

Provider Newsletter

For Molina Healthcare of Mississippi, Inc. providers



In this issue

- 1** 2023-2024 Flu Season
- 3** Balance Billing
- 3** Early Periodic Screening, Diagnostic and Treatment Program
- 4** Molina's Special Investigation Unit Partnering with you to Prevent Fraud, Waste and Abuse
- 5** Suicide Prevention Awareness
- 6** Clinical Policy Updated Highlights from Third Quarter 2023
- 8** In-Office Laboratory Tests

2023-2024 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues its recommended annual influenza vaccinations for **everyone** at least six months of age and older and who do not have contraindications. It's especially important that certain people get vaccinated, either because they are at high risk of serious flu-related complications or because they live with or care for people with an increased risk of developing flu-related complications.

As stated in the August 2023 ACIP report, all seasonal flu vaccinations expected to be available in the United States for the 2023-2024 season are quadrivalent, containing hemagglutinin (HA) derived from one influenza A(H1N1)pdm09 virus, one influenza A(H3N2) virus, one influenza B/Victoria lineage virus and one influenza B/Yamagata lineage virus. Inactivated influenza vaccines (IIV4s), recombinant influenza vaccine (RIV4) and live attenuated influenza vaccine (LAIV4) are also expected to be available.

Other 2023-2024 vaccination recommendations:

- For most people who only need one dose of influenza vaccine for the season, vaccination should be offered either in September or October. However, vaccination should continue after October and throughout the season as long as influenza is circulating and unexpired vaccines are available.
- ACIP makes preferential recommendations for a specific vaccine in those 65 years of age and older, those with immunocompromised conditions and some chronic medical conditions who cannot receive live attenuated viral vaccines. Please talk with your patients about the right vaccinations for them.
- ACIP recommends that adults 65 years of age and older preferentially receive any of the following higher-dose or adjuvanted influenza vaccines: Quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4) or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4). If none of these vaccines are available for administration, any other age-appropriate influenza vaccine should be used.

Updates included in 2023-2024 ACIP Report:

- ACIP 2023/2024 recommendations include changes to the composition of 2023-2024 United States seasonal influenza vaccines related to the influenza (H1N1)pdm09 component.
 - U.S.-licensed influenza vaccines will contain HA derived from:
 - a. An influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus (for egg-based vaccines) or an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus (for cell culture-based and recombinant vaccines).
 - b. An influenza A/Darwin/9/2021 (H3N2)-like virus (for egg-based vaccines) or an influenza A/Darwin/6/2021 (H3N2)-like virus (for cell culture-based and recombinant vaccines).
 - c. An influenza B/Austria/1359417/2021 (Victoria lineage)-like virus.
 - d. An influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus and updated recommendations regarding influenza vaccination for persons with an egg allergy.
- ACIP recommends that all persons 6 months of age or older with an egg allergy should receive an influenza vaccine. Any influenza vaccine (egg-based or non-egg-based) that is otherwise appropriate for the recipient's age and health status can be used.
- ACIP no longer recommends that persons who have had an allergic reaction to eggs involving symptoms other than urticaria be vaccinated in an inpatient or outpatient medical setting supervised by a health care provider. Egg allergy alone necessitates no additional safety measures for flu vaccination beyond those recommended for any vaccine recipient. All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.

For a complete copy of ACIP recommendations and updates for information on flu vaccine options for the 2023-2024 flu season, please review the report at [cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s_cid=rr7202a1_w](https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s_cid=rr7202a1_w).

Molina will cover the following flu vaccines during the 2023-2024 flu season:

- Injectable seasonal influenza vaccine (Quadrivalent) available from August-April or per state requirements
- Intranasal seasonal influenza vaccine (FluMist) available from August-April or per state requirements
- Intradermal influenza vaccine quadrivalent (short needle) and Flublok available from August-April or per state requirements
- Injectable seasonal influenza (high-dose) vaccine available from August-April or per state requirements for members aged 65 and older

Balance Billing

Providers are prohibited from balance billing Molina members for covered services other than the member's applicable copayment, coinsurance and deductible amounts. The provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

Providers agree that under no circumstance shall a Molina member be liable to the provider for any payment owed that are the legal obligation of Molina.

