

# PROVIDER NEWSLETTER

A newsletter for Senior Whole Health Providers

## Second Quarter 2023

### In this Issue

Redeterminations .....	2
Readmission Policy .....	2
Prior Authorizations.....	2
Transitions of Care.....	2
Clinical Practice and Preventive Health Guidelines Update .....	3
SWH Member Advisory Committee....	3
Interpreter Services .....	4
Payment Solutions.....	4
NPPES Review for Data Accuracy.....	5
Submitting Electronic Data Interchange (EDI) Claims .....	5
2023 Senior Whole Health Model of Care Provider Training.....	6
Availity Essentials is the Official Portal for Senior Whole Health Providers.....	6
Senior Whole Health’s Featured PsychHub Training .....	7
Is Your Authorization Request Urgent? .....	8
Helping Your Patients Shouldn’t Stop When You Leave Your Office.....	8
Cultural Competency Resources for Providers and Office Staff.....	9
Clinical Policy Update Highlights from First Quarter.....	11



## Redeterminations

Effective April 1, 2023 MassHealth began the process of renewing all member's health coverage to ensure they still qualify for their current benefit. These renewals will take place over 12 months, from April 2023 to April 2024. MassHealth will be communicating to members via text, email, and mail. A renewal notice will come via mail in a blue envelope. For assistance please utilize this [toolkit](#).

## Readmission Policy

Effective July 1, 2023, Senior Whole Health (SWH) will align with industry standards, both in Massachusetts and nationally, on our readmission review process. Consistent with MassHealth and other Payers in Massachusetts, the SWH Healthcare Services team will review admissions to an acute care hospital that occur *less than 31 calendar days* from the date the member was discharged from the same acute care hospital, or hospital within the same network, for symptoms related to initial admission. Previously, SWH completed these reviews on readmissions within 15 days of the initial date of discharge. For more information, please see our [Readmission Payment Policy](#).

## Prior Authorization Requirements

Prior Authorization requirements are reviewed on a quarterly basis. SWH publishes all Prior Authorization requirements via our Prior Authorization Lookup Tool ("Look Up Tool"), as well as downloadable versions for quick reference. Please note that Prior Authorizations requirements for dually-eligible members (Medicare and Medicaid beneficiaries) should be evaluated at the individual line of business. The following enhancements will be effective July 1, 2023:

- A number of genetic testing codes will be removed from PA due to low cost/utilization/denial rate
- A number of imaging codes/services will be removed from PA for Medicare due to low cost/utilization/denial rate

Please continue to use the PA Lookup Tool available on the website for the most up-to-date information.

## Transitions of Care

Senior Whole Health continues to work on improvements to our Transitions of Care (TOC) for members being discharged from inpatient settings. Given the disparities in social determinants of health among our SWH members, we appreciate the care our network providers give to our multi-cultural member populations. We would like to remind providers of our Globo interpreter services, available to all network providers for communicating important healthcare information with our members. Some tips for providers to facilitate a smooth transition of care for your SWH patients include:

- Utilize Globo interpreter services to communicate with non-English speaking members

- Set aside time in routine schedule when possible to ensure appointment availability for follow-up visits within 7 days for SWH members being discharged from an inpatient setting
- Utilize telehealth services if an in-person visit is not an option or is preferred by the member
- Document appropriate HEDIS codes to capture successful follow-up
- Contact SWH nurse care managers with any concerns about patients returning home
- Educate patients on the importance of attending follow-up visits
- Review the member's discharge summary and the SWH interdisciplinary care plan to identify any changes to the plan of care post-discharge
- Ensure medication reconciliation takes place for every patient upon discharge and utilize appropriate coding to capture success

For questions about the Globo interpreter services or for patients who need help with transportation to a follow-up appointment, please contact Member Services at (888) 794-7268 (TTY 711) from 8 a.m. to 8 p.m., 7 days a week.

### Clinical Practice and Preventive Health Guidelines – Updates to Providers:

Senior Whole Health (SWH) would like to remind providers that evidence-based guidelines on a variety of health conditions and topics are available to help guide care. As new guidelines are published and updates to existing guidelines are made available, these are reviewed by the SWH committees and the organization's links are uploaded to the SWH website under the Health resources tab located [here](#):

SWH recently approved current *updates* to the following guidelines:

- [Global Initiatives for Chronic Obstructive Lung Disease](#)
- [American Diabetes Association](#)
- [Centers for Disease Control and Prevention – immunizations guidelines](#):

You can find detailed information on current updates to guidelines approved by SWH by visiting the websites of the organization using the links above.

