

June 2021

Provider Services:

Medicaid: 844-405-4296 • Medicare: 844-405-4297

<https://provider.simplyhealthcareplans.com>



# Provider Newsletter



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**Provider Newsletter via email?**

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## COVID-19 information from Simply Healthcare Plans, Inc.

Simply Healthcare Plans, Inc. is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

For additional information, reference the *COVID-19 Updates* page on our [website](#).

SFLPEC-1898-20/SFLCARE-0208-20

## COVID-19 vaccine administration — billing

Simply Healthcare Plans, Inc. (Simply) will reimburse participating providers, as well as nonplan participating providers with a Florida Medicaid Identification Number, for the administration of COVID-19 vaccines rendered to Simply members. Administration of COVID-19 vaccines does not require prior authorization.

There are no additional billing requirements or exceptions for non-plan participating providers.

### COVID-19 vaccine administration codes

Physicians and physician extenders: COVID-19 vaccine administration codes			
Billing code	NDC	CPT® description	Labeler name
91300	59267100001, 59267100002, 59267100003	SARSCOV2 VAC 30MCG/0.3ML IM	Pfizer
0001A		ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer
0002A		ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer
91301	80777027310 80777027399	SARSCOV2 VAC 100MCG/0.5ML IM	Moderna
0011A		ADM SARSCOV2 100MCG/0.5ML 1ST	Moderna
0012A		ADM SARSCOV2 100MCG/0.5ML 2ND	Moderna
91303	59676058005	SARSCOV2 VAC AD26 .5ML IM	Johnson & Johnson (Janssen)
0031A		ADM SARSCOV2 VAC AD26 .5ML	Johnson & Johnson (Janssen)

- For members with Medicare and Medicaid, providers are to bill Medicare for the administration of vaccines.
- For members with Medicaid only, providers are to bill the health plan (Simply)
- For members with other insurance, providers are to bill other insurer first.



### How to submit claims

Claims can be submitted electronically or by paper mail.

#### Paper claims

Simply Healthcare Plans, Inc.  
 P.O. Box 61010  
 Virginia Beach, VA 23466-1010

#### Electronic claims

[availity.com](https://www.availity.com)  
 Payer ID: SEMPLY

SFL-NL-0306-21

# COVID 19 coding, copay waiver, medication refill and supply and prior authorization guidelines

The purpose of this document is to provide official diagnosis coding, copay waiver, medication refill and supply, and prior authorization guidance for healthcare encounters related to the 2019 novel coronavirus (COVID-19) for Simply Healthcare Plans, Inc. (Simply) members enrolled in Florida Healthy Kids. The ICD 10-CM codes provided in this document are intended to provide information on the coding of encounters related to coronavirus. Other codes for conditions unrelated to coronavirus may be required to fully code these scenarios in accordance with the *ICD-10-CM Official Guidelines for Coding and Reporting*.

## Assign the following codes when appropriate:

Code	Description	Additional notes
B97.29	Other coronavirus	Billed in conjunction with other diagnosis codes for confirmed COVID-19 (for example, pneumonia, acute bronchitis, lower respiratory infection)
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	Billed when there is actual exposure with someone who is confirmed COVID-19
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out	For cases where there is concern about a possible exposure to COVID-19, but this is ruled out after evaluation

**From March 27, 2020 to March 31, 2021, there was a copay waiver in place for the following services:**

- Lab fees
- Emergency room visits
- Urgent care center visits
- Telehealth services via subcontracted vendor
- Telehealth services via PCP
- Home health services
- Telehealth services via behavioral health providers
- Behavioral health visits

**From March 27, 2020, until further notice, the plan will continue to waive copays for the following related to COVID-19/non-COVID-19 services:**

- PCP sick visits

## Prior authorizations

Effective July 1, 2020, Simply is relaxing authorization requirements for behavioral health-related services until further notice.

## Early refill edits and 90 day supply

Simply will lift all limits on early prescription refills *during the state of emergency* for maintenance medications.

If you have questions, contact Provider Services at **844-405-4296**.

SFLPEC-2613-21

# Provider education program survey: *Your Voice Counts*

To provide you with better educational opportunities, we are collecting data to improve provider education offerings. We are also asking for preferences and topics of interest to ensure that we tailor the education experience to meet your needs. We value our providers, and we want to deliver educational content that is most convenient for you. Please take a moment to complete a brief survey, and remember — Your voice counts!

Select the survey below to begin:

Provider education: *Your Voice Counts*

SFL-NL-0250-21

## Reminder to PCP providers

Zomacton is a growth hormone (GH) used for the treatment of multiple conditions in children experiencing growth failure from not producing enough of their own growth hormone.

Zomacton is the lowest cost alternative whenever growth hormones are needed and if clinically suitable.

If you have questions, contact our Pharmacy department at **877-577-9044**, Monday through Friday from 8 a.m. to 8 p.m. ET.

SFL-NL-0287-21



## Florida Chapter of the American Academy of Pediatrics routine immunization public service announcement

In support of our strong partnership with the Florida Chapter of the American Academy of Pediatrics (FL-AAP), we are excited to share their most recent public service announcement (PSA) promoting routine childhood vaccines in Florida.

Simply Healthcare Plans, Inc. is proud to sponsor the production of this important public health message. Even during these challenging times, we want to ensure parents are aware of the importance of keeping their children up to date with their immunizations. According to recent data released by the Blue Cross Blue Shield Association, there was a 26% decrease in vaccine doses, and 40% of parents said children missed shots due to COVID-19 in 2020 alone.

Access the PSA via these links: [English/Spanish](#).

We hope you can share the PSA within your organization, as well as with your community partners, patients, and families.