Examples of balance billing include:

1. Holding members who are dually eligible for Medicare and Medicaid liable for Medicare Part A and B cost sharing.
2. Requiring Molina members to pay the difference between the discounted and negotiated fees and the provider's usual and customary fees.
3. Charging Molina members fees for covered services beyond copayments, deductibles or coinsurance.

Early and Periodic Screening, Diagnosis, and Treatment Program

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under 21 who are enrolled in Medicaid. EPSDT ensures that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services.

Molina is required to provide comprehensive services and furnish all appropriate and medically necessary services needed to correct and ameliorate health conditions based on certain federal guidelines. EPSDT is comprised of screening, diagnostic and treatment services, and all providers serving EPSDT-eligible members are required to:

- Inform all Medicaid-eligible individuals under 21 that EPSDT services are available and of the need for age-appropriate immunizations
- Provide or arrange for the provision of screening services for all children
- Arrange (directly or through referral) for corrective treatment as determined by child health screenings

As a provider, it is your responsibility to adhere to and understand EPSDT guidelines and requirements to ensure access to the right care at the right time in the right setting.

Molina's Special Investigation Unit Partnering with you to Prevent Fraud, Waste and Abuse

The National Healthcare Anti-Fraud Association estimates that **at least three percent** of the nation's health care costs – amounting to tens of billions of dollars – are lost to fraud, waste and abuse. That's money that would otherwise cover legitimate care and services for those who need it most. To address the issue, federal and state governments have passed several laws to improve overall program integrity, including required audits of medical records against billing practices. Like other MCOs in our industry, Molina Healthcare must comply with these laws and proactively ensure that government funds are used appropriately. Molina's Special Investigation Unit (SIU) aims to safeguard Medicare and Medicaid, along with Marketplace funds.

You and the SIU

The SIU utilizes state-of-the-art data analytics to proactively review claims to identify statistical outliers within peer (specialty) groups and services/coding categories. Our system employs approximately 1,600 algorithms to identify billing outliers and patterns, over- and under-utilization and other aberrant billing behaviors. The system pulls information from multiple public data sources and historical databases that are known to identify and track fraud, waste and abuse. Our system allows us to track provider compliance within correct coding, billing and the providers' contractual agreement.

As a result, providers might receive a notice from the SIU if they have been identified as having outliers that require additional review or by random selection. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions – such as providing requested medical records and other supporting documentation. Should you have questions, please contact your Provider Relations Representative.

“Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members,” explains Scott Campbell, Molina Vice President of Payment Integrity, who oversees the SIU operations. “Together, we share a responsibility to be prudent stewards of government funds. It's a responsibility that we all should take seriously because it plays an important role in protecting programs like Medicare and Medicaid from fraudulent activity.”

Molina appreciates your support and understanding of the SIU's important work, and we hope to minimize any inconvenience the SIU audit might cause you and/or your practice.

To report potential fraud, waste and abuse, contact the Molina Alertline toll-free at **(866) 606-3889** 24 hours a day, 7 days a week. You can also file a report online at MolinaHealthcare.Alertline.com.

Suicide Prevention Awareness

Suicide prevention is everyone's business. Suicide is the 12th leading cause of death in the U.S., but it is preventable. Suicide Prevention Awareness aims to increase the understanding of suicide risk factors, decrease the stigma of talking about suicide and works toward reducing the number of suicides to zero.

We can all work together in our communities to educate ourselves about suicide prevention strategies and have a dramatic impact on the number of lives saved. Molina offers providers free access to PsychHub – a digital behavioral health education platform – which offers courses on behavioral health topics, including suicide.



Courses include a Suicide Prevention Series on:

- CBT for Reducing Suicide Risk (2.75-3.00 CE credits)
- Collaborative Assessment and Management of Suicidality (3.25-4.25 CE credits)
- Counseling on Access to Lethal Means (1.50-2.25 CE credits)
- Suicidal Behavior Competency (1.00 CE credit)

To create your free PsychHub account, please visit resources.psychhub.com/molina, select “Molina Provider,” and follow the prompts to create an account.

