



Provider Newsletter

For Passport by Molina Healthcare, Inc. providers

Third quarter 2024

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SSI Claimsnet, LLC (SSI Group) is Molina's clearinghouse

SSI Group is Molina Healthcare's clearinghouse.

Submitting claims electronically through clearinghouses or 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 with the elimination of mailing time

How to submit electronic data interchange (EDI) claims:

A clearinghouse is the easiest way to submit EDI claims to Molina. You may submit EDI transactions through Molina's gateway clearinghouse, SSI Group with payor code MOLINA_KY, or use a clearinghouse of your choice. Molina offers additional options for electronic claims submissions if you do not have a clearinghouse. Log onto the Availity Essentials portal at provider.MolinaHealthcare.com for more information.



Update provider data accuracy and validation

Providers must ensure Molina has accurate practice and business information. Accurate information allows us to better support and serve our members and provider network.

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement and a National Committee for Quality Assurance (NCQA) requirement. Invalid information can negatively impact members' access to care, member/primary care provider (PCP) assignments and referrals. Additionally, current information is critical for timely and accurate claims processing. Providers must validate their information on file with Molina at least once every ninety (90) days for correctness and completeness.

Failure to do so may result in your REMOVAL from the Molina Provider Directory.

Provider information that must be validated includes, but is not limited to:

- Provider or practice name
- Location(s)/address(es)
- Specialty(ies)
- Telephone and fax numbers and email
- Digital contact information
- Whether your practice is open to new patients (PCPs only)
- Tax ID and/or National Provider Identifier (NPI)

The information above must be provided as follows:

Delegated and other providers that typically submit rosters must submit a complete roster that includes the above information to Molina.

All other providers must log into their CAQH account to attest to the accuracy of the above information for each health care provider and/or facility in your practice contracted with Molina.

If the information is correct, please select the option to attest. If it is incorrect, providers can make updates through the CAQH portal. Providers unable to make updates through the CAQH portal should contact their Provider Relations manager for assistance.

Additionally, in accordance with the terms specified in your Provider Agreement, providers must notify Molina of any changes, as soon as possible, but at a minimum thirty (30) calendar days in advance, of any changes in any provider information on file with Molina. Changes include, but are not limited to:

- Change in office location(s)/address, office hours, phone, fax or email.
- Addition or closure of office location(s).
- Addition of a provider (within an existing clinic/practice).
- Change in provider or practice name, Tax ID and/or NPI.
- Opening or closing your practice to new patients (PCPs only).
- Change in specialty.
- Any other information that may impact member access to care.

Provider communication survey

At Molina, we constantly strive to enhance our services to meet your needs. Your input is invaluable in helping us achieve this goal. Please take a few minutes to participate in our survey, which aims to understand how we can improve our communication methods to suit your preferences better.

Your feedback will directly influence how we engage with you, ensuring a more seamless and efficient communication experience.



Click the link below to access the survey:

MolinaHealthcare.surveymonkey.com/r/VS5RGTG

Thank you for your time and contribution in making Molina the best it can be for you and your patients.

NPPES review for data accuracy

Your NPI data in the National Plan & Provider Enumeration System (NPPES) must be reviewed to ensure accurate provider data. 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. You should also 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 must 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 about NPPES, you may reference NPPES help at NPPES.cms.hhs.gov.

Cultural competency resources for providers and office staff

Let's partner to achieve health equity! Refresher training on cultural competency is available to review communicating with diverse patient populations. These trainings allow 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 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 health equity.

Cultural competency resources for your office and staff

Molina's building culturally competent health care: Training for providers and staff

Cultural competency can positively impact a patient's health care experiences 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 on the Health Care Professionals site under the **Health Resources** tab at [MolinaHealthcare.com](https://www.molinahealthcare.com).

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 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

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
- Teach-back method
- 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. Upon completing the training, please complete the provider attestation form available on the **Culturally and Linguistically Appropriate Resources/Disability Resources** page on the Health Care Professionals site under the **Health Resources** tab at [MolinaHealthcare.com](https://www.molinahealthcare.com). Please contact your Provider Relations Manager 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 Molina's website. To review the materials, please visit Molina's **Culturally and Linguistically Appropriate Resources/Disability Resources** page on the Health Care Professionals site under the **Health Resources** tab at [MolinaHealthcare.com](https://www.molinahealthcare.com).

