

Marketplace National Regional Benefit Interpretation Document

Benefit Name	CHEMOTHERAPY
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses chemotherapy, immunotherapy, and hormonal agents, injectable drugs, cancer treatment, oral drugs, and related oncology services.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.</p> <p>Essential Health Benefits for Individual and Small Group</p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>A. FEDERAL/STATE MANDATED REGULATIONS</p> </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>CALIFORNIA: Assembly Bill No. 1860 Chapter 427</p>

An act to amend Section 1367.656 of the Health and Safety Code, and to amend Section 10123.206 of the Insurance Code, relating to health care coverage.

[28 CCR § 1300.67](#)- Chemotherapy/Radiation

SB 535 (APL 21-025):

Prohibits plans, on or after July 1, 2022, from requiring prior authorization for

- 1) biomarker testing for an enrollee with advanced or metastatic stage 3 or 4 cancer or
- 2) biomarker testing for cancer progression or recurrence in the enrollee with advanced or metastatic stage 3 or 4 cancer.

Allows a plan to require prior authorization for biomarker-testing that is not for an FDA-approved therapy for advanced or metastatic stage 3 or 4 cancer.

FLORIDA:

[Fla. Stat. § 627.4239](#): Coverage for use of drugs in treatment of cancer

ILLINOIS:

[215 ILCS 5/364.01](#): Qualified Clinical Cancer Trials

[215 ILCS 125/5-3\(a\)](#): Insurance Code Provisions

[215 ILCS 125/4-6.3](#): Prescription drugs; cancer treatment

[Public Act 97-0198](#): AN ACT concerning insurance

[215 ILCS 5/356z.19](#)- Cancer Drug Parity

Cancer Treatment – Prescription Drugs:

[215 ILCS 5/356z.7](#)

[215 ILCS 125/4-6.3](#)

Amended by [P.A. 96-457](#)

Mastectomy – Reconstruction:

[P.A. 92-0048](#)

[215 ILCS 5/356g\(b\)](#)

[215 ILCS 125/4-6.1](#)

KENTUCKY:

Breast cancer treatment with high-dose chemotherapy with autologous bone marrow transplantation or stem cell transplantation

[Ky. Rev. Stat. § 304.17-3165](#): Coverage for treatment of breast cancer

[Ky. Rev. Stat. § 304.17A-135](#): Coverage for treatment of breast cancer

[Ky. Rev. Stat. § 304.38-1936](#): Coverage for treatment of breast cancer

[Ky. Rev. Stat. § 304.17A-172](#): Requirements for health benefit plans that include anticancer medications that are injected or intravenously administered by a health care provider and patient-administered anticancer medications.

MICHIGAN:

[MCL500.3406d](#)- Breast cancer outpatient treatment services/Breast cancer rehabilitation services/Mastectomy prosthetics/Breast cancer diagnostic service

MISSISSIPPI:

[Miss. Code Ann. § 83-9-8](#)- Coverage of drugs not approved by Federal Food and Drug Administration; drugs used in treatment of cancer

NEW MEXICO:

[NMSA 59A-22-43](#)- Coverage of Patient Costs Incurred in Cancer Clinical Trials

[NMSA 59A-22-49.1](#); [NMSA 59A-23-7.10](#); [NMSA 59A-46-50.1](#); [NMSA 59A-47-45.1](#)- Coverage for Orally Administered Anticancer Medications; Limits on Patient Costs

OHIO:

[Ohio Rev. Code § 1751.69](#): Cancer chemotherapy; coverage for orally and intravenously administered treatments

SOUTH CAROLINA:

[SECTION 38-71-125](#): Mastectomies; hospitalization requirements; early release provisions

TEXAS:

[Insurance Code 1369.204](#):
[Required Coverage for Orally Administered Anticancer Medications](#)

[TIC Chapter 1369, Subchapter E- 1369.201-1369.213](#): Prescription Drugs - Oral Anticancer Medications

[TIC §1369.213](#)- Prohibited Conduct

UTAH:

[Insurance Code 31A-22-641: Cancer treatment parity](#)

WASHINGTON:

Washington Statute [§ RCW 48.20.389](#), [RCW 48.46.274](#), [RCW 48.44.323](#), [RCW 48.21.223](#); Prescribed, self-administered anticancer medication:

[RCW 48.43.005 \(22\) and \(23\).](#)

Notes:

RCW [48.43.005](#) was subsequently alphabetized pursuant to RCW [1.08.015\(2\)\(k\)](#)

[WAC 284-43-5200 Anticancer Medication.](#)

WISCONSIN:

[Wisconsin Statute 632.867: Oral and injected chemotherapy](#)

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

CHEMOTHERAPY

CALIFORNIA:

We cover chemotherapy and other provider-administered drugs, whether administered in a physician's office, an outpatient, or an inpatient setting.