National depression and mental health screening

Molina encourages providers to proactively screen for depression via the use of the PHQ-2 and PHQ-9 to promote early identification and intervention for members at risk of depression and suicide. In addition to offering providers access to the PsychHub education platform, Molina has also developed a Behavioral Health Toolkit for providers, which includes a chapter on depression screening and follow-up, as well as chapters on recommended screening, assessments and interventions for other behavioral health conditions. You can access the toolkit online at

MolinaHealthcare.com/Providers/Common/Medicaid/BH_Toolkit/BH_Toolkit.aspx.

Clinical Policy Updated Highlights from Third Quarter 2023

Molina Clinical Policies (MCPs) are located at [MolinaClinicalPolicy.com](https://www.molinahealthcare.com/clinical-policy). The policies are used by providers, 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-438: Adstiladrin (nadofaragene firadenovec-vncg)
- MCP-435: Omisirge (omidubicel-only)
- MCP-439: Vyjuvek (beremagene geperpavec)
- MCP-667: Xenoview (Xenon MRI) (MCP no. updated to 667 after meeting to reflect this is an Advanced Imaging policy)
- MCP-436: Elevidys (delandistrogene moxeparvovec-rokl)
- MCP-433: Roctavian (valoctocogene roxaparvovec)
- MCP-442: MISHA Knee Implant System
- MCP-441: Pancreatic Islet Cell Allograft Transplantation Lantidra (donislecel-jujn)
- MCP-440: Pancreatic Islet Cell Transplantation (Autologous)
- MCP-437: Transcatheter Mitral Valve Implantation

The following policies were revised:

- MCP-118: Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia (ALL)
- MCP-188: Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)
- MCP-187: Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML)
- MCP-256: Hematopoietic Stem Cell Transplantation for Mucopolysaccharidoses Lysosomal Storage Disorders
- MCP-122: Hematopoietic Stem Cell Transplantation for Multiple Myeloma and POEMS Syndrome
- MCP-283: Hematopoietic Stem Cell Transplantation for Wilms Tumor
- MCP-045: Kidney Transplantation
- MCP-017: Pancreas Transplantation Procedures
 - The above transplant policies were updated to clarify that an abnormal neurological exam does not always disqualify transplant, removed abnormal serology indications and indications for colonoscopy were updated to age 45 years.
- MCP-206: Virtual Bronchoscopy & Electromagnetic Navigational Bronchoscopy for Evaluation of Peripheral Pulmonary Lesions
 - Added electromagnetic bronchoscopy as medically necessary and added robotic-assisted bronchoscopy as experimental/investigational/unproven.
- MCP-363: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (OSA)
 - Updated coverage indications to include indications for eligible pediatric patients with Down syndrome.

- MCP-416: External Beam Teletherapy Brachytherapy IMRT SBRT SRS IORT and IGRT
 - Removed the requirement for two DVH comparison plans and dose indications, comparison plans require a practice to create two plans instead of one.
 - For cervical and endometrial cancer, allowed fractions increased by three to include a commonly prescribed total fraction number.
 - Clarified that lymph node-positive rectal cancer is eligible for IMRT.
 - Clarified that the entire esophagus is eligible for IMRT.
 - Clarified that all pancreatic cancers are eligible for IMRT.
 - Added IMRT for stage I and II NSCLC with more than 10 fractions is not considered medically necessary.
- MCP-395: Kymriah (tisagenlecleucel)
 - Revised to include members with relapsed/ after two lines of standard chemotherapy.
- MCP-417: Neutron and Proton Beam Radiation Therapy Policy
 - Removed the need for IMRT vs. PBRT comparison study requirement.
- MCP-415: Pluvicto (lutetium Lu 177 vipivotide tetraxetan)
 - Updated to include use as monotherapy.
- MCP-105: Provenge (sipuleucel-T)
 - Inclusions section rewritten.
- MCP-423: Topical and Intralesional Therapies
 - Removed statements indicating that certain topical and intralesional therapies are preferred.
 - Added indications for Levulan Kerastick (aminolevulinic acid hydrochloride), Klisyri (topical tirbanibulin).
 - Removed Photofrin for use as photodynamic therapy for actinic keratoses or cSCC in situ (Bowen's disease); Tazorac and Aldara from treatment options for cutaneous T-cell lymphoma; Aldara, clobetasol propionate, Kenalog injection, and Rituxan injection as treatment options for cutaneous B-cell lymphoma.
 - Removed Picato (discontinued).
- MCP-403: Abecma (idecabtagene vicleucel)
 - For multiple myeloma, added indication to clarify that members must have measurable disease or evidence of disease progression from the last line of therapy.
- MCP-655: Brain PET
 - Indication updated to read "monoclonal antibodies directed against aggregated forms of amyloid beta" instead of Aduhelm due to new drug availability.
- MCP-399: Electrostimulation and Electromagnetic Therapy for Wound Care
 - Added coverage for electrostimulation therapy. There is no change in coverage for electromagnetic therapy.
- MCP-160: Implantable Intrathecal Pain Pump
 - Coverage indications updated to include more details surrounding psychological evaluation for nonmalignant pain candidates.
- MCP-440: Pancreatic Islet Cell Transplantation (Autologous)
 - Allogenic transplantation information was removed from the policy, and a cross-reference to new MCP on allogenic islet cell transplantation.
- MCP-662: Whole Body MRI and/or CT
 - Policy title updated, and indications updated to include whole body CT indications.