SFL-NL-0284-21

# Interactive Care Reviewer — prior authorization submission tip sheet

Our Interactive Care Reviewer (ICR), which is accessed online through the **Availity Portal**\* is the preferred method for submitting prior authorization requests. When submitting prior authorization requests through our ICR, select **Create New Request** and follow the prompts to complete the required fields.

## To reduce common errors and duplicate requests, please follow the guidelines below:

- Ensure the person entering the prior authorization request in the ICR is completing all contact information fields, including name, phone number, and fax number.
- Providers should communicate with each other to confirm who will be requesting the authorization (PCP, specialist, or facility). We are receiving requests for prior authorizations for the same services but from multiple providers.
- Do not enter a new prior authorization request to make changes to authorizations. If you need to make a change to a previously approved authorization or a prior authorization that is still pending, either:
  - Call Provider Services:
    - Medicaid — Simply: **844-405-4296**
    - FHK — Simply: **844-405-4296**
    - Medicare Advantage — Simply: **844-405-4297**
  - Send a fax to **800-964-3627** with notes on it to change the authorization.
- If it is a place of service change to a higher level of care, you should submit clinical information to support the change.
- CPT® codes on prior authorization requests must match the information in the clinical notes.
- Include the number of units. Do not leave the unit field blank.
- Double check the clinical notes to make sure they correspond to the correct patient.

*Stat authorization requests received with no clinical documentation, no codes, or no place of services are at risk of denial due to stat time frames.*



## For imaging requests:

- The place of service for freestanding diagnostic centers should be marked as office:
  - If you are entering a temporary place of service for the facility, ensure you are manually entering notes with the facility information including tax ID, NPI, and location of the facility.
- Facilities must submit prior authorization requests with the script and clinical information needed to support the request.

## Resources:

- **Availity Portal Pocket Guide**

*\* Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc.*

SFLPEC-2561-21

# Provider manual – LogistiCare Solutions, LLC name change

As of January 4, 2021, LogistiCare Solutions, LLC,\* the nation’s largest provider of non-emergency medical transportation and our transportation provider for regions 1 through 9, has formally changed its company name to ModivCare Solutions, LLC (ModivCare). The name change to ModivCare will not change the services your patients rely on or the support they receive for non-emergency medical transportation. Patients will still contact **866-372-9794 (TTY 866-288-3133)** Monday to Friday from 8 a.m. to 5 p.m. ET to schedule transportation details.

Note that the current provider manual does not reflect this name change. The name change updates can be found below on the corresponding pages.

## Page 9:

<b>Organization/program</b>	ModivCare, formerly known as LogistiCare (transportation — for regions 1 through 9)
<b>Phone</b>	<b>866-372-9794</b>

## Page 23:

<b>Service</b>	Nonemergency transportation services to and from all medical appointments: This could be on the bus, a van, a taxi, or other kinds of vehicles.
<b>Coverage/Limitations</b>	Through ModivCare, formerly known as LogistiCare, regions 1 through 9 and Medical Care Transportation (MCT) regions 10 and 11 cover the following services for recipients who have no other means of transportation: <ul style="list-style-type: none"> <li>• Out-of-state travel</li> <li>• Transfers between hospitals or facilities</li> <li>• Escorts when medically necessary</li> </ul>
<b>PA</b>	PA is required for out-of-state travel and transfers between hospitals or facilities.

\* *LogistiCare Solutions, LLC, is an independent company providing non-emergency medical transportation on behalf of Simply Healthcare Plans, Inc.*

SFL-NL-0291-21

# Medical drug benefit *Clinical Criteria* updates

On February 19, 2021, and March 4, 2021, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for for Simply Healthcare Plans, Inc. These policies were developed, revised, or reviewed to support clinical coding edits.

Note: State mandated criteria will take precedence over the updates/changes to the criteria posted.

 **Read more online.**

Visit the ***Clinical Criteria* website** to search for specific policies. If you have questions or would like additional information, reach out via **email**.

SFL-NL-0289-21



# HIV medication combinations may require prior authorization



Starting August 1, 2021, Simply Healthcare Plans, Inc. will implement a new policy for HIV medications to help ensure patients are not receiving therapeutic duplications when taking certain combinations. Providers and members expected to be impacted by this policy will receive advance notice by mail.

In order for members to continue to receive coverage for the drug combination, providers must submit a separate prior authorization form for each drug and provide the medical necessity rationale for why the drug combination is clinically needed.

Combinations that are considered clinical duplicates are based on drug mechanism of action and developed in accordance with the U.S. Department of Health and Human Services HIV guidelines.

## The duplicate therapy policy may trigger as a result of one of the following drug combinations:

Duplicate name	Duplicate description	Example
Integrase stand transfer inhibitors (INSTI)	Two drug products each containing a drug with an INSTI mechanism of action	Isentress (raltegravir) and Dovato (dolutegravir/ lamivudine)
Non-nucleoside reverse transcriptase inhibitors (NNRTI)	Two drug products each containing a drug with an NNRTI mechanism of action	Edurant (rilpivirine) and Symfi (efavirenz/lamivudine/TDF)
Protease inhibitors (PI)	Two drug products each containing a drug with a PI mechanism of action	Prezcobix (darunavir/cobicistat) and Reyataz (atazanavir)
Nucleoside reverse transcriptase inhibitors (NRTI)	Two drug products that together result in four NRTI active ingredients	Truvada (emtricitabine/TDF) and Biktarvy (bictegravir/emtricitabine/TAF)
Boosters	Two drug products that result in a combination of the protease inhibitor boosters, ritonavir and cobicistat	Prezcobix (darunavir/cobicistat) and Kaletra (lopinavir/ritonavir)

As a reminder, prior authorizations may be submitted online (through [CoverMyMeds.com](https://CoverMyMeds.com)\*) or via fax or phone. If you have any questions regarding this policy, please contact Provider Services at **844-405-4296**.