FLORIDA, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, WISCONSIN:

Covers Chemotherapy and other Provider-administered drugs whether administered in a physician's office, an outpatient or an inpatient setting

IDAHO, UTAH, WASHINGTON:

Chemotherapy and other Provider-administered drugs administered in a physician's office, an outpatient, or an inpatient setting. These services are subject to either outpatient facility or inpatient facility Cost Sharing.

DRUGS TO TREAT CANCER

CALIFORNIA:

Drugs to Treat Cancer: Molina covers reasonable costs for anti-cancer drugs and their administration. Prior Authorization requests for drugs to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered Tier 4 specialty drugs under the pharmacy benefit. All anti-cancer drugs taken by mouth and paid for under the pharmacy benefit will be covered on the same basis and at no greater Cost Sharing than imposed under the medical benefit for anti-cancer drugs given by other bodily routes by a Provider. The maximum Cost Sharing for an orally administered anti-cancer medication is \$250 for up to a 30-day supply and is not subject to a deductible.

FLORIDA:

Drugs to Treat Cancer: Molina covers reasonable costs for anti-cancer drugs and their administration. Prior authorization requests for drugs to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Chemotherapy drugs obtained in the Provider's office will be subject to medical benefit cost sharing, while those obtained at the pharmacy will be subject to pharmacy benefit cost sharing. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs are considered Tier 4 specialty drugs under the pharmacy benefit.

IDAHO, SOUTH CAROLINA:

Drugs to Treat Cancer: Molina covers reasonable costs for anti-cancer drugs and their administration. Prior authorization requests for drugs to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the place of service where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered Tier 4 specialty drugs under the pharmacy benefit.

ILLINOIS:

Drugs to Treat Cancer: Molina covers reasonable costs for anti-cancer drugs and their administration. Requests for uses outside of a drug’s FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on usage outside of FDA labeling. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs are considered Tier 4 specialty drugs under the pharmacy benefit.

KENTUCKY:

Drugs to Treat Cancer: Passport covers reasonable costs for anti-cancer drugs and their administration. Requests for uses outside of a drug’s FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on usage outside of FDA labeling. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs are considered Tier 4 specialty drugs under the pharmacy benefit. Copayments and deductibles for patient-administered anticancer medications shall not be higher than those for injected or intravenously administered anticancer medications.

MICHIGAN, OHIO:

Drugs to Treat Cancer: Molina covers reasonable costs for anti-cancer drugs and their administration. Requests for uses outside of a drug’s FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on usage outside of FDA labeling. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs are considered Tier 4 specialty drugs under the pharmacy benefit.

MISSISSIPPI:

Drugs to Treat Cancer: Molina covers reasonable costs for anti-cancer drugs and their administration. Prior Authorization requests for drugs to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered Tier 4 specialty drugs under the pharmacy benefit.

All anti-cancer drugs taken by mouth and paid for under the pharmacy benefit will be covered on the same basis and at no greater Cost Sharing than imposed under the medical benefit for anti-cancer drugs given by other bodily routes by a Provider.

NEW MEXICO:

Drugs to Treat Cancer: Molina covers costs for anti-cancer drugs and their administration. Prior authorization requests for drugs to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered Tier 4 specialty drugs under the pharmacy benefit. Coverage for a prescribed, orally administered anticancer medication is not subject to any prior authorization, dollar limit, copayment, deductible or coinsurance provision that does not apply to intravenously administered or injected anticancer medication used to kill or slow the growth of cancerous cells.

TEXAS:

Drugs to Treat Cancer: Molina covers reasonable costs for anti-cancer drugs and their administration. Requests for uses outside of a drug's FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on usage outside of FDA labeling. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where

treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs are considered Tier 4 specialty drugs under the pharmacy benefit.

