MOLINA ®
HEALTHCARE

PROVIDER NEWSLETTER

A Newsletter for Molina Healthcare Providers

Second Quarter 2023

Payment Solutions
Information for all network providers

Molina Healthcare (Molina) 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 Molina encourages you to register for EFT 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 access to yearly 1099s directly through your account.

ECHO support is available to answer questions regarding registration and 835s. You can reach ECHO support at (888) 834-3511. Log in or register for the ECHO payment platform today at providerpayments.com/Login.aspx.

National Plan and Provider Enumeration System (NPPES) Review for Data Accuracy
Information for Medicare and MyCare Ohio providers

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

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields, including provider name, mailing address, telephone and fax numbers, specialty, etc. You should also include all addresses where you practice and *actively* see patients and where a patient can call and make an appointment.

The Provider Newsletter is a newsletter available to all network providers serving Molina Healthcare Members.

Do not include addresses where you *could* see a patient but do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you must confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare and MyCare Ohio Fee-For-Service.

If you have any questions about NPPES, you may reference NPPES help at NPPES.cms.hhs.gov.

Cultural Competency Resources for Providers and Office Staff

Information for Medicaid and MyCare Ohio providers

Let's partner to achieve health equity! Complete refresher training on Cultural Competency to review topics related to communicating with diverse patient populations available on MolinaHealthcare.com. These training topics 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 established by the Office of Minority Health. We also maintain compliance with accreditation standards focused on multicultural healthcare. 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 Healthcare: Training for Providers and Staff

Cultural Competency can positively impact a member's health care experience and outcomes. A series of five short Cultural Competency Training videos are available to providers and office staff on the Culturally and Linguistically Appropriate Resources/Disability Resources page of the Provider Website.

Training topics:
- Module 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)
- Module 2: Health Disparities
  - Examples of Racial Health Disparities and Health Disparities Among Persons with Disabilities
  - Health Equity
  - Social Determinants of Health
- Module 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
- Module 4: Specific Population Focus – LGBTQ and Immigrants / Refugees
  - Health Disparities Among LGBTQ Population
  - Clear Communication Guidelines for Healthcare Providers Interacting with LGBTQ Patients
  - Disparities Among Immigrant and Refugee Communities
  - Clear Communication Guidelines for Healthcare Providers Interacting with Immigrant and Refugee Patients
- Module 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

- o   Teach Back Method
- o   Molina's Language Access Services

Each training video ranges in length from five to ten minutes. Viewers may participate in all five training modules or just one, depending on topics of interest.

Cultural Competency Training Attestation

Molina is required to annually provide training to our providers regarding Cultural Competency and available resources for Molina members. Upon completing the training, please complete the [Cultural Competency Training Attestation](#).

Email the signed and dated Cultural Competency Training Attestation by Dec. 31, 2023, to OHAttestationForms@MolinaHealthcare.com.

Note: Providers have the option to utilize their own Cultural Competency training that meets the federal requirement. Contact your Provider Services Team with questions or for additional information.

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

A series of provider education sources related to disabilities is now available to you and your office staff on Molina's Provider Website on the Culturally and Linguistically Appropriate Resources/Disability Resources page.

Resources:
- American with Disabilities Act (ADA)
  - o   Introduction to the ADA and questions and answers for healthcare providers (i.e., which healthcare providers are covered under the ADA, how does one remove communication barriers that are structural in nature, and is there any money available to assist with ADA compliance costs?).
- Members who are Blind or have Low Vision
  - o   How to get information in alternate formats such as Braille, large font, audio, or another format a member can use
- Service Animals
  - o   Examples of tasks performed by a service animal, tasks that do not meet the definition of need for a service animal, inquiries that can be made regarding service animals, and exclusions, charges, or other specific rules
- Tips for Communicating with People with Disabilities & Seniors
  - o   Communicating with Individuals Who Are Blind or Visually Impaired, Deaf or Hard of Hearing
  - o   Communicating with Individuals with Mobility Impairments, Speech Impairments, and Communicating with Seniors

Reach out to your Provider Services Team for questions or additional information.

Molina's Language Access Services

Language access services ensure mutual understanding of illness and treatment, increase member satisfaction, and improve health care quality for Limited English Proficiency (LEP) patients.

Molina 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. Pursuant to Title VI of the Civil Rights Act of 1964, services provided for members with LEP, Limited Reading Proficiency (LRP), or limited hearing or sight are the responsibility of the provider. Under no circumstances are members to be held responsible for the cost of such services. In addition, a member cannot be refused services due to language barriers.

When needed, Molina provides the following services directly to members at no cost:
- 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)
- A 24-Hour Nurse Advice Line
- Bilingual/Bicultural Staff

Molina's materials are always written simply in plain language and at required reading levels. For additional information on Molina's language access services or cultural competency resources, contact your Provider Services Team or visit MolinaHealthcare.com.