\* CoverMyMeds is an independent company providing pharmacy benefit management services on behalf of Simply Healthcare Plans, Inc.

SFLPEC-2558-21





## Aspire Health for members in need of palliative care

Simply Healthcare Plans, Inc. has contracted with Aspire Health\* to provide in-home and virtual palliative care services to our Medicaid members facing advanced illness.

Aspire offers a solution to the fragmented and expensive care that patients so often experience during the last chapter of life. By working with community physicians to enroll and serve these vulnerable patients in their homes, Aspire helps patients to increase their overall comfort, increase their satisfaction with both their PCP and their health plan, and minimize the risk of unnecessary or unwanted hospitalizations.

### The typical Aspire patient:

- Is usually in the most chronically ill sector of the physician's patient population with high emergency room or hospitalization use.
- Confronts multiple illnesses, such as:
  - Chronic heart failure.
  - Chronic obstructive pulmonary disease.
  - Advanced cancers.
  - Dementia.
  - Geriatric frailty.
  - Chronic or end-stage renal disease.
  - Chronic liver disease.
  - Cerebrovascular accidents.
  - Other neurologic illnesses.
- May see multiple providers, or frequently seek care in emergency rooms and hospitals.
- May have limited family support or have family caregivers with their own health concerns.
- Receives care that is both high-cost and low-value, often resulting in frequent hospitalizations for uncontrolled symptoms and/or exacerbations of chronic disease.

The Aspire team works to align medical care with a patient's goals and values. Through patient and caregiver support, education, and expert symptom management with an interdisciplinary team accessible 24/7, Aspire enables patients to avoid unnecessary emergency department visits and hospitalizations.

Aspire's model is built around a philosophy of co-management. After each Aspire visit, a patient's PCP and pertinent specialists receive a clinical visit summary via secure eFax to facilitate coordination of care, and Aspire's local clinical leadership is available to communicate with providers around the clock.

For more information or to refer one of your patients to the Aspire program, please call Aspire's 24/7 Patient and Referral Hotline at **877-702-6863** or visit [aspirehealthcare.com](https://aspirehealthcare.com).

*\* Aspire Health is an independent company providing in-home health care services on behalf of Simply Healthcare Plans, Inc.*

SFL-NL-0288-21

# Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines*, and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.

To view a guideline, visit [https://medicalpolicy.simplyhealthcareplans.com/shp\\_search.html](https://medicalpolicy.simplyhealthcareplans.com/shp_search.html).

## August 2019 notes/updates:

Updates marked with an asterisk (\*) denote that the criteria may be perceived as more restrictive.

- \*GENE.00023 — Gene Expression Profiling of Melanomas
  - Expanded Scope to include testing for the diagnosis of melanoma
  - Updated investigational and not medically necessary (INV&NMN) statement to include suspicion of melanoma
- \*GENE.00046 — Prothrombin G20210A (Factor II) Mutation Testing
  - Revised title
  - Expanded scope and position statement to include all prothrombin (factor II) variations
- \*MED.00110 — Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting
  - Revised title
  - Added new INV&NMN statements addressing Autologous adipose-derived regenerative cell therapy and use of autologous protein solution
- \*SURG.00052 — Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB])
  - Revised title
  - Combined the three INV&NMN statements into a single statement
  - Added Intraosseous basivertebral nerve ablation to the INV&NMN statement
- \*TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases
  - Revised title
  - Expanded Position Statement to include non-hematopoietic adult stem cell therapy
- \*CG-ANC-07 — Inpatient Interfacility Transfers
  - Added NMN statements regarding admission and subsequent care at the receiving facility
- \*CG-DME-46 — Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities
  - Revised title
  - Expanded Scope
  - Revised MN statement to include upper extremities
- The following AIM Specialty Health<sup>®</sup> (AIM)\*\* updates were approved:
  - \*Spine Surgery
  - \*Radiation Oncology-Brachytherapy Brachytherapy, intensity modulated radiation therapy (IMRT), stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS) treatment guidelines
  - Sleep Disorder Management Diagnostic & Treatment Guidelines
  - Advanced Imaging
    - Imaging of the Heart: Cardiac CT for Quantitative Evaluation of Coronary Calcification
    - \*Imaging of the Abdomen and Pelvis
- MCG Customization for Repair of Pelvic Organ Prolapse (W0163) - Updated Coding Section



## Medical Policies and Clinical Utilization Management Guidelines update (cont.)

### Medical Policies

On August 22, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply Healthcare Plans, Inc. (Simply).

### Clinical UM Guidelines

On August 22, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines adopted by the Medical Operations Committee for Simply members on September 26, 2019.



Read more online.

SFL-NL-0128-19

### August 2020 updates:

Updates marked with an asterisk (\*) denote that the criteria may be perceived as more restrictive.

- MED.00134 — Non-invasive Heart Failure and Arrhythmia Management and Monitoring System:
  - Revised Investigational and Not Medically Necessary indications
- SURG.00156 — Implanted Artificial Iris Devices:
  - Revised Investigational and Not Medically Necessary indications
- SURG.00157 — Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis:
  - Revised Investigational and Not Medically Necessary indications
- CG-DME-07 — Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output:
  - Revised Medically Necessary and Not Medically Necessary indications
- GENE.00052 — Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling:
  - Revised Medically Necessary indications
- SURG.00077 — Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Image Guided Techniques:
  - Expanded scope and revised Investigational and Not Medically Necessary indications

- SURG.00112 — Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures):
  - Revised scope and Investigational and Not Medically Necessary indications
- CG-REHAB-12 — Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology:
  - A new Clinical UM Guideline was created from content contained in CG-REHAB-04, CG-REHAB-05 and CG-REHAB-06.
  - There are no changes to the guideline content.
  - Publish date is scheduled for December 8, 2020.
- The following AIM *Clinical Appropriateness Guidelines* have been revised and will be effective on May 20, 2021. To view AIM guidelines, visit the [AIM page](#):
  - Interventional Pain Management (See August 16, 2020, version.)\*
  - Chest Imaging (See August 16, 2020, version.)\*
  - Oncologic Imaging (See August 16, 2020, version.)\*
  - Sleep Clinical Guidelines (See August 16, 2020, version.)\*

### Medical Policies

On August 13, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply. These guidelines take effect May 20, 2021.

