

# **Provider Memorandum**

## **Updates to Molina Clinical Policies, June 2023**

The Molina Clinical Policy Committee (MCPC) periodically reviews and updates policies to stay in compliance with current medical practice and to ensure the best outcomes for patients. MCPC is comprised of Molina medical staff, including medical doctors, registered nurses, and pharmacists.

Molina Healthcare of Illinois (Molina) is making providers aware of key updates from the June MCPC meeting. **Note**: HFS coverage rules supersede any Molina Clinical Policies.

### **New Policies**

For details, please visit MolinaClinicalPolicy.com to access these new policies:

- MCP-433: Xenoview (Xenon MRI)
- MCP-435: OMISIRGE (omidubicel-only)
- MCP-438: Adstiladrin (nadofaragene firadenovec-vncg)
- MCP-439: Vyjuvek (beremagene geperpavec)

#### **Revised Policies**

For details, please visit MolinaClinicalPolicy.com to access these revised policies:

- MCP-000: Evaluation of New and Existing Technologies (UM 10)
- MCP-017: Pancreas Transplantation Procedures
- MCP-045: Kidney Transplantation
- MCP-105: Provenge (sipuleucel-T)
- MCP-118: Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia (ALL)
- MCP-122: Hematopoietic Stem Cell Transplantation for Multiple Myeloma and POEMS Syndrome
- MCP-187: Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML)
- MCP-188: Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)
- MCP-206: Virtual Bronchoscopy & Electromagnetic Navigational Bronchoscopy for Evaluation of Peripheral Pulmonary Lesions
- MCP-256: Hematopoietic Stem Cell Transplantation for Mucopolysaccharidoses Lycosomal Storage Disorders

- MCP-283: Hematopoietic Stem Cell Transplantation for Wilms Tumor
- MCP-363: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (OSA)
- MCP-395: Kymriah (tisagenlecleucel)
- MCP-414: Topical and Intralesional Therapies
- MCP-415: Pluvicto (lutetium Lu 177 vipivotide tetraxetan)
- MCP-416: External Beam Teletherapy Brachytherapy IMRT SBRT SRS IORT and IGRT
- MCP-417: Neutron and Proton Beam Radiation Therapy Policy
- MCP-440: Pancreatic Islet Cell Transplantation

#### **Retired Policies**

- MCP-614: Chest MRI/MHI-A-0446
- MCP-618: Lumbar Spine CT/MHI-A-0027
- MCP-633: Lower Extremity MRI/MHI-A-0045 Ankle MRI
- MCP-633: Lower Extremity MRI/MHI-A-0052 Knee MRI
- MCP-638: Abdomen and Pelvis CT/MHI-A-0013
- MCP-649: Breast MRI/MHI-A-0048
- MCP-663: Shoulder MRI/MHI-A-0056

#### Questions?

We're here to help. Contact your dedicated Provider Network Manager or email the Provider Network Management team at <a href="MHILProviderNetworkManagement@MolinaHealthcare.com">MHILProviderNetworkManagement@MolinaHealthcare.com</a>. For help identifying your dedicated Provider Network Manager, visit <a href="Molina">Molina</a>'s Service Area page at <a href="MolinaHealthcare.com">MolinaHealthcare.com</a>.

#### **Provider Portal Alert**

We are in the process of sunsetting the Molina Legacy Provider Portal. Ensure that you and your staff have access to streamlined claims management, authorizations, eligibility/benefit verification, and more. Get started with Availity Essentials Provider Portal today! Click here.

#### **Get Critical Updates**

Receive news and updates about Molina services and plan requirements delivered straight to your inbox! Click here to receive Molina's provider updates.

**Note**: Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.