All anti-cancer drugs taken by mouth and paid for under the pharmacy benefit will be covered on the same basis and at no greater Cost Sharing than imposed under the medical benefit for anti-cancer drugs given by other bodily routes by a Provider.

UTAH:

Drugs to Treat Cancer: Molina covers reasonable costs for anti-cancer drugs and their administration. Requests for uses outside of a drug's FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on usage outside of FDA labeling. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered Tier 4 specialty drugs under the pharmacy benefit.

WASHINGTON:

Drugs to Treat Cancer: Molina covers reasonable costs for anti-cancer drugs and their administration. Prior Authorization requests for drug's to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on usage outside of non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered Tier 4 specialty drugs under the pharmacy benefit. All orally administered cancer medications will be covered on the same basis and at no greater cost sharing than imposed for IV or injected cancer medication.

WISCONSIN:

Drugs to Treat Cancer: Molina covers reasonable costs for anti-cancer drugs and their administration. Prior authorization requests for drugs to be used

outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered Tier 4 specialty drugs under the pharmacy benefit.

COST SHARING:

CALIFORNIA, OHIO, WISCONSIN:

All anti-cancer drugs taken by mouth and paid for under the pharmacy benefit will be covered on the same basis and at no greater Cost Sharing than imposed under the medical benefit for anti-cancer drugs given by other bodily routes by a Provider.

CALIFORNIA: The maximum Cost Sharing for an orally administered anti-cancer medication is \$250 for up to a 30-day supply and is not subject to a deductible.

KENTUCKY: Copayments and deductibles for patient-administered anticancer medications shall not be higher than those for injected or intravenously administered anticancer medications.

OHIO: The maximum Cost Sharing of \$100 per prescription refill for oral chemotherapy drugs

UTAH: Oral oncology will not be more expensive than the outpatient chemotherapy cost-sharing

FLORIDA, ILLINOIS, NEW MEXICO, TEXAS, UTAH:

Oral - All anti-cancer drugs taken by mouth and paid for under the pharmacy benefit will be covered on the same basis and at no greater cost sharing rates than imposed under the medical benefit for provider-administered anti-cancer drugs.

KENTUCKY, MISSISSIPPI, WASHINGTON:

Self-administered - All self-administered anti-cancer paid for under the pharmacy benefit will be covered on the same basis and at no greater cost sharing rates than imposed under the medical benefit for provider-administered anti-cancer drugs.

CANCER TREATMENT

CALIFORNIA:

Cancer Treatment: Molina provides the following coverages for cancer care and treatment, including, but not limited to:

- Preventive cancer screening and testing (please refer to the BI Policy titled Preventive Care Services for more information)
- Biomarker testing with no requirement for Prior Authorization for a Member with advanced or metastatic stage 3 or 4 cancer
- Diagnostic screening, laboratory, and procedures
- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member’s jaw for radiation therapy of cancer and other neoplastic diseases in the Member’s head or neck
- Mastectomies (removal of breast) and lymph node dissections for the treatment of breast cancer
- Mastectomy-related services (please refer to the BI Policies titled “Reconstructive Surgery” and “DME, Prosthetic, and Medical Supplies” sections of this Agreement for more information)
- Routine patient care costs for Members who are participating in an Approved Clinical Trial for cancer (please refer to the BI Policy titled Clinical Trials for more information)
- Prescription medications to treat cancer (please refer to the Benefit Interpretation Policy titled Medications and Off-Label Drugs for more information)

FLORIDA:

Cancer Treatment: Molina provides the following coverages for cancer care and treatment, including, but not limited to:

- Preventive cancer screening and testing (please refer to the Preventive Services Policy)
- Diagnostic screening, laboratory, and procedures
- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member’s jaw for radiation therapy of cancer and other neoplastic diseases in the Member’s head or neck
- Mastectomies (removal of breast) and lymph node dissections for the treatment of breast cancer.
- Mastectomy-related services (please refer to the Reconstructive Surgery and Prosthetic and Orthotic Devices section of the DME Policies)
- Routine patient care costs for Members who are participating in an Approved Clinical Trial for cancer (please refer to the Approved Clinical Trial Policy)