### Clinical UM Guidelines

On August 13, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the Medical Operations Committee for our members on September 24, 2020. These guidelines take effect May 20, 2021.



Read more online.

SFL-NL-0224-20

## Medical Policies and Clinical Utilization Management Guidelines update (cont.)

### November 2020 notes/updates:

Updates marked with an asterisk (\*) denote that the criteria may be perceived as more restrictive.

- \*GENE.00055 – Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity
  - Gene expression profiling for risk stratification of inflammatory bowel disease (IBD) severity, including use of PredictSURE IBD, is considered investigational and not medically necessary for all indications
- \*LAB.00037 – Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)
  - Serological testing for biomarkers of irritable bowel syndrome (for example, CdtB and anti-vinculin), using tests such as, IBSDetex, ibs-smart or IBSchek, is considered investigational and not medically necessary for screening, diagnosis or management of irritable bowel syndrome, and for all other indications
- \*DME.00011 – Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
  - Revised scope to only include non-implantable devices and moved content addressing implantable devices to SURG.00158
  - Added “non-implantable” to bullet point on percutaneous neuromodulation therapy
  - Added percutaneous electrical nerve field stimulation (PENFS) as investigational and not medically necessary for all indications
- \*SURG.00062 – Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele
  - Expanded scope to include percutaneous testicular vein embolization for varicocele and added embolization of the testicular (spermatic) veins as investigational and not medically necessary as a treatment of testicular varicocele
- \*CG-LAB-15 – Red Blood Cell Folic Acid Testing
  - RBC folic acid testing is considered not medically necessary in all cases
- \*CG-LAB-16 – Serum Amylase Testing
  - Serum amylase testing is considered not medically necessary for acute and chronic pancreatitis and all other conditions
- \*CG-GENE-04 – Molecular Marker Evaluation of Thyroid Nodules
  - Added the Afirma Xpression Atlas as not medically necessary

- SURG.00158 – Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain
  - A new *Medical Policy* was created from content contained in DME.00011.
  - There are no changes to the policy content.
  - Publish date is December 16, 2020.
- CG-GENE-21 – Cell-Free Fetal DNA-Based Prenatal Testing
  - A new *Clinical Guideline* was created from content contained in GENE.00026.
  - There are no changes to the guideline content.
  - Publish date is December 16, 2020.
- The following AIM *Clinical Appropriateness Guidelines* have been revised and will be effective on May 20, 2021. To view AIM guidelines, visit the [AIM page](#):
  - \*Advanced Imaging of the Heart
  - \*Diagnostic Coronary Angiography

### Medical Policies

On November 5, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply. These guidelines take effect May 20, 2021.

### Clinical UM Guidelines

On November 5, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the Medical Operations Committee for Simply members on November 19, 2020. These guidelines take effect May 20, 2021.



**Read more online.**

SFL-NL-0257-21

\*\* *AIM Specialty Health* is an independent company providing some utilization review services on behalf of Simply Healthcare Plans, Inc.

## **COVID 19 coding, copay waiver, medication refill, and supply and prior authorization guidelines**

View the [article](#) in the Medicaid section.

SFLPEC-2613-21

## **Provider education program survey: *Your Voice Counts***

View the [article](#) in the Medicaid section.

SFL-NL-0250-20

## **Reminder to PCP providers**

View the [article](#) in the Medicaid section.

SFL-NL-0287-21

## **Florida Chapter of the American Academy of Pediatrics routine immunization public service announcement**

View the [article](#) in the Medicaid section.

SFL-NL-0284-21

## **Interactive Care Reviewer — prior authorization submission tip sheet**

View the [article](#) in the Medicaid section.

SFLPEC-2561-21

## **Medical drug benefit *Clinical Criteria* updates**

View the [article](#) in the Medicaid section.

SFL-NL-0289-21

## **HIV medication combinations may require prior authorization**

View the [article](#) in the Medicaid section.

SFLPEC-2558-21

## **Aspire Health for members in need of palliative care**

View the [article](#) in the Medicaid section.

SFL-NL-0288-21

## ***Medical Policies and Clinical Utilization Management Guidelines* update**

View the [article](#) in the Medicaid section.

SFL-NL-0128-19/SFL-NL-0224-20/SFL-NL-0257-21

## Interactive Care Reviewer — prior authorization submission tip sheet

View the [article](#) in the Medicaid section.

SFLPEC-2561-21

## Important notice: Axiom to provide lymphedema therapy and management services

Simply Healthcare Plans, Inc. (Simply) has launched a program targeting Medicare Advantage members diagnosed with lymphedema or lymphatic disease. Simply is teaming up with Axiom Rehabilitation (Axiom)\* to provide lymphedema therapy and management services to targeted Medicare Advantage members with Simply. We identified Simply members under your care that qualify for Axiom program services.

As of May 1, 2021, Axiom will directly transmit request(s) for authorization for services for Simply members. If you agree with the request(s) for authorization, please submit (fax) your order prescribing Axiom services directly to Axiom at **407-494-0644**. Ensure that upon receipt of an Axiom request(s) for authorization, you immediately respond to the request.

Axiom will conduct in-house education for your staff regarding program benefits and services. For more information and questions on Axiom, please contact Jay R. Tome, Axiom Program Director, at **305 302 0356**. If you have any other questions, contact your Simply Provider Relations representative.