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 healthcare providers are covered under the ADA; how does one remove structural communication barriers; funds 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 a service animal; inquiries you can make regarding service animals and exclusions, charges or other specific rules.

Tips for communicating with people with disabilities and seniors

- Communicating with individuals who are blind or visually impaired, deaf or hard of hearing; communicating with individuals with mobility and/or speech impairments and communicating with seniors

Please contact your Provider Relations Manager if you have any questions.

Molina's language access services

Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction and improve health care quality for patients with limited English proficiency. Molina ensures 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 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 will also cover the cost of a language or sign language interpreter for our members' medical appointments. Molina members and providers are instructed to call Member and Provider Services to schedule interpreter services or to connect to a telephonic interpreter.

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 Provider Services or visit [MolinaHealthcare.com](https://www.molinahealthcare.com).

2024 Molina Model of Care provider training

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Molina requires PCPs and key high-volume specialists, including hematology/oncology, obstetrics/gynecology and psychiatry to receive training about Molina'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 multiple insurers may ask you to complete separate training.

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 December 31, 2024.

If you have any additional questions, please contact your local Molina Provider Services representative at **(800) 578-0775**.



Helping members in their language

Our health plan members speak many different languages. As of late 2023, for Medicaid members, the majority of language translation requests were for Spanish, accounting for 74% of the total. This was followed by 5% for Arabic, 4% for Kinyarwanda, 3% for Swahili, 2% each for Nepali, Somali, and Haitian Creole, and 1% each for Burmese, Dari, and Farsi. Among Medicare members, 60% of the language translation requests were for Spanish, followed by 11% for Cantonese, 7% for Vietnamese, 4% each for Mandarin and Haitian Creole, 3% for Arabic, 2% each for Portuguese and Russian, and 1% each for Cape Verdean Creole and Bosnian. For Marketplace members, Spanish had the highest volume of language translation requests at 72%, followed by 6% for Arabic, 5% for Vietnamese, 3% for Bengali, 2% each for Mandarin, Mongolian, and Burmese, and 1% each for French, Russian, and Nepali.

Please contact Molina if you need assistance addressing the language needs of your patients. We also provide resources for providers.

New Medicare benefit

A 100-day supply of medications is now available.

Molina Medicare Advantage members are now eligible* to receive 100-day supplies of their medications as part of their insurance benefit for the same copay as their 90-day supply.

Recent studies have shown higher medication adherence rates across hypertension, diabetes and statin therapeutic classes for members utilizing 100-day pharmacy fills.

Providers can improve overall STAR ratings and health outcomes by writing 100-day prescriptions for the applicable RX categories and encouraging members to utilize this benefit.

The advantages:

- Maximize patients' health plan benefits
- Improve medication adherence
- Save the patient money (a 100-day supply is the same cost as a 90-day supply)
- Improve overall access to medications
- Enhance member experience

*100-day medication refills are applicable for non-specialty and non-controlled substances in-network pharmacies.

Clinical policy

Molina's clinical policies (MCPs) are located at [MolinaClinicalPolicy.com](https://www.molinaclinicalpolicy.com). Providers, medical directors and internal reviewers use these policies to determine medical necessity. The Molina Clinical Policy Committee (MCPC) reviews MCPs annually and approves them bimonthly.

Pharmacist can vaccinate members 5 and up

HB 274 legislation will authorize licensed pharmacists or pharmacy representatives to order and administer ACIP recommended vaccines to all patients ages 5 and up per prescriber-approved protocol, effective July 15, 2024. Current legislation allows pharmacists to administer vaccinations to children 9 and up; the PREP Act previously allowed pharmacists to administer necessary vaccines for children 3 and up during the pandemic.

This legislation is intended to assist pediatric medical providers' workload by permitting pharmacists or pharmacy representatives to share in the responsibility of routine immunizations. Rural KY children can benefit from visiting a local pharmacy for vaccinations when provider locations are too far or schedules too tight to accommodate an in-office visit.

Providers are encouraged to speak with your pharmacist to update any necessary protocols and better understand the details of the agreement. Pharmacists or pharmacy representatives are encouraged to document vaccinations on the KY immunization registry. HB 274's success, among several anti-vaccine bills introduced this session, speaks to the public's trust in pharmacists as immunization providers and pharmacies as valuable health care access points.

