today and save time using the following:

Within this tool	Check out these timesavers
Claim Status	Expanded search options include Member name, service dates, claim history, and the 276 HIPAA standard.
Smart Claims	A simplified claim submission tool with only the essential fields you need.
Eligibility & Benefits	Use data from prior eligibility & benefit submissions to search for patients and autofill your claim. On the Eligibility & Benefits Results page, you can also review visit limits, deductibles, and out-of-pocket amounts accumulated toward the plan limit for your Molina Marketplace Members and those Medicaid Members in NM, SC and UT.
Attachments	Upload supporting documentation (up to 10 attachments) with your claim using the **Send Attachments** feature.
Payer Space	Access applications, Resources, and News and Announcements specific to Molina Healthcare. Access tools similar to the Molina Legacy Portal from the **Resources** tab in the Payer Space: Prior Authorization, Appeal or Correct Eligible Claims, Referrals, Member Roster, and more.

Your Blueprint for Success

Learning your way around a new neighborhood is easier with a guide. For a list of tools and features available on Availity Essentials, use the **Crosswalk from Molina Healthcare to Availity Essentials Help Topic.** Or check out our microsite **www.availity.com/molinahealthcare**. If you're a registered Availity Essentials user, you can also take advantage of our live webinars, "Availity Essentials Provider Portal Overview for Molina Providers," simply login > go to Help & Training > Get Trained to register for a webinar.

Molina's Featured PsychHub Training

Molina's Featured PsychHub Training of the Quarter: Trauma Informed Care

Molina encourages Providers to adopt trauma-informed practices in all primary and specialty settings. Trauma-informed care is a practice of identifying and acknowledging a patient's life experiences in order to deliver effective care (SAMHSA). Medical practices which implement trauma-informed care have the potential to improve engagement, adherence, and overall health outcomes for their patients.

Through Molina's partnership with PsychHub, Providers and office staff can access this two-part training to become more familiar with trauma-informed care and the benefits of applying it with their populations.

TRAUMA-INFORMED CARE: FOUNDATIONS (PART 1)

This course provides a firm foundation before learning about the principles and practice of trauma-informed care. The intended audience for this course includes the healthcare team and behavioral health providers.

Intermediate | 2.25 Hours | 1.50 - 2.00 CE CREDITS

COURSE DETAILS

TRAUMA-INFORMED CARE: FOUNDATIONS (PART 2)

This course continues the learning of Trauma-Informed Care understanding and application that began in Trauma-Informed Care: Foundations (Part 1).

Intermediate | 2.25 Hours | 1.25 - 2.25 CE CREDITS

COURSE DETAILS

PsychHub is an online platform for digital behavioral health education. Molina Providers are able to access PsychHub's online learning courses through PsychHub's Learning Hub for FREE. Continuing Education opportunities are also available to select Providers through a variety of courses. Contact your Molina Provider Services team to learn more.
Click here to visit PsychHub and create your free account!

Marketplace Benefit Interpretation Policy Guide

Molina Healthcare is committed to bringing transparency to Providers around the benefits available to our Marketplace Members. One way we do this is by making our Marketplace benefit interpretation policies available for reference and review on the MolinaMarketplace.com website. The Marketplace benefit interpretation policies provide:

- Description of the benefit(s) from the Marketplace evidence of coverage (EOC) filed for each state
- Overview of applicable federal and/or state regulations for each Marketplace state
- Enhancements to the Marketplace benefit by state
- Applicable exclusions for each Marketplace state
- Clinical perspective

How to Access:

MolinaMarketplace.com Home Page→ Provider → Policies → Benefit Interpretation Policies

Note: Be sure you select the state you are referencing in the dropdown menu on the Molina Marketplace website.

Site: https://www.molinamarketplace.com/marketplace/wi/en-us/Providers/Policies/benefit-interpretation-policies.

