April 2021

Provider Services:
Medicaid: 1-844-405-4296 • Medicare: 1-844-405-4297
https://provider.simplyhealthcareplans.com

Simply healthcare

Provider Newsletter

Want to receive the Provider Newsletter via email?

Click **here** to provide/update your email address.

SFL-NL-0273-21

Table of Contents

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

There is something new happening at Simply Healthcare Plans, Inc.

What is happening?

Simply Healthcare Plans, Inc. (Simply) is excited to notify providers of upcoming improvements to our platform for utilization review. These changes will be transparent to members and providers, and we are optimistic they will improve our ability to serve our members better by giving our associates easier and quicker access to necessary resources. The new platform also provides improved system capabilities, which will allow associates to perform their job functions with increased efficiency. Our goal is to have Simply associates begin using the new Anthem Care Management System (ACMS) beginning in the first quarter of 2021.

What does this mean for you?

As a provider and/or representative managing and requesting authorizations:

- Nothing will change as it relates to how you request services for your members.
- Nothing will change with how you submit claim requests.
- The new ACMS authorization number will have a UM prefix (for example, UM1234567).
- If you have an existing authorization number, it will be valid and accessible after systems change.
- If you have both an existing authorization number and an ACMS authorization number with a UM prefix, either can be used as a reference for the requested service(s).
- After the new system implementation, letter correspondences will only display the ACMS authorization number.
- Providers may continue to use either system generated authorization numbers or member demographics (for example, name, date of birth, member/subscriber ID, Medicaid ID) to search authorization details.
- For electronic visit verification (EVV) providers: The ACMS number may not be viewable in the EVV system. If you are searching for your authorization, please use the other search options provided by the EVV vendor to locate your authorization outside of the ACMS number.

SFL-NL-0249-20

Important notice: Vision services vendor transition to iCare Health Solutions, LLC

Effective December 31, 2020, EyeQuest (DentaQuest of Florida, Inc.)* will no longer be providing medical and surgical vision services for Simply Healthcare Plans, Inc. (Simply) members. Beginning January 1, 2021, iCare Health Solutions, LLC* will be the statewide subcontractor providing medical and surgical vision services to Simply members.

Providers who are out of network as of January 1, 2021, will be eligible for a 60-day continuity of care period where claims will be payable to allow time for members to transition to a new provider, if necessary. The continuity of care period ends on March 2, 2021. All impacted members were notified by mail on November 2, 2020.

If you have questions regarding future network or contract related inquiries, call iCare at **1-855-373-7627, ext. 343**.

If you have general inquiries relating to this transition, call iCare's Provider Services at **1-855-373-7627**.

** EyeQuest (DentaQuest of Florida, Inc.) is an independent company providing medical and surgical vision services on behalf of Simply Healthcare Plans, Inc. iCare Health Solutions, LLC is an independent company providing medical and surgical vision services on behalf of Simply Healthcare Plans, Inc.*

SFL-NL-0251-21

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The Encounter Notification Service (ENS) provides real-time notice of patient healthcare encounters from acute and post-acute care facilities across Florida. When a listed patient receives care at a participating facility, subscribers receive an alert containing details about that patient's health encounter.

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Advantages of subscribing independently to ENS:

- Receive real-time alerts about your patients' healthcare encounters
- Tailor reporting options to fit your needs
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Onboarding to ENS

To subscribe, an eligible covered entity with the necessary patient authorization must sign the standard *ENS Agreement* available **online**. The *Florida HIE General Participation Terms and Conditions* are incorporated into the standard *ENS Agreement* by reference and are available **online**. To begin onboarding, the covered entity should send a signed *ENS Agreement* and completed **ENS Onboarding Checklist** to FLHIE_info@ainq.com.

If you have questions regarding ENS or the ENS onboarding process, please email FLHIE_info@ainq.com.

To find out more about ENS, visit **https://www.florida-hie.net/ens**.

SFL-NL-0270-21

Important notice for chiropractic providers in Regions 1 and 2

Chiropractors contracted with Simply Healthcare Plans, Inc. in Regions 1 and 2 should contact Provider Services at **1-844-405-4296** for questions related to member eligibility, member benefits, claims and authorizations. Please disregard messaging that directs chiropractic providers to contact ChiroAlliance. We are actively working on removing the ChiroAlliance messaging for chiropractic providers in Regions 1 and 2.