Vaccine schedule for the pediatric population can be found at [ChildVaccineSchedule.pdf \(ky.gov\)](#).

Triptans better at relieving acute migraine pain than newer, more expensive drugs per meta-analysis

A recent meta-analysis published in BMJ concludes eletriptan, rizatriptan, sumatriptan and zolmitriptan were better at relieving acute migraine pain than newer, more expensive drugs, and offer better tolerability. This meta-analysis examined 137 randomized controlled trials, comprising close to 90,000 participants. In head-to-head comparisons between active interventions, eletriptan was the most effective drug for pain freedom at two hours, followed by rizatriptan, sumatriptan and zolmitriptan. For sustained pain freedom, the most efficacious interventions were eletriptan and ibuprofen. Careful consideration should be given to patients with a high-risk cardiovascular profile, the most effective triptans should be considered as preferred acute treatment for migraine.

For KY Medicaid, brand Imitrex spray and generic rizatriptan and sumatriptan products are preferred without prior authorization. The newer cGRP products are preferred with prior authorization or non-preferred with trial and failure or preferred products.

Annual wellness visits and preventive screenings

Passport covers and encourages our members to complete wellness visits and preventive screenings.

The annual wellness visit is a conversation between you and your member to discuss their health history, address any concerns, review medications, provide immunizations and perform wellness assessments. It's a great way to learn about your members' present and future health!

Passport allows KY members 22 years or older to have at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner at any time in the calendar year. There is no requirement to wait 365 days from the last wellness visit.

Provider action needed:

- Use the guidelines for Adult Preventive Services Recommendations from the USPSTF ([A and B Recommendations | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](#)), following recommendations by both age and gender. Additional information is available on the Passport website at [PHGs \(MolinaHealthcare.com\)](#).
- Take advantage of every office visit to promote wellness care and preventive screenings. If you cannot get an adult patient in for an annual exam, take advantage of a sick visit to set them up for any necessary preventive care screenings.
- Schedule telehealth appointments to complete wellness visits when appropriate.
- Adults need immunizations, too! Refer to the CDC/ACIP Adult Immunization Schedule for those 19 and over. [Adult Immunization Schedule by Vaccine and Age Group | CDC](#)
- During the wellness visit, perform all required services and submit the appropriate codes, including information regarding the member's chronic conditions, vital signs and current lab results.

Members may be able to redeem Healthy Reward gift cards for completing preventive and wellness care by calling **(833) 986-0072 (TTY: 711)** or submitting a Healthy Rewards Form. Please assist members, as needed, in filling out and submitting the [2024 Healthy Rewards Attestation Form](#).



Well-child visits and sports physicals

Passport covers and encourages our members ages 3 -21 to have annual well-child visits and stay up to date on immunizations.

Well-child visits are vital to ensuring children stay healthy and are meeting physical and developmental milestones. Passport allows Kentucky members to have annual well-child visits anytime during the calendar year. There is no requirement to wait 365 days between well-child yearly visits.

Provider action needed:

- If a parent calls to schedule a sport physical, schedule a comprehensive well-child visit.
- Utilize well-child visits to promote excellent oral care by administering fluoride treatments in the office and educating parents on scheduling regular dental cleanings with their dentist. [Fluoride Use in Caries Prevention in the Primary Care Setting | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)
- During the well-child visit, provide all required services and submit the appropriate codes, including information regarding the member's chronic conditions, body mass index and nutrition and physical activity counseling. [periodicity_schedule.pdf \(aap.org\)](#)
- Remember to complete appropriate monitoring for children and adolescents on antipsychotics. For more information on APM, review the Tip Sheet located in the Availity Essentials portal. Simply log in to Availity Essentials and click on Passport's Payer Space > Resources. Not registered for Availity Essentials? Visit [Availity.com/MolinaHealthcare](#) to get started.
- Administer recommended vaccinations during the well-child visit. [Birth-18 Years Immunization Schedule – Healthcare Providers | CDC](#)

Please Note: Beginning in 2025, telehealth visits will no longer close the HEDIS® care gap for well-child visits.