Save Your Humira® Patients Money by Switching to Amjevita®, the First Humira® Biosimilar

In January 2023, Amjevita® (adalimumab-atto) – the first biosimilar for Humira® (adalimumab) – was made available to patients in the United States. Molina Healthcare is dedicated to providing value in the drug coverage our plans offer.

Drug lists for Molina plans offered on the health care exchange (i.e., Marketplace/Commercial) will be updated April 1 to include coverage for Amjevita® with prior authorization. A number of additional biosimilars are anticipated to launch mid-to-late 2023. Molina's Pharmacy & Therapeutics Committee will review each drug, launch-by-launch for formulary consideration. Humira® will continue to be listed on formulary at least through the end of 2023.

For Medicaid, many state's Medicaid agencies design a single state preferred drug list for all managed care organizations to use. Some state Medicaid agencies may be adding one or more Humira® biosimilars to the drug lists they design this year, independent of Molina decisioning for the drug lists we design. Please check your Medicaid patients' drug list regularly for any updates to coverage.

If you are considering prescribing Amjevita® for one of your patients, you may take into consideration when selecting a product, that there are two different price tags on Amjevita®.

Amgen has set two different prices for its biosimilar, one with a lower cost and no rebate offering, and one with a higher cost and rebate offering.

- Packages with the National Drug Codes 72511-04-0001 or 72511-04-0002 have an ingredient cost of about ~$3,200 for one-month (2x 40 mg dose) supply.
- Packages with the National Drug Codes 55513-04-0001 or 55513-04-0002 or 55513-04-1101 or 55513-04-1001 have an ingredient cost of about ~$6,700 for one-month (2x 40 mg dose) supply.
- This is in comparison to the ingredient cost of ~$7,100 for a one-month (2x 40 mg dose) supply of the originator product, Humira®.
- Amgen, the manufacturer of Amjevita®, offers a patient assistance program to help with patient cost-sharing according to need.

You may also consider that Amjevita® (adalimumab-atto) is a low concentration, citrate-free formulation that has labeled indications for the following conditions: Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Crohn's Disease, Ulcerative Colitis, and Plaque Psoriasis. It is available as a single-dose prefilled syringe or SureClick autoinjector.

The key difference between Amjevita® and the Humira® product in current use is product concentration. A few years ago, Humira's manufacturer launched and replaced its low concentration product (40mg/0.8mL) with a high concentration one (40mg/0.4mL). Most of the biosimilars launching this year are in reference to Humira's previous low concentration version of the drug.

Clinical Policy Update Highlights from First Quarter 2023

Molina Clinical Policies (MCPs) are located at www.molinaclinicalpolicy.com. The policies are used by Providers as well as medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC).

The following new policies were approved:

- MCP-429: Hemgenix (etranacogene dezaparvovec-drlb)
- MCP-425: Hydrogel Spacer for Prostate Radiotherapy (SpaceOAR)
- MCP-427: Microwave Tumor Ablation
- MCP-428: Mobile Cardiac Outpatient Telemetry
- MCP-426: Stem Cell Therapy for Orthopedic Applications

The following policies were revised:

- MCP-067: Back Braces
  - Coverage Policy section includes TLSO, CTLSO, LSO and other types of back braces.
- MCP-321: Category III CPT Codes
  - Inserted T-code table with code ranges and descriptions.
- MCP-364a: COVID-19 Co-Pays and Cost Share Marketplace
- MCP-364b: COVID-19 Co-Pays and Cost Share Medicaid
- MCP-364c: COVID-19 Co-Pays and Cost Share Medicare
  - Updated limit for 90-day prescription volumes (from “up to three [3] 30 days” to “up to a 90-day supply”). Included Novavax to Overview section.
- MCP-335: Deep Brain Stimulation for Epilepsy
  - Previously Experimental/Investigational – criteria updated to include coverage.
- MCP-406: Enteral Nutrition
  - Added ‘Related Policies’ section with Relizorb (immobilized lipase cartridge) MNR Policy Number: C17943-A (Medicaid) and Relizorb (immobilized lipase cartridge) NC C12081-A (Marketplace).
  - NOTE: Next review expected in Oct 2023.
- MCP-216a: Gender Affirmation Treatment and Procedures Medicaid
- MCP-216b: Gender Affirmation Treatment and Procedures Medicare
- MCP-216c: Gender Affirmation Treatment and Procedures Marketplace
  - Updated the duration of hormone therapy for adults from 12 months to 6 months per WPATH 8 update; included updates to national and specialty organizations, including WPATH 8.
- MCP-312: Magnetic Resonance Guided Focused Ultrasound MRgFUS for Essential Tremor
  - Updated Coverage Policy section to medically necessary.
- MCP-407: Negative Pressure Wound Therapy (formerly Wound Care)
  - Criteria now addresses NPWT only; extraneous criteria removed.
- MCP-275: Noninvasive Positive Pressure Ventilation
  - Coverage Policy section includes criteria for patients with COPD and those when BPAP/CPAP is not indicated. Added Continuation of Therapy section.
- MCP-412: Prescription Digital Therapeutics
  - Added Luminopia One™ (Luminopia, Inc.) and CureSight (NovaSight, Ltd.) for amblyopia; Mahana™ for IBS (Mahana Therapeutics, Inc.); MindMotion™GO (MindMaze) for stroke telerehabilitation; Tidepool Loop (Tidepool) for T1DM.
- MCP-384: Water Vapor Thermal Therapy for BPH

- Coverage Policy section defines 'symptomatic' moderate to severe LUTS with #a and #b (aligns with CMS LCD L37808).
  - From Diagnosis of moderate to severe LUTS (International Prostate Symptoms Score [IPSS] typically 13 or over)
  - To Diagnosis of symptomatic moderate to severe LUTS including:
    - International Prostate Symptoms Score (IPSS) ≥ 13 or over; AND
    - Maximum urinary flow rate (Qmax) of ≤15 mL/s (voided volume greater than 125 cc).
- Updated Limitations and Exclusions to align with CMS LCD L37808):
  - Known or suspected prostate cancer (based on NCCN Prostate Cancer Early Detection guidelines)
  - Prostate specific antigen (PSA) >10 ng/mL
  - History of bacterial prostatitis in the past three months
  - Prior prostate surgery
  - Neurogenic bladder
  - Active urethral stricture (i.e., the source of the current LUTS)

- MCP-348: Zolgensma (onasemnogene abeparvovec)
  - Updated Overview, Coverage Policy, Summary of Evidence and References sections.
  - IRO Peer Review completed by a Board-certified practicing physician in Neurological Surgery.
  - The following criteria were updated:
    - #3: No change in intent of criteria; clarification by addition of 'Clarified genetic confirmation of SMA with bi-allelic mutations' (as per indication)
    - #4 (copies of SMN2 gene): Revised from 'No more than 2 copies of the SMN2 gene' revised to: No more than 3 copies of the SMN gene
    - #5: Removed criterion: Less than 6 months of age at the onset of symptoms
    - #7 (previous treatments): Revised criteria from 'Confirmation/attestation of Member's current and previous enrollment in clinical trials, history of treatment with gene therapy, prior antisense oligonucleotide treatment, or cell transplantation related to SMA or Zolgensma, including:' Revised to: Confirmation/attestation of Member's current and previous SMA treatments.
  - Criteria updates continued:
    - #7c: Revised criteria to allow for Members who are/have been on Evrysdi or Spinraza to receive Zolgensma. Previous criteria only allowed tx-naïve patients.
      - Revised from: Member is not currently receiving therapy with an investigational or commercial product, including Spinraza (nusinersen) or Evrysdi (risdiplam), for the treatment of SMA.
      - Revised to: Zogensma will not be used in combination with an investigational treatment or alternative SMA therapy [e.g., Spinraza (nusinersen), Evrysdi (risdiplam)]. Treatment must be discontinued prior to infusion of Zolgensma].
  - #7c: Revised Molina Clinical Reviewer note.
    - Revised from: Molina Clinical Reviewer: May also engage with Prescriber/treating physicians to determine whether switching to Zolgensma therapy may offer a superior chance of clinical benefit.
    - Revised to: Molina Clinical Reviewer: Review clinical history and profile; terminate current authorizations for SMN modifying therapy upon approval of Zolgensma.
  - Criteria updates continued:

- #11: Revised criterion. Broaden criteria to ensure that Member does not have advanced SMA (per labeling):
  - Revised from: Member must not currently require permanent ventilation defined by the need for continuous ventilator support (invasive or non-invasive ventilation) for more than 16 hours during a 24-hour period for at least 14 days without an acute, reversible illness: a. Invasive ventilatory support; b. Pulse oximetry < 95% saturation; c. Use of non-invasive ventilation (BiPAP) beyond use for naps and nighttime sleep
  - Revised to: Member does not have advanced SMA, including but not limited to ANY of the following: a. Complete paralysis of limbs; or b. Invasive ventilatory support (tracheostomy); or c. Non-invasive ventilator support (e.g., CPAP, BPAP) for greater than 16 hours/day
- #12: Added criteria. Member will receive systemic corticosteroids (equivalent to oral prednisolone at 1 mg/kg) prior to and following administration of Zolgensma in accordance with the FDA approved Zolgensma labeling.
- Criteria updates continued:
  Limitations and Exclusions criteria:
  - Removed (under exclusions): 'ANY of the following concomitant medical condition(s)' and added respiratory exclusions as per labeling in 'experimental, investigational, and unproven' section.
  - Removed (under exclusions): Member's weight: At screening visit is < 2 kg, OR Weight-for-age is below the third percentile based on World Health Organization (WHO) Child Growth Standards
  - Revised (under 'experimental, investigational, and unproven'): Revised from 'Prior treatment, or being considered for treatment, with other gene therapy, prior antisense oligonucleotide treatment, or cell transplantation for SMA.' Revised to: Prior treatment, or being considered for treatment, with other gene therapy
  - Removed (under 'experimental, investigational, and unproven'): Type 2 and 3. Clinical evidence for Type 2 and 3 SMA are not available at this time. Clinical trials are currently recruiting (SPRINT trial).
  - Added: Complete paralysis of limbs (FDA approved labeling, 2022)
  - Added: Advanced Spinal Muscular Atrophy (FDA approved labeling, 2022)

Radiology

- MCP-124: 3D Interpretation and Reporting of Imaging Studies
  - Included additional indications in the Coverage Policy section – brain tumors, congenital cardiac/cardiovascular anomalies; complex fractures (especially those extending intra-articularly); endovascular intervention for aneurysms; hepatic tumors for targeted radiotherapy or radioembolization; High Intensity Focused Ultrasound ablation of tumors of prostate, liver, pancreas and uterine fibroids; maxillofacial tumors or congenital anomalies; spinal canal or osseous spinal tumor radiotherapy planning; temporal bone procedures involving semicircular canals or cochlear; tumors for planned radiofrequency, microwave, or other thermal ablation; and vascular stents and grafts. IRO review available.
- MCP-614: Chest MRI (reinstated)
- MCP-618: Lumbar Spine CT (reinstated)
- MCP-629: Upper Extremity MRI (reinstated)

The following policies have been retired and are no longer available on the website:

- MCP-639: Abdomen MRI

- MCP-601: Brain CT
- MCP-619: Cervical Spine MRI
- MCP-612: Chest CT
- MCP-647: CT Angiography Heart with 3D Image CCTA
- MCP-620: Thoracic Spine MRI
- MCP-355: Occipital Nerve Block Therapy for Headache and Occipital Neuralgia
- MCP-224: Stereotactic Radiosurgery and Stereotactic Body Radiotherapy