*\* Axiom Rehab is an independent company providing rehabilitation services on behalf of Simply Healthcare Plans, Inc.*

SHPCRNL-0092-21

## MCG Care Guidelines 25th Edition

Effective September 1, 2021, Simply Healthcare Plans, Inc. will upgrade to the 25th edition of MCG Care Guidelines for the following modules: Inpatient and Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC), Recovery Facility Care (RFC), and Behavioral Health Care (BHC). Tables in the full article highlight new guidelines and changes that may be considered more restrictive.



[Read more online.](#)

SHPCRNL-0087-21

## Medical drug benefit *Clinical Criteria* updates

On February 19, 2021, and March 4, 2021, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Simply Healthcare Plans, Inc. These policies were developed, revised or reviewed to support clinical coding edits.



[Read more online.](#)

Visit the [Clinical Criteria website](#) to search for specific policies. If you have questions or would like additional information, reach out via [email](#).

SHPCRNL-0088-21

# Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies*, *Clinical Utilization Management (UM) Guidelines*, and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. Please note: The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.

To view a guideline, visit [https://medicalpolicy.simplyhealthcareplans.com/shp\\_search.html](https://medicalpolicy.simplyhealthcareplans.com/shp_search.html).

## Notes/updates:

Updates marked with an asterisk (\*) denote that the criteria may be perceived as more restrictive.

- \*CG-LAB-17 - Molecular Gastrointestinal Pathogen Panel (GIPP) Testing for Infectious Diarrhea in the Outpatient Setting
  - Outlines the medical necessity and not medically necessary criteria for multiplex PCR-based panel testing of gastrointestinal pathogens for infectious diarrhea in the outpatient setting
- \*ANC.00008 - Cosmetic and Reconstructive Services of the Head and Neck
  - Added otoplasty using a custom-fabricated device, including but not limited to a custom fabricated alloplastic implant, as cosmetic and not medically necessary
- \*CG-OR-PR-04 - Cranial Remodeling Bands and Helmets (Cranial Orthotics)
  - Removed condition requirement from reconstructive criteria and replaced current diagnostic reconstructive criteria with criteria based on one of the following cephalometric measurements: the cephalic index, the cephalic vault asymmetry index, the oblique diameter difference index, or the cranioproportional index of plagiocephelometry
- \*CG-SURG-78 - Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies
  - Added TACE using immunoembolization (for example, using granulocyte-macrophage colony-stimulating factor GM-CSF) as not medically necessary for all liver-related indications
- \*CG-SURG-82 - Bone-Anchored and Bone Conduction Hearing Aids
  - Revised audiologic pure tone average bone conduction threshold criteria for unilateral implant for bilateral hearing loss
  - Added not medically necessary statement for when medical necessity criteria have not been met and clarified not medically necessary statement regarding replacement parts or upgrades
  - Added bone conduction hearing aids using an adhesive adapter behind the ear as not medically necessary for all indications
- CG-GENE-22 - Gene Expression Profiling for Managing Breast Cancer Treatment
  - A new *Clinical Guideline* was created from the content contained in GENE.00011. There are no changes to the guideline content and the publish date is April 7, 2021.
- CG-GENE-23 - Genetic Testing for Heritable Cardiac Conditions
  - A new *Clinical Guideline* was created from the content contained in GENE.00007 and GENE.00017. There are no changes to the guideline content and the publish date is April 7, 2021
- CG-SURG-110 - Lung Volume Reduction Surgery
  - A new *Clinical Guideline* was created from the content contained in SURG.00022. There are no changes to the guideline content and the publish date is June 25, 2021

## **Medical Policies and Clinical Utilization Management Guidelines update (cont.)**

AIM Specialty Health® (AIM)\* *Clinical Appropriateness Guideline* updates. To view AIM guidelines, visit the [AIM page](#).

- The Small Joint Surgery Guideline has been revised and will be effective on March 14, 2021.
- The following Guidelines have been revised and will be effective on June 4, 2021:
  - \* Imaging of the Spine
  - \* Imaging of the Extremities
  - \* Vascular Imaging
  - \* Joint Surgery
  - \* Spine Surgery

### **Medical Policies**

On February 11, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply Healthcare Plans, Inc. (Simply). These guidelines take effect June 4, 2021.

### **Clinical UM Guidelines**

On February 11, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the Medical Operations Committee for Simply members on February 25, 2021. These guidelines take effect June 4, 2021.



**Read more online.**

*\*\* AIM Specialty Health is an independent company providing some utilization review services on behalf of Simply Healthcare Plans, Inc.*

SHPCRNL-0089-21





## COVID-19 information from Clear Health Alliance

Clear Health Alliance is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

For additional information, reference the *COVID-19 Updates* page on our [website](#).

SFLPEC-1898-20

## Medical drug benefit *Clinical Criteria* updates

On February 19, 2021, and March 4, 2021, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Clear Health Alliance. These policies were developed, revised, or reviewed to support clinical coding edits.

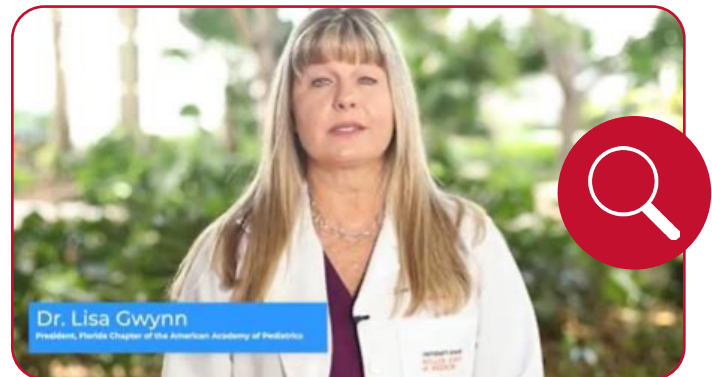
Note: State mandated criteria will take precedence over the updates/changes to the criteria posted.