Members may earn gift cards for completing preventive and wellness care by calling **(877) 903-0082** or submitting a Healthy Rewards Form. If needed, please assist members in filling out and submitting the 2024 Healthy Rewards Attestation Form. [2024 Healthy Rewards Member Form](#)

For questions, please call the Provider Contact Center at **(800) 578-0775** or reach out to your Provider Services representative.



SNS-E-what screening tools can providers use to close the gap?

Social risk factors are the adverse social conditions associated with poor health and health-related outcomes. Food insecurity, limited community resources and poverty are social risk factors that play a major role in health. Patient-centered care and understanding their social needs are crucial to improving health equity and the quality and efficiency of health care.

Highlights of the Social Need Screening and Intervention (SNS-E) HEDIS® measure:

- Purpose – Assess the percentage of patients screened, using prespecified instruments, at least once during the measurement period (January 1 – December 31) for unmet food, housing and transportation needs and received a corresponding intervention within 30 days if they screened positive.
- Examples of approved screening instruments for closing the HEDIS® care gap are:
 - Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE) contains 21 questions and can be found at the following link: [PRAPARE-English.pdf](#).
 - WellRx Questionnaire is comprised of 16 questions and can be found at the following link: [WellRx Questionnaire](#).
 - The coding for the SNS-E screening to close the care gap is two-fold:
 - The screening code is a LOINC code which cannot be submitted on paper claims.
 - If a member screens positively, the intervention code can be a CPT/HCPCS/CT code.
- For more information, review the SNS-E HEDIS® Tip Sheet located in the Availity Essentials portal. Simply log in to Availity Essentials and click on Passport’s Payer Space > Resources. Not registered for Availity Essentials? Visit [Availity.com/MolinaHealthcare](https://www.availity.com/MolinaHealthcare) to get started!

Clinical policy updates from the second quarter 2024

The following new policy or policies were approved:

MCP-115: Lung Transplantation

MCP-116: Heart Transplantation

MCP-117: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation

MCP-118: Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia (ALL)

MCP-132: Percutaneous Ventricular Assist Devices

MCP-187: Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML)

MCP-204: Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair

MCP-209: Hematopoietic Stem Cell Transplantation for Sickle Cell Disease or Thalassemia Major

MCP-218: Bone Graft Substitutes

MCP-245: Heart Transplantation with a Total Artificial Heart (TAH)

MCP-256: Hematopoietic Stem Cell Transplantation for Mucopolysaccharidoses Lysosomal Storage Disorders

MCP-265: Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders

MCP-272: Hematopoietic Stem Cell Transplantation for Ewing's Sarcoma

MCP-283: Hematopoietic Stem Cell Transplantation for Wilms' Tumor

MCP-309: Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS)

MCP-324: Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis/Myeloproliferative Neoplasms

MCP-362: Haploidentical Allogeneic Hematopoietic Cell Transplantation in Blood Cancers

MCP-363: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (OSA)

MCP-390: Renal Denervation as a Treatment for Resistant Hypertension

MCP-396: Yescarta (axicabtagene ciloleucel)

MCP-416: External Beam/Teletherapy, Brachytherapy, IMRT, SBRS/SRS, IORT and IGRT

MCP-432: Developmental Testing

MCP-444: Implantable Peripheral Nerve and Nerve Field Stimulators for Chronic Pain

MCP-445: Speech Generating Devices

MCP-446: Wheelchair-Mounted Robotic Arm Devices

MCP-447: Casgevy (exagamglogene autotemcel)

MCP-448: Lyfgenia (lovotibeglogene autotemcel)

MCP-450: Amtagvi (lifileucel)

MCP-451: Wearable Cardioverter-Defibrillator Devices

MCP-452: Intra Osseous Basivertebral Nerve Ablation

MCP-453: Lenmeldy (atidarsagene autotemcel)

MCP-454: Hematopoietic Stem Cell Transplantation for Non-Cancer Diseases

MCP-455: Hematopoietic Stem Cell Transplantation for Blood Cancers

MCP-456: Hematopoietic Stem Cell Transplantation for Blood Disorders

MCP-457: Hematopoietic Stem Cell Transplantation for Solid Tumors: Policy

MCP-458: Beqvez (fidanacogene elaparvovec)

MCP-459: Pre -Transplant and Transplant Evaluations
UM CARDIO_1094: Percutaneous Coronary Interventions
UM CARDIO_1095: Aortic Valve Replacement
UM CARDIO_1096: Aorta Coronary Bypass Surgery
UM CARDIO_1097: Ascending Aortic Graft Surgery
UM CARDIO_1098: Descending Thoracic Aortic Graft Surgery
UM CARDIO_1099: Mitral Valve Surgery
UM CARDIO_1101: Cardiac Electrophysiology Study without Arrhythmia Induction
UM CARDIO_1114: Cardiovascular Stress Test
UM CARDIO_1124: Positron Emission Tomography PET Myocardial Imaging
UM CARDIO_1140: EPS with Transseptal Left Heart Cath with Arrhythmia Induction and VT Ablation
UM CARDIO_1141: EPS with AI, Pacing after DI and Atrial or SVT and AP Ablation
UM CARDIO_1142: EPS with AI for AFib AVN and AP Ablation
UM CARDIO_1148: Synchronized Electrical Cardioversion
UM CARDIO_1158: Microvolt T-Wave Alternans
UM CARDIO_1164: Femoral Popliteal Bypass Surgery
UM CARDIO_1268: Aorto-Renal Endarterectomy or Bypass Surgery
UM CARDIO_1295: Transcatheter Aortic Valve Replacement (TAVR)
UM CARDIO_1296: Transcatheter Edge to Edge Repair (TEER) of Mitral Valve
UM CARDIO_1320: Percutaneous Left Atrial Appendage Closure
UM CARDIO_1389: Subcutaneous ICD Device Implantation and Removal
UM CARDIO_1402: Wireless Pulmonary Artery Pressure Device Placement and Monitoring
UM CARDIO_1453: Ultrasound-Guided Vascular Access
UM CARDIO_1461: Cardiac PET with CT for Attenuation
UM CARDIO_1457: Fractional Flow Reserve CT
UM CARDIO_1113: Cardio Policy Cardiac Magnetic Resonance Imaging (MRI)
UM CARDIO_1458: Coronary Artery Calcium Scoring by Electron Beam Tomography
UM CARDIO_1459: Cardio Policy: CT Heart CT Heart Congenital (Not Including Coronary Arteries)
UM CARDIO_1460: Right Heart Catheterization Only
UM CARDIO_1145: Cardio Policy Pacemaker Battery and Lead(s) Replacement
UM CARDIO_1147: Cardio Policy Pacemaker Implantation
UM CARDIO_1149: Cardio Policy: Cardiac Resynchronization Therapy Implantation
UM CARDIO-1166: Cardio Policy Central Venous Access Procedures
UM CARDIO_1079: Cardio Policy Duplex Scan of Hemodialysis Access
UM CARDIO_1080: Automatic Implantable Cardioverter Defibrillator (ICD)
UM ONC_1324: Kymriah (tisagenlecleucel)
UM ONC_1329: Yescarta (axicabtagene ciloleucel)
UM ONC_1413: Tecartus (brexucabtagene autoleucel)
UM ONC_1421: Breyanzi (lisocabtagene maraleucel)

UM ONC_1429: Abecma (idecabtagene vicleucel)

UM ONC_1445: Topical and Intralesional Therapies Redlined

UM ONC_1460: Carvykti (ciltacabtagene autoleucel)

The following policies were revised:

- MCP-045: Kidney Transplantation
 - Added references to pre-transplant evaluation policy M-459
- MCP-114: Liver Transplantation (Adult and Pediatric)
 - Pretransplant evaluation moved to Policy MCP-459
- MCP-400: Breyanzi™ (lisocabtagene maraleucel)
 - Addition of indication for chronic lymphocytic leukemia or small lymphocytic lymphoma
- MCP-403: Abcema (idecabtagene maraleucel)
 - Clarification of indications for treatment of multiple myeloma and new references.
- MCP-413: Carvykti (ciltacabtagene autoleucel)
 - Clarification of indications for treatment of multiple myeloma and new references.
- UM CARDIO_1462: Guideline Directed Medical Therapy (GDMT) - HEART FAILURE and CORONARY ARTERY DISEASE (CAD)
 - Title change from “Guideline-Directed Medical Therapy for Cardiovascular Conditions” and policy number change from UM Cardio_1435