Please contact your SWH Provider Services Account Manager with questions about the resources located on the website.

### Help Us Spread the Word to Our Members About Our New Member Advisory Committee (MAC)

Senior Whole Health (SWH) is forming a Member Advisory Committee for our MAPD, SCO & DSNP Members. We believe the health care system is stronger when we listen to the people we serve. We encourage our members to participate, as this can give them an opportunity to provide feedback on how we are doing as a plan. Our goal is to educate our members about the services we offer and obtain any feedback from them, so that we can make improvements in their experience.

Here is some basic information about the Member Advisory Committee that you can share with our members:

- The Member Advisory Committee is for Senior Whole Health Members and/ or caregivers. There will be various staff from our health plan in attendance to answer any member questions.

- Some of the topics that will be discussed in the meeting include but are not limited to: health management programs, benefit education, and obtaining feedback on enhancing the member experience.
- The meetings will be held on a quarterly basis. Meetings at this time will be conducted virtually and possibly move to an in-person environment. We do ask that members have internet access and are able to perform basic technical functions. SWH will be able to offer support to our members with this.

If you know a member and/ or a caregiver that is interested in joining our Member Advisory Committee, please let us know, or have them contact SWH Member Services at: (888) 794-7268 (TTY 711) from 8 a.m. to 8 p.m., 7 days a week.

We look forward to creating better health care experiences – together!

## Interpreter Services

SWH would like to remind providers of the Interpreter Services available to you when working with our members. This is a complimentary resource available to all Senior Whole Health network providers for use with members during visits in their office practices. This service is also available to you for telephonic and virtual/video visits when needed for communicating with our non-English speaking members. The interpreter service may be reached by calling SWH Member Services at (888) 794-7268 (TTY 711) and requesting an interpreter for the language needed. More information can be found on our website at:

[SWH > Health Resources > Culturally and Linguistically Appropriate Resources / Disability Resources](#)

## Payment Solutions

Senior Whole Health 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 Senior Whole Health.

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

ECHO support is available to answer questions regarding registration and 835's. They can be contacted at (888) 834-3511.

Login or register for the ECHO payment platform today [here](#).

## NPPES Review for Data Accuracy

Please review your National Provider Identifier (NPI) data in the National Plan & 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, and specialty, to name a few. You should also make 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 that are no longer in use. Once you update your information, you will 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 any questions pertaining to NPPES, you may reference NPPES help [here](#).

## 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 Senior Whole Health faster with the elimination of mailing time

### How to submit EDI claims

A clearinghouse is the easiest way to submit EDI claims to Senior Whole Health. You may submit EDI transactions through Senior Whole Health's gateway clearinghouse, Change Healthcare, or use a clearinghouse of your choice. If you do not have a clearinghouse, Senior Whole Health offers additional options for electronic claims submissions. Log on to the [Availity Essentials portal](#) for more information.

### Frequently Asked Questions

- Can I submit COB claims electronically?
  - Yes, Senior Whole Health 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 Senior Whole Health?
  - Senior Whole Health 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 claims EDI transactions Senior Whole Health 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 Senior Whole Health’s Payer ID?
  - Senior Whole Health of Massachusetts Payer ID is SWHMA
- What if I still have questions?
  - More information is available at [SWHMA.com](http://SWHMA.com) under the EDI tab.

## 2023 Senior Whole Health Model of Care Provider Training

In alignment with requirements from the Centers for Medicaid & Medicare Services (CMS), Senior Whole Health requires PCPs and key high-volume specialists including Cardiology, Psychiatry, and Hematology/Oncology to receive training about Senior Whole Health’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 [here](#). The completion date for this year’s training is 12/31/2023.

If you have any additional questions, please contact your local Senior Whole Health Provider Services Representative at: (855) 838-7999.

## Availity Essentials is the Official Portal for Senior Whole Health Providers

Availity Essentials is the secure portal for provider transactions with Senior Whole Health. It is available to all Senior Whole Health providers at no cost. It is designed to reduce administrative burden and make it simple to conduct secure transactions and obtain reports from Senior Whole Health.