Is Your Authorization Request Urgent?
Information for all network providers

Molina renders decisions on prior authorization (PA) requests based on state and CMS requirements while also considering each member's specific health status and need for services. 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.

CMS defines expedited/urgent authorization requests as requests in which "…applying the standard time for making a determination could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function."

When submitting PA requests, keep the following items in mind:
- The recommended route for PA submission is through the Availity Essentials Provider Portal (Availity). Supporting documentation can be submitted through Availity. Additionally, providers may be able to receive immediate authorization approval for advanced imaging requests by utilizing the MCG AutoAuth tool available through Availity Portal submissions.
- An urgent/expedited service request designation should only be used when it meets CMS and state guidelines. When submitting requests that don't fulfill this definition, please mark them elective/routine in the portal submission process or on the Molina PA Request Form if requesting via fax.
- By requesting an expedited/urgent authorization, providers are asking Molina to make a decision within mandated timeframes. These timeframes are measured in hours rather than days, so 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 member PA notification and decisions may include verbal and written decisions.

Submitting Electronic Claims
Information for all network providers

Submitting claims electronically through a clearinghouse or via the Availity Portal offers many advantages to the provider, including:
- Improves Health Insurance Portability and Accountability Act (HIPAA) compliance
- Helps to reduce operating costs associated with paper claims (printing, postage, etc.) Note: paper claims are not accepted for Medicaid line of business as of 2/1/2023
- Increases the accuracy of data and efficient information delivery
- Reduces claim delays since errors can be corrected and resubmitted electronically
- Eliminates delays associated with other means of transmitting claims

Clearinghouse Submissions (EDI)

A clearinghouse is the easiest way to submit EDI claims to Molina. You may submit EDI transactions through a clearinghouse of your choice. To submit claims through a clearinghouse, you will need to have the correct Payer ID.

What is Molina of Ohio's Payer ID? New Medical Payer IDs:

Medical Claims	
Line of Business	Payer ID
Ohio ABD (Medicaid)	0007316
Ohio Adult Extension (Medicaid)	0007316
Ohio Healthy Families (Medicaid)	0007316
Ohio Marketplace Program	20149
Ohio Marketplace Program Primary with Ohio Medicaid Secondary (ABD, Adult Extension, Healthy Families)	20149
MMP Medicare (MyCare Ohio)	20149
MMP Medicaid (MyCare Ohio)	20419
MMP Opt-Out/MMP Medicaid Secondary (MyCare Ohio)	20149
Medicare (MAPD)	20149

Molina offers an additional option for electronic claims submissions if you do not have a clearinghouse. Log onto the Availity Portal at provider.Molinahealthcare.com for more information about direct data entry for claims.

Frequently Asked Questions
- Can I submit Coordination of Benefits (COB) claims electronically?
  - Yes, Molina, Availity, 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?
  - You may continue to use the clearinghouse of your choice to connect to Molina's channel partner for EDI claims, or the ODM OMES system for Ohio Medicaid.
- Which claims 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 if I still have questions?
  - More information is available at Molinahealthcare.com under the EDI tab.

2023 Molina Healthcare Model of Care Provider Training
Information for Medicare providers

In alignment with requirements from CMS, Molina requires PCPs and key high-volume/high-impact specialists to receive basic training about Molina's Special Needs Plans (SNP) Model of Care (MOC).

Key high-volume/high-impact specialists include the following:
- Hematology/Oncology (Gynecologic Oncology, Hematology, Hematology and Oncology/Oncology and Hematology, Medical Oncology, Oncology, Surgical Oncology)
- Obstetrics/Gynecology (Gynecology, Obstetrics and Gynecology, Obstetrics)
- Psychiatry (Child and Adolescent Psychiatry, Geriatric Psychiatry, Psychiatry)

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 each year, which means the providers may be asked to complete separate training by multiple insurers.

MOC training materials and the attestation form are available at MolinaHealthcare.com/providers/common/medicare/medicare.aspx, under Model of Care. Training includes:

- 2023 Model of Care Provider Training Quick Reference Guide
- 2023 Model of Care Provider Training
- 2023 OH MOC Attestation Form
- 2023 Model of Care Training Video

The completion date for this year's training is Dec. 31, 2023; however, Molina encourages you to complete the training and attestation process as soon as possible.

Contact your local Molina Provider Services Team for questions or additional information.

Availity Essentials is the Official Portal for Molina Providers

Information for all network providers

The Availity Essentials Provider Portal (Availity) is the secure portal for provider transactions with Molina. 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. The Molina of Ohio Provider Portal will sunset effective May 23, 2023, and providers will no longer be able to access the Molina Provider Portal and its functions directly and must log in via the Availity Essentials Provider Portal.