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

- MCP-638: Abdomen Pelvis CT/MHI-A-0013
- MCP-649: Breast MRI/MHI-A-0048
- MCP-633: Lower Extremity Knee MRI/MHI-A-0052
- MCP-633: Lower Extremity Ankle MRI/MHI-A-0045
- MCP-618: Lumbar Spine CT/MHI-A-0027
- MCP-663: Shoulder MRI/MHI-A-0056
- MCP-614: Chest MRI/MHI-A-0446
- MCP-157: Cell-free DNA Screening for Chromosomal Aneuploidy
- MCP-369: Facet Joint Allograft Implants for Facet Disease
- MCP-091: Pediatric Bariatric Surgery
- MCP-175: Transcatheter Aortic Valve Replacement

In-Office Laboratory Tests

Molina's policies allow only certain lab tests to be performed in a provider's office regardless of the line of business. All other lab testing must be referred to an in-network laboratory provider that is a certified, full-service laboratory offering a comprehensive test menu that includes routine, complex, drug, genetic testing and pathology. A list of those lab services that are allowed to be performed in the provider's office are found below.

Claims for tests performed in the physician office, but not listed below, will be denied.

Code	Description	Code	Description
80047	Basic Metabolic Panel	84443	TSH
80048	Basic Metabolic Panel	85007	Blood Count, Differential, WBC
80053	Comprehensive Metabolic Panel	85008	Blood Smear, Manual Blood Count
81025	Urine Pregnancy Test	85014	Hematocrit
82947	Glucose, Quantitative	85018	Hemoglobin
83655	Lead Screening	85032	Manual Cell Count
83735	Magnesium	85049	Platelet, Automated Count
84436	Thyroxine, Free	85060	Peripheral Smear
84437	Thyroxine, Requiring Elution	85095	Bone Marrow ASP only
84439	Thyroxine, Free	85576	Platelet Aggregation, any agent

Code	Description
85610	Prothrombin Time
86308	Herterophile, Mono Test
86580	Tuberculosis
87400	Influenza
87804	Influenza
87807	RSV
87880	Rapid Strep
88305	Pathology
88342	Pathology
81000 - 81005	Urinalysis
82043 - 82044	Urine Microalbumin
82270 - 82272	Blood, Occult
82565 - 82575	Creatinine
85025 - 85027	CBC
86140 - 86141	C Reactive Protein
88150 - 88155	Pathology/Pap Smear
88164 - 88167	Pathology/Pap Smear
88174 - 88175	Pathology/Pap Smear
88312 - 88313	Pathology
88331 - 88332	Pathology Consultation during surgery

Specimen collection is allowed in a provider's office and shall be compensated in accordance with your agreement with Molina and applicable State and Federal billing and payment rules and regulations. Claims for tests performed in the provider's office but not on Molina's list of allowed in-office laboratory tests will be denied.