Region	Counties
Region 1	Escambia, Okaloosa, Santa Rosa, Walton
Region 2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jeffer-son, Leon, Liberty, Madison, Taylor, Wakulla, Washington

SFLPEC-2477-21

Simply Healthcare Plans, Inc. (Simply) and Miami Children's Health Plan contract acquisition

Anthem, Inc., Simply's parent company, is finalizing the contract acquisition of Miami Children's Health Plan (Miami Children's) and expanding their Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) footprint in region 9 and in existing region 11 as a non-specialty SMMC MMA plan.

Pending the Agency for Health Care Administration's (AHCA) review and approval, Simply is expected to start serving the healthcare coverage needs of Miami Children's members on May 1, 2021.

This is an incredible opportunity to create a positive impact on the communities we serve. Transitioning members will have access to an expanded list of value-added benefits and to an extensive provider network. Members will continue to be supported by a health plan and provider network that prioritizes their quality of healthcare and access to services.

Simply and Miami Children's will continue to operate and exist as separate entities. Once the acquisition is completed, Miami Children's will no longer be an active health plan. You, as one of our valued providers, should continue to treat and care for members from each health plan as you do under your current contract(s). Our providers will continue to offer the same quality healthcare to Miami Children's members in the same manner to which our Simply members have grown accustomed. Your patients' current member ID cards will remain valid. Any changes related to member ID cards will be communicated with sufficient notice.

Your existing provider support channels such as Provider Services and Provider Relations will remain the same. Please reach out to your Provider Relations representative with any additional questions. Changes in health plan operations will be communicated well in advance.

If you have questions or concerns about these changes or other topics, you can contact your local Provider Relations representative or Simply Provider Services at **1-844-405-4296**, (Monday to Friday from 8 a.m. to 7 p.m. ET) and Miami Children's Provider Services at **1-844-243-5188**, (Monday to Friday from 8 a.m. to 5 p.m. ET).

SFLPEC-2443-21/SFL-NL-0272-21

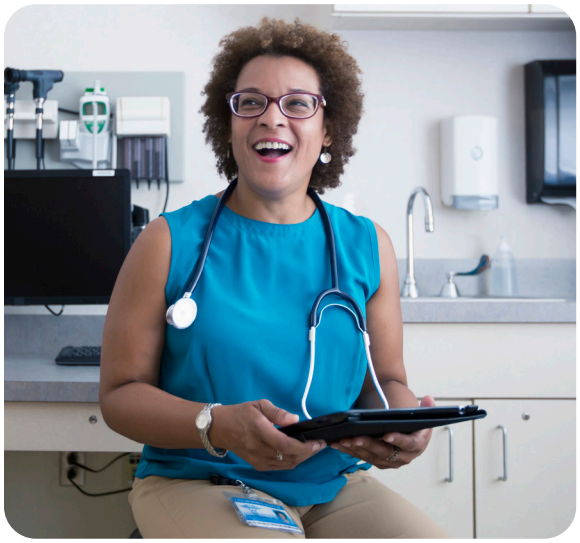
Interactive Care Reviewer — prior authorization submission tip sheet

Our Interactive Care Reviewer (ICR), which is accessed online through the **Availity Portal**,* is the preferred method for submitting pre-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:
  - Call Provider Services:
    - Medicaid: **1-844-405-4296**
    - Florida Healthy Kids: **1-844-405-4296**
    - Medicare Advantage: **1-844-405-4297**

    OR
  - Send a fax to **1-800-964-3627** 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.



Note: Stat authorization requests received with no clinical documentation, codes or place of services are at risk of denial due to stat timeframes.

For imaging requests:

- The place of service for free standing 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.*

SFL-NL-0263-21

Transition to AIM Specialty Health *Small Joint Guidelines*

Effective March 15, 2021, Simply Healthcare Plans, Inc. (Simply) will transition the *Clinical Criteria* for medical necessity review of CG-SURG-74 Total Ankle Replacement services to AIM Specialty Health®* *Small Joint Guidelines*. These reviews will continue to be completed by the Simply Utilization Management team.

You may access and download a copy of the AIM *Small Joint Guidelines* **online**.

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

SFL-NL-0209-20

Prior authorization requirements for HCPCS code 55899

Effective April 1, 2021, prior authorization (PA) requirements will change for HCPCS code 55899. This will be reviewed using MED.00132: Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures. This code will require PA by Simply Healthcare Plans, Inc. for