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

Within This Tool:	Check Out These Timesavers:
Claim Status	Expanded search options include the 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 and Benefits	Use data from prior eligibility and benefit submissions to search for patients and autofill your claim. On the Eligibility and 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.
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. Access tools on Molina's legacy portal from the **Resources** tab in the Payer Space: Prior authorization, Appeals or Correct Eligible Claims, Referrals, Member roster, Claims template, Case Managed

As a reminder, ODM resumed the Medicaid renewals (also referred to as "Medicaid redeterminations") process on Feb. 1, 2023. The first disenrollments for non-renewal, or loss of eligibility, occurred on April 30, 2023, with a May 1, 2023, effective date. Please visit the FAQs on Molina's website Medicaid Renewals page, to learn more and find instructions on how to access Medicaid Renewal dates for your patients by performing an Eligibility and Benefits inquiry via the Availity Essentials Portal. Primary Care Providers may also access Renewals information on their member rosters located in Availity.

Your Blueprint for Success

For a list of tools and features available on Availity, use the Crosswalk from Molina Healthcare to Availity Essentials Help Topic. Or check out our microsite Availity.com/MolinaHealthcare. If you're a registered Availity user, you can also take advantage of live webinars. To view the "Availity Essentials Provider Portal Overview for Molina Providers," log into Availity, go to "Help & Training," then select "Get Trained" to register.

Molina's Featured PsychHub Training

Information for all network providers

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 (Substance Abuse and Mental Health Services Administration [SAMHSA]). Medical practices that implement trauma-informed care can potentially 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 its benefits to 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 local Molina Provider Services Team to learn more.

Click here to visit PsychHub and create your free account!

Marketplace Benefit Interpretation Policy Guide

Information for Marketplace providers

Molina is committed to bringing transparency to providers around the benefits available to our Marketplace members. Molina makes 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, if any
- Applicable exclusions for each Marketplace state
- Clinical perspective, if any

Access the Ohio policies at MolinaMarketplace.com/marketplace/oh/en-us/Providers/Policies/benefit-interpretation-policies.

Be sure to select the applicable state in the drop-down menu.

Helping Your Patients Shouldn't Stop When They Leave Your Office

Information for all network providers

Molina is proud to offer Molina Help Finder, a one-stop resource powered by findhelp, to assist Molina members in finding the resources and services they need, when they need them, right in their communities.

With Molina Help Finder, providers can also refer patients in real-time, at MolinaHelpfinder.com. Search by category for the types of services needed, such as food, child care, education, housing, employment, and more. Results can then be narrowed by applying personal and program-specific filters.

If you have any questions about Molina Help Finder, reach out to your Provider Services Team. Visit MolinaHelpFinder.com to learn more.

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

Information for Marketplace providers

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

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

As a reminder, the Ohio Medicaid pharmacy benefit is administered by the Single Pharmacy Benefit Manager (SPBM), Gainwell. Some state Medicaid agencies may be adding one or more Humira® biosimilars to the drug lists they design this year, independent of Molina's decision 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 offer and one with a higher cost and rebate offer.
- Packages with the National Drug Codes 72511-04-0001 or 72511-04-0002 have an ingredient cost of about ~$3,200 for a 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

Information for Medicare and Marketplace providers

Molina Clinical Policies (MCPs) are located at MolinaClinicalPolicy.com. Providers, medical directors, and internal reviewers use clinical policies to make medical-necessity determinations. Molina clinical policies 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
  - The 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-364c: COVID-19 Co-Pays and Cost Share Medicare
  - Including 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) NC C12081-A (Marketplace).
  - NOTE: Next review expected in Oct 2023.
- 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

- o The 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
  - o 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
  - o 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).
  - o Updated Limitations and Exclusions to align with CMS LCD L37808):
    - Known or suspected prostate cancer (based on NCCN Prostate Cancer Early Detection guidelines)
    - or a 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)
  - o Updated Overview, Coverage Policy, Summary of Evidence and References sections.
  - o IRO Peer Review completed by a Board-certified practicing physician in Neurological Surgery.
  - o 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.
  - o 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].
  - o #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.
  - o Criteria updates continued:
  - o #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 noninvasive 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 noninvasive 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. Noninvasive 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 the '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: 2. 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 is 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 is available.
- MCP-614: Chest MRI (reinstated)
- MCP-618: Lumbar Spine CT (reinstated)
- MCP-629: Upper Extremity MRI (reinstated)

The following policies have been retired for all lines of business 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

Note: Policy had an update in January and February 2023.

Medicaid only Retired Policies:

- MCP-067: Back Braces
- MCP-406: Enteral Nutrition
- MCP-275: Noninvasive Positive Pressure Ventilation