- Prescription medications to treat cancer (please refer to the Prescription Drug Policy)

IDAHO:

Cancer Treatment: Molina provides the following coverages for cancer prevention, screening, care, and treatment, including, but not limited to:

- Preventive cancer screening and testing (please refer to the Preventive Services Benefit Policy)
- Mammogram coverage at the following periodicity:
 - One (1) baseline mammogram for any woman who is thirty-five (35) through thirty-nine (39) years of age.
 - A mammogram every two (2) years for any woman who is forty (40) through forty-nine (49) years of age, or more frequently if recommended by the woman's physician.
 - A mammogram every year for any woman who is fifty (50) years of age or older.
 - A mammogram for any woman desiring a mammogram for medical cause.
- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member's jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck
- Mastectomies (removal of breast) and lymph node dissections for the treatment of breast cancer
- Mastectomy-related services (please refer to the Reconstructive Surgery and Prosthetic and Orthotic Devices Benefit Policies)
- Routine patient care costs for Members who are participating in an Approved Clinical Trial for cancer (please refer to the Approved Clinical Trial Benefit Policy)
- Prescription medications to treat cancer (please refer to the Prescription Drug Benefit Policy)

ILLINOIS:

Cancer Treatment: Molina provides the following coverages for cancer care and treatment, including, but not limited to:

- Preventive cancer screening and testing (please refer to the Preventive Services Benefit Policy)
- Diagnostic screening, laboratory, and procedures
- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member's jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck
- Mastectomies (removal of breast) and lymph node dissections for the treatment of breast cancer
- Mastectomy-related services (please refer to the Reconstructive surgery and DME and Prosthetic Benefit Policies)

- Routine patient care costs for Members who are participating in an Approved Clinical Trial for cancer (please refer to the Approved Clinical Trial Benefit Policy)
- Prescription medications to treat cancer (please refer to the Medication and Prescription Drug Benefit Policy)
- Breast - Fibrocystic Breast Condition
- Biomarker testing

KENTUCKY:

Cancer Treatment: Passport provides the following coverages for cancer care and treatment, including

- Preventive cancer screening and testing (please refer to the Preventive Services Benefit Policy)
- Diagnostic screening, laboratory, and procedures
- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member's jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck
- Mastectomies (removal of breast) and lymph node dissections for the treatment of breast cancer
- Mastectomy-related services (please refer to the Reconstructive Surgery and DME and Prosthetic Benefit Policies)
- Routine patient care costs for Members who are participating in an Approved Clinical Trial for cancer (please refer to the Approved Clinical Trial Benefit Policy)
- Prescription medications to treat cancer (please refer to the Medications and Prescription Drug Benefit Policy)
- Mammograms
- High-dose chemotherapy with autologous bone marrow transplantation or stem cell transplantation, according to guidance from the American Society for Blood Marrow Transplantation or the International Society of Hematotherapy and Graft Engineering, whichever has the higher standard

Passport covers Wigs (the first one following cancer treatment, not to exceed one (1) per Benefit Year). Refer to Benefit Policy titled **DME, Prosthetics and Medical Supplies**.

MICHIGAN:

Cancer Treatment: Molina provides the following coverages for cancer care and treatment, including, but not limited to:

- Preventive care screening and testing (please refer to the Preventive Services Benefit Policy)
- Diagnostic screening, laboratory, and procedures

- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member’s jaw for radiation therapy of cancer and other neoplastic diseases in the Member’s head or neck
- Mastectomies (removal of breast) and lymph node dissections for the treatment of breast cancer
- Mastectomy-related services (please refer to the “Reconstructive Surgery” and “DME and Prosthetic” Benefit Policies)
- Routine patient care costs for Members who are participating in an Approved Clinical Trial for cancer
- Prescription medications to treat cancer (please refer to the Prescription Drug Benefit Policy)

MISSISSIPPI:

Cancer Treatment: Molina provides the following coverages for cancer care and treatment, including, but not limited to:

- Preventive cancer screening and testing (please refer to the Preventive Services Policy)
- Diagnostic screening, laboratory, and procedures
- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member’s jaw for radiation therapy of cancer and other neoplastic diseases in the Member’s head or neck
- Mastectomies (removal of breast) and lymph node dissections for the treatment of breast cancer
- Mastectomy-related services (please refer to the Reconstructive surgery and Prosthetic and Orthotic Devices Policies)
- Routine patient care costs for Members who are participating in an Approved Clinical Trial for cancer (please refer to the Approved Clinical Trial Policy)
- Prescription medications to treat cancer (please refer to the Prescription Drug Policy)

NEW MEXICO:

Cancer Treatment: Molina provides the following coverages for cancer care and treatment, including, but not limited to:

- Preventive cancer screening and testing (please refer to the Preventive Services Benefit Policy)
- Diagnostic screening, laboratory, and procedures
- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member’s jaw for radiation therapy of cancer and other neoplastic diseases in the Member’s head or neck
- Mastectomies (removal of breast) and lymph node dissections (not less than 48 hours of inpatient care following a mastectomy and 24 hours of

inpatient care following a lymph node dissection for the treatment of breast cancer)

- Mastectomy-related services (please refer to the Reconstructive Surgery and DME and Prosthetic Benefit Policy)
- Routine patient care costs for Members who are participating in an Approved Clinical Trial for cancer
- Prescription medications to treat cancer (please refer to the Medications and Prescription Drug Benefit Policy)
- Skin cancer behavioral counseling (age 6 months to 24 years)

OHIO:

Cancer Treatment: Molina provides the following coverages for cancer care and treatment, including, but not limited to:

- Preventive cancer screening and testing (please refer to the Preventive Services Benefit Policy)
- Diagnostic screening, laboratory, and procedures
- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member's jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck
- Mastectomies (removal of breast), four post-mastectomy surgical bras, and lymph node dissections for the treatment of breast cancer
- Mastectomy-related services (please refer to the Reconstructive Surgery and DME and Prosthetic Benefit Policy)
- Routine patient care costs for Members who are participating in an Approved Clinical Trial for cancer (Refer to Approved Clinical Trial Benefit Policy)
- Prescription medications to treat cancer (please refer to the Prescription Drug Benefit Policy)

SOUTH CAROLINA:

Cancer Treatment: Molina provides the following coverages for cancer care and treatment, including, but not limited to:

- Preventive care screening and testing (please refer to the Preventive Services Benefit Policy)
- Diagnostic screening, laboratory, and procedures
- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member's jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck
- Mastectomies (removal of breast) and lymph node dissections for the treatment of breast cancer. Coverage allows at least 48 hours of hospitalization following a mastectomy. In the case of an early release, coverage shall include at least one home care visit if ordered by the attending physician.

- Mastectomy-related services (please refer to the Reconstructive Surgery and DME and Prosthetic Benefit Policy)
- Routine patient care costs for Members who are participating in an Approved Clinical Trial for cancer (please refer to the Approved Clinical Trial Benefit Policy)
- Prescription medications to treat cancer (please refer to the Prescription Drug Benefit Policy)

TEXAS:

Cancer Treatment: Molina provides the following coverages for cancer care and treatment, including, but not limited to:

- Preventive cancer screening and testing (please refer to the Preventive Services Policy)
- Diagnostic screening, laboratory, and procedures
- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member's jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck
- Mastectomies (removal of breast) and lymph node dissections for the treatment of breast cancer
- Mastectomy-related services (please refer to the Reconstructive Surgery and Prosthetic and Orthotic Devices Policy)
- Routine patient care costs for Members who are participating in an Approved Clinical Trial for cancer (please refer to the Approved Clinical Trial Policy)
- Prescription medications to treat cancer (please refer to the Prescription Drugs Policy)

UTAH:

Cancer Treatment: Molina provides the following coverages for cancer care and treatment, including, but not limited to:

- Preventive cancer screening and testing (please refer to the Preventive Services Benefit Policy)
- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member's jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck
- Mastectomies (removal of breast) and lymph node dissections for the treatment of breast cancer
- Mastectomy-related services (please refer to the Reconstructive Surgery and DME and Prosthetic Benefit Policies)
- Routine patient care costs for Members who are participating in an Approved Clinical Trial for cancer (please refer to the Approved Clinical Trial Benefit Policy)

- Prescription medications to treat cancer (please refer to the Prescription Drug BI Policy for full details). Molina covers prescribed oral chemotherapy and intravenously administered chemotherapy in parity.