**Read more online.**

Visit the [Clinical Criteria website](#) to search for specific policies. If you have questions or would like additional information, reach out via [email](#).

SFL-NL-0289-21



## Florida Chapter of the American Academy of Pediatrics routine immunization public service announcement

In support of our strong partnership with the Florida Chapter of the American Academy of Pediatrics (FL-AAP), we are excited to share their most recent public service announcement (PSA) promoting routine childhood vaccines in Florida.

Clear Health Alliance is proud to sponsor the production of this important public health message. Even during these challenging times, we want to ensure parents are aware of the importance of keeping their children up to date with their immunizations. According to recent data released by the Blue Cross Blue Shield Association, there was a 26% decrease in vaccine doses, and 40% of parents said children missed shots due to COVID-19 in 2020 alone.

Access the PSA via these links: [English/Spanish](#).

We hope you can share the PSA within your organization, as well as with your community partners, patients and families.

SFL-NL-0284-21

# COVID-19 vaccine administration — billing

Clear Health Alliance (CHA) will reimburse participating providers, as well as nonplan participating providers with a Florida Medicaid Identification Number, for the administration of COVID-19 vaccines rendered to CHA members. Administration of COVID-19 vaccines does not require prior authorization.

There are no additional billing requirements or exceptions for non-plan participating providers.

## COVID-19 vaccine administration codes

Physicians and physician extenders: COVID-19 vaccine administration codes			
Billing code	NDC	CPT® description	Labeler name
91300	59267100001, 59267100002, 59267100003	SARSCOV2 VAC 30MCG/0.3ML IM	Pfizer
0001A		ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer
0002A		ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer
91301	80777027310 80777027399	SARSCOV2 VAC 100MCG/0.5ML IM	Moderna
0011A		ADM SARSCOV2 100MCG/0.5ML 1ST	Moderna
0012A		ADM SARSCOV2 100MCG/0.5ML 2ND	Moderna
91303	59676058005	SARSCOV2 VAC AD26 .5ML IM	Johnson & Johnson (Janssen)
0031A		ADM SARSCOV2 VAC AD26 .5ML	Johnson & Johnson (Janssen)

- For members with Medicare and Medicaid, providers are to bill Medicare for the administration of vaccines.
- For members with Medicaid only, providers are to bill the health plan (CHA))
- For members with other insurance, providers are to bill other insurer first.

## How to submit claims

Claims can be submitted electronically or by paper mail.

<b>Paper claims</b>	Clear Health Alliance P.O. Box 61010 Virginia Beach, VA 23466-1010
<b>Electronic claims</b>	<a href="https://www.availity.com">availity.com</a> Payer ID: SPLY

SFL-NL-0306-21



## Aspire Health for members in need of palliative care

Clear Health Alliance has contracted with Aspire Health\* to provide in-home and virtual palliative care services to our Medicaid members facing advanced illness.

Aspire offers a solution to the fragmented and expensive care that patients so often experience during the last chapter of life. By working with community physicians to enroll and serve these vulnerable patients in their homes, Aspire helps patients to increase their overall comfort, increase their satisfaction with both their PCP and their health plan, and minimize the risk of unnecessary or unwanted hospitalizations.

### The typical Aspire patient:

- Is usually in the most chronically ill sector of the physician's patient population with high emergency room or hospitalization use.
- Confronts multiple illnesses, such as:
  - Chronic heart failure.
  - Chronic obstructive pulmonary disease.
  - Advanced cancers.
  - Dementia.
  - Geriatric frailty.
  - Chronic or end-stage renal disease.
  - Chronic liver disease.
  - Cerebrovascular accidents.
  - Other neurologic illnesses.
- May see multiple providers, or frequently seek care in emergency rooms and hospitals.
- May have limited family support or have family caregivers with their own health concerns.
- Receives care that is both high-cost and low-value, often resulting in frequent hospitalizations for uncontrolled symptoms and/or exacerbations of chronic disease.

The Aspire team works to align medical care with a patient's goals and values. Through patient and caregiver support, education and expert symptom management with an interdisciplinary team accessible 24/7, Aspire enables patients to avoid unnecessary emergency department visits and hospitalizations.

Aspire's model is built around a philosophy of co-management. After each Aspire visit, a patient's PCP and pertinent specialists receive a clinical visit summary via secure eFax to facilitate coordination of care, and Aspire's local clinical leadership is available to communicate with providers around the clock.

For more information or to refer one of your patients to the Aspire program, please call Aspire's 24/7 Patient and Referral Hotline at **877-702-6863** or visit [aspirehealthcare.com](https://aspirehealthcare.com).

*\* Aspire Health is an independent company providing in-home health care services on behalf of Clear Health Alliance.*

SFL-NL-0288-21

# HIV medication combinations may require prior authorization



Starting August 1, 2021, Clear Health Alliance will implement a new policy for HIV medications to help ensure patients are not receiving therapeutic duplications when taking certain combinations. Providers and members expected to be impacted by this policy will receive advance notice by mail.

In order for members to continue to receive coverage for the drug combination, providers must submit a separate prior authorization form for each drug and provide the medical necessity rationale for why the drug combination is clinically needed.

Combinations that are considered clinical duplicates are based on drug mechanism of action and developed in accordance with the U.S. Department of Health and Human Services HIV guidelines.

The duplicate therapy policy may trigger as a result of one of the following drug combinations:

Duplicate name	Duplicate description	Example
Integrase stand transfer inhibitors (INSTI)	Two drug products each containing a drug with an INSTI mechanism of action	Isentress (raltegravir) and Dovato (dolutegravir/ lamivudine)
Non-nucleoside reverse transcriptase inhibitors (NNRTI)	Two drug products each containing a drug with an NNRTI mechanism of action	Edurant (rilpivirine) and Symfi (efavirenz/lamivudine/TDF)
Protease inhibitors (PI)	Two drug products each containing a drug with a PI mechanism of action	Prezcobix (darunavir/cobicistat) and Reyataz (atazanavir)
Nucleoside reverse transcriptase inhibitors (NRTI)	Two drug products that together result in four NRTI active ingredients	Truvada (emtricitabine/TDF) and Biktarvy (bictegravir/emtricitabine/TAF)
Boosters	Two drug products that result in a combination of the protease inhibitor boosters, ritonavir and cobicistat	Prezcobix (darunavir/cobicistat) and Kaletra (lopinavir/ritonavir)

As a reminder, prior authorizations may be submitted online (through [CoverMyMeds.com](https://CoverMyMeds.com)\*) or via fax or phone. If you have any questions regarding this policy, please contact Provider Services at **844-405-4296**.

\* *CoverMyMeds is an independent company providing pharmacy benefit management services on behalf of Clear Health Alliance.*

SFLPEC-2558-21

# Provider manual – LogistiCare Solutions, LLC name change

As of January 4, 2021, LogistiCare Solutions, LLC,\* the nation’s largest provider of non-emergency medical transportation and our transportation provider for regions 1 through 9, has formally changed its company name to ModivCare Solutions, LLC (ModivCare). The name change to ModivCare will not change the services your patients rely on or the support they receive for non-emergency medical transportation. Patients will still contact **866-372-9794 (TTY 866-288-3133)** Monday to Friday from 8 a.m. to 5 p.m. ET to schedule transportation details.

Note that the current provider manual does not reflect this name change. The name change updates can be found below on the corresponding pages.

Page 9:

<b>Organization/ program</b>	ModivCare, formerly known as LogistiCare (transportation — for regions 1 through 9)
<b>Phone</b>	<b>866-372-9794</b>

Page 23:

<b>Service</b>	Nonemergency transportation services to and from all medical appointments: This could be on the bus, a van, a taxi, or other kinds of vehicles.
<b>Coverage/ Limitations</b>	Through ModivCare, formerly known as LogistiCare, regions 1 through 9 and Medical Care Transportation (MCT) regions 10 and 11 cover the following services for recipients who have no other means of transportation: <ul style="list-style-type: none"><li>• Out-of-state travel</li><li>• Transfers between hospitals or facilities</li><li>• Escorts when medically necessary</li></ul>
<b>PA</b>	PA is required for out-of-state travel and transfers between hospitals or facilities.

\* *LogistiCare Solutions, LLC, is an independent company providing non-emergency medical transportation on behalf of Clear Health Alliance.*

SFL-NL-0291-21

# Interactive Care Reviewer — prior authorization submission tip sheet

Our Interactive Care Reviewer (ICR), which is accessed online through the [Availity Portal](#)\* is the preferred method for submitting prior authorization requests. When submitting prior authorization requests through our ICR, select **Create New Request** and follow the prompts to complete the required fields.

**To reduce common errors and duplicate requests, please follow the guidelines below:**

- Ensure the person entering the prior authorization request in the ICR is completing all contact information fields, including name, phone number, and fax number.
- Providers should communicate with each other to confirm who will be requesting the authorization (PCP, specialist or facility). We are receiving requests for prior authorizations for the same services but from multiple providers.
- Do not enter a new prior authorization request to make changes to authorizations. If you need to make a change to a previously approved authorization or a prior authorization that is still pending, either:
  - Call Provider Services: **844-405-4296**
  - Send a fax to **800-964-3627** with notes on it to change the authorization.
- If it is a place of service change to a higher level of care, you should submit clinical information to support the change.
- CPT® codes on prior authorization requests must match the information in the clinical notes.
- Include the number of units. Do not leave the unit field blank.
- Double check the clinical notes to make sure they correspond to the correct patient.

*Stat authorization requests received with no clinical documentation, no codes, or no place of services are at risk of denial due to stat time frames.*



## For imaging requests:

- The place of service for freestanding diagnostic centers should be marked as office:
  - If you are entering a temporary place of service for the facility, ensure you are manually entering notes with the facility information including tax ID, NPI and location of the facility.
- Facilities must submit prior authorization requests with the script and clinical information needed to support the request.

## Resources:

- [Availity Portal Pocket Guide](#)

*\* Availity, LLC is an independent company providing administrative support services on behalf of Clear Health Alliance.*

SFLPEC-2561-21

# Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines*, and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.

To view a guideline, visit [https://medicalpolicy.clearhealthalliance.com/cha\\_search.html](https://medicalpolicy.clearhealthalliance.com/cha_search.html).

## August 2019 notes/updates:

Updates marked with an asterisk (\*) denote that the criteria may be perceived as more restrictive.

- \*GENE.00023 — Gene Expression Profiling of Melanomas
  - Expanded Scope to include testing for the diagnosis of melanoma
  - Updated investigational and not medically necessary (INV&NMN) statement to include suspicion of melanoma
- \*GENE.00046 — Prothrombin G20210A (Factor II) Mutation Testing
  - Revised title
  - Expanded scope and position statement to include all prothrombin (factor II) variations
- \*MED.00110 — Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting
  - Revised title
  - Added new INV&NMN statements addressing Autologous adipose-derived regenerative cell therapy and use of autologous protein solution
- \*SURG.00052 — Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB])
  - Revised title
  - Combined the three INV&NMN statements into a single statement
  - Added Intraosseous basivertebral nerve ablation to the INV&NMN statement
- \*TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases
  - Revised title
  - Expanded Position Statement to include non-hematopoietic adult stem cell therapy
- \*CG-ANC-07 — Inpatient Interfacility Transfers
  - Added NMN statements regarding admission and subsequent care at the receiving facility
- \*CG-DME-46 — Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities
  - Revised title
  - Expanded Scope
  - Revised MN statement to include upper extremities
- The following AIM Specialty Health<sup>®</sup> (AIM)\*\* updates were approved:
  - \*Spine Surgery
  - \*Radiation Oncology-Brachytherapy Brachytherapy, intensity modulated radiation therapy (IMRT), stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS) treatment guidelines
  - Sleep Disorder Management Diagnostic & Treatment Guidelines
  - Advanced Imaging
    - Imaging of the Heart: Cardiac CT for Quantitative Evaluation of Coronary Calcification
    - \*Imaging of the Abdomen and Pelvis
- MCG Customization for Repair of Pelvic Organ Prolapse (W0163) - Updated Coding Section



## Medical Policies and Clinical Utilization Management Guidelines update (cont.)

### Medical Policies

On August 22, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Clear Health Alliance (CHA).

### Clinical UM Guidelines

On August 22, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to CHA. These guidelines adopted by the Medical Operations Committee for CHA members on September 26, 2019.



Read more online.

SFL-NL-0128-19

### August 2020 updates:

Updates marked with an asterisk (\*) denote that the criteria may be perceived as more restrictive.

- MED.00134 — Non-invasive Heart Failure and Arrhythmia Management and Monitoring System:
  - Revised Investigational and Not Medically Necessary indications
- SURG.00156 — Implanted Artificial Iris Devices:
  - Revised Investigational and Not Medically Necessary indications
- SURG.00157 — Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis:
  - Revised Investigational and Not Medically Necessary indications
- CG-DME-07 — Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output:
  - Revised Medically Necessary and Not Medically Necessary indications
- GENE.00052 — Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling:
  - Revised Medically Necessary indications
- SURG.00077 — Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Image Guided Techniques:
  - Expanded scope and revised Investigational and Not Medically Necessary indications

- SURG.00112 — Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures):
  - Revised scope and Investigational and Not Medically Necessary indications
- CG-REHAB-12 — Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology:
  - A new Clinical UM Guideline was created from content contained in CG-REHAB-04, CG-REHAB-05 and CG-REHAB-06.
  - There are no changes to the guideline content.
  - Publish date is scheduled for December 8, 2020.
- The following AIM *Clinical Appropriateness Guidelines* have been revised and will be effective on May 20, 2021. To view AIM guidelines, visit the [AIM page](#):
  - Interventional Pain Management (See August 16, 2020, version.)\*
  - Chest Imaging (See August 16, 2020, version.)\*
  - Oncologic Imaging (See August 16, 2020, version.)\*
  - Sleep Clinical Guidelines (See August 16, 2020, version.)\*

### Medical Policies

On August 13, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to CHA. These guidelines take effect May 20, 2021.

### Clinical UM Guidelines

On August 13, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to CHA. These guidelines were adopted by the Medical Operations Committee for our members on September 24, 2020. These guidelines take effect May 20, 2021.



Read more online.

SFL-NL-0224-20



## Medical Policies and Clinical Utilization Management Guidelines update (cont.)

### November 2020 notes/updates:

Updates marked with an asterisk (\*) denote that the criteria may be perceived as more restrictive.

- \*GENE.00055 – Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity
  - Gene expression profiling for risk stratification of inflammatory bowel disease (IBD) severity, including use of PredictSURE IBD, is considered investigational and not medically necessary for all indications
- \*LAB.00037 – Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)
  - Serological testing for biomarkers of irritable bowel syndrome (for example, CdtB and anti-vinculin), using tests such as, IBSDetex, ibs-smart or IBSchek, is considered investigational and not medically necessary for screening, diagnosis or management of irritable bowel syndrome, and for all other indications
- \*DME.00011 – Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
  - Revised scope to only include non-implantable devices and moved content addressing implantable devices to SURG.00158
  - Added “non-implantable” to bullet point on percutaneous neuromodulation therapy
  - Added percutaneous electrical nerve field stimulation (PENFS) as investigational and not medically necessary for all indications
- \*SURG.00062 – Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele
  - Expanded scope to include percutaneous testicular vein embolization for varicocele and added embolization of the testicular (spermatic) veins as investigational and not medically necessary as a treatment of testicular varicocele
- \*CG-LAB-15 – Red Blood Cell Folic Acid Testing
  - RBC folic acid testing is considered not medically necessary in all cases
- \*CG-LAB-16 – Serum Amylase Testing
  - Serum amylase testing is considered not medically necessary for acute and chronic pancreatitis and all other conditions
- \*CG-GENE-04 – Molecular Marker Evaluation of Thyroid Nodules
  - Added the Afirma Xpression Atlas as not medically necessary

- SURG.00158 – Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain
  - A new *Medical Policy* was created from content contained in DME.00011.
  - There are no changes to the policy content.
  - Publish date is December 16, 2020.
- CG-GENE-21 – Cell-Free Fetal DNA-Based Prenatal Testing
  - A new *Clinical Guideline* was created from content contained in GENE.00026.
  - There are no changes to the guideline content.
  - Publish date is December 16, 2020.
- The following AIM *Clinical Appropriateness Guidelines* have been revised and will be effective on May 20, 2021. To view AIM guidelines, visit the [AIM page](#):
  - \*Advanced Imaging of the Heart
  - \*Diagnostic Coronary Angiography

### Medical Policies

On November 5, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to CHA. These guidelines take effect May 20, 2021.

### Clinical UM Guidelines

On November 5, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to CHA. These guidelines were adopted by the Medical Operations Committee for CHA members on November 19, 2020. These guidelines take effect May 20, 2021.



**Read more online.**

SFL-NL-0257-21

\*\* AIM Specialty Health is an independent company providing some utilization review services on behalf of Clear Health Alliance.