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

Within this tool:	Check out these timesavers:
<b>Claim Status</b>	Expanded search options include member name, service dates, claim history, and the 276 HIPAA standard.
<b>Smart Claims</b>	A simplified claim submission tool with only the essential fields you need.
<b>Eligibility &amp; Benefits</b>	Use data from prior eligibility & benefit submissions to search for patients and autofill your claim.
<b>Attachments</b>	Upload supporting documentation (up to 10 attachments) with your claim using the <b>Send Attachments</b> feature.
<b>Overpayments</b>	View overpayment letter electronically, take action on the overpayment, dispute the overpayment, resolve the overpayment, view status of the overpayment
<b>Payer Space</b>	Access applications, resources, and news and announcements specific to Senior Whole Health. Access tools still on our legacy portal from the <b>Resources</b> tab in the Payer Space: Prior Authorization, Appeals or Correct Eligible Claims, Member Roster, Reports

## 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](#). 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.

## Senior Whole Health's Featured PsychHub Training

### Senior Whole Health's Featured PsychHub Training of the Quarter: Trauma Informed Care

Senior Whole Health 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 Senior Whole Health's partnership with PsychHub, providers and office staff alike can access this two-part training to become more familiar with trauma-informed care and the benefits of applying it with their populations.

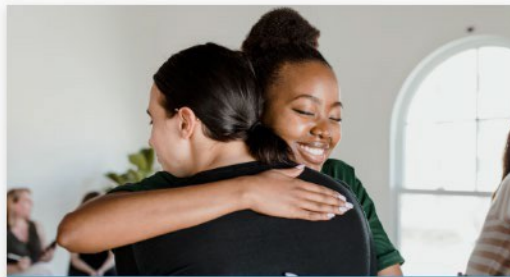


#### TRAUMA-INFORMED CARE: FOUNDATIONS (PART 1)

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. Senior Whole Health 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 Senior Whole Health Provider Services team to learn more.

[Click here to visit PsychHub and create your free account!](#)

## Is Your Authorization Request Urgent?

Senior Whole Health 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 items in mind:

- The recommended route for prior authorization submission is through the Availity Essentials portal. Supporting documentation can be submitted through 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 enrollee or the enrollee's ability to regain maximum function." When submitting requests that don't fulfill this definition, please mark them elective/routine in the portal submission process or on the Senior Whole Health Prior Authorization Request Form if requesting via fax.
- By requesting an expedited/urgent authorization, providers are asking Senior Whole Health to make a decision 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 Senior Whole Health to ask for additional information, which could delay the decision. If Senior Whole Health requests more information, we urge providers to respond immediately to allow Senior Whole Health to render a decision within the mandated expedited timeframe.
- Senior Whole Health will provide member prior authorization notification and decisions in accordance with CMS and/or any state guidelines which may include verbal and written decisions.

## Helping Your Patients Shouldn't Stop When You Leave Your Office

### Now it doesn't have to

Senior Whole Health is proud to offer Molina Help Finder – a one-stop resource powered by findhelp – to assist Senior Whole Health 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, right from [Availity Essentials](#). Simply search by category for the types of services needed, like food, childcare, 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 local provider services team. You can also visit [MolinaHelpFinder.com](https://MolinaHelpFinder.com) to learn more.



## 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 [here](#). 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 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.

### ***Senior Whole Health's Building Culturally Competent Healthcare: Training for Providers and Staff***

Cultural Competency can positively impact a patient'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 under the *Health Resources* tab [here](#).

#### **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 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
- 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
- Senior Whole Health’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. Please contact your Provider Services Representative if you have 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 Senior Whole Health’s website. Please visit Senior Whole Health’s *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* tab [here](#) to view the materials.

**Resources consists of the following educational materials:**

- American with Disabilities Act (ADA)
  - Introduction to the ADA and questions & 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; 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.

Please contact your Provider Services Representative if you have any questions.

***Senior Whole Health’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. Senior Whole Health 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 are recipients of federal funds; a member cannot be refused services due to language barriers. Senior Whole Health 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, Senior Whole Health will also cover the cost for a language or sign language interpreter for our members' medical appointments. Senior Whole Health members and providers are instructed to call member or provider contact center to schedule interpreter services or to connect to a telephonic interpreter.

Also, Senior Whole Health's materials are always written simply in plain language and at required reading levels. For additional information on Senior Whole Health's language access services or cultural competency resources, contact Provider Services or visit the [website](#).

## Clinical Policy Update Highlights from First Quarter 2023

Molina Clinical Policies (MCPs) are located [here](#). 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)  $\geq 13$  or over; AND
      - Maximum urinary flow rate (Qmax) of  $\leq 15$  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)
    - 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)
  - 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: 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 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

\*\* Note: Policy had an update in January & February 2023.