WASHINGTON:

Cancer Treatment: Molina provides the following coverages for cancer prevention, screening, care, and treatment, including, but not limited to:

- Preventive cancer screening and testing (please refer to the Preventive Services Benefit Policy)
- Mammogram services, both diagnostic and screening
- Colorectal screening for all adults age of forty-five (45) and older or colorectal screening for Members less than fifty (50) years old and at high risk or very high risk for colorectal cancer. Molina does not impose Cost Sharing for the following services that are integral to performing the colonoscopy:
 - Required specialist consultation prior to the screening procedure;
 - Bowel preparation medications prescribed for the screening procedure;
 - Anesthesia services performed in connection with a preventive colonoscopy;
 - Polyp removal performed during the screening procedure; and
 - Any pathology exam on a polyp biopsy performed as part of the screening procedure; or
 - A colonoscopy after a positive non-invasive stool-based screening test or direct visualization screening test is therefore required to be covered without cost sharing
- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member's jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck
- Mastectomies (removal of breast) and lymph node dissections for the treatment of breast cancer
- Mastectomy-related services (please refer to the Reconstructive Surgery and Prosthetic and Orthotic Devices Benefit Policies)
- Routine patient care costs for Members who are participating in an Approved Clinical Trial for cancer (please refer to the Approved Clinical Trial Benefit Policy)
- Prescription medications to treat cancer (please refer to the Prescription Drug Benefit Policy)
- Biomarker testing services, when prescribed by a Participating Provider, are not subject to Prior Authorization requirements for Members with

stage 3 or 4 cancer or for Members with recurrent, relapsed, refractory, or metastatic cancer.

WISCONSIN:

Cancer Treatment: Molina provides the following coverages for cancer care and treatment, including, but not limited to:

- Preventive cancer screening and testing (please refer to the Preventive Services Policy)
- Diagnostic screening, laboratory, and procedures
- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member’s jaw for radiation therapy of cancer and other neoplastic diseases in the Member’s head or neck
- Mastectomies (removal of breast) and lymph node dissections for the treatment of breast cancer
- Mastectomy-related services (please refer to the Reconstructive Surgery and Prosthetic and Orthotic Devices Policies)
- Routine patient care costs for Members who are participating in an Approved Clinical Trial for cancer (please refer to the Approved Clinical Trial Policy)
- Prescription medications to treat cancer (please refer to the Prescription Drug Policy)

MORE INFORMATION

Refer to Benefit Interpretation Policy titled **Home Infusion Therapy**

D. NOT COVERED

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> • Added KY 2022 Drafted Language
5/14/2021	<ul style="list-style-type: none"> • Added IL 2022 EOC Language

	6/28/2021	<ul style="list-style-type: none"> Added ID 2022 EOC Language 																							
Procedure Codes (Internal Use Only)	BI Policy Configuration Chemotherapy Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT [®]), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.																								
Prior Authorization	For the MHI PA Matrix, if a code is NOT listed, it could EITHER be: <ol style="list-style-type: none"> Covered and No PA Required Not Covered You cannot use the MHI PA Matrix to make coverage determinations. PA Lookup Tool																								
Approval	<table border="1"> <thead> <tr> <th>Departments</th> <th>Product</th> <th>CIM</th> <th>Clinical Management</th> <th>Pharmacy</th> </tr> </thead> <tbody> <tr> <td>Date (Initial)</td> <td>12/22/2020</td> <td>12/18/2020</td> <td>3/16/2021</td> <td>-</td> </tr> <tr> <td>Revised (for 1/1/2022)</td> <td>10/26/2021</td> <td>3/3/2022</td> <td>10/21/2021</td> <td>11/5/2021</td> </tr> <tr> <td>Revised (for 1/1/2023)</td> <td>10/27/2022</td> <td></td> <td>10/27/2022</td> <td>12/21/2022</td> </tr> </tbody> </table>	Departments	Product	CIM	Clinical Management	Pharmacy	Date (Initial)	12/22/2020	12/18/2020	3/16/2021	-	Revised (for 1/1/2022)	10/26/2021	3/3/2022	10/21/2021	11/5/2021	Revised (for 1/1/2023)	10/27/2022		10/27/2022	12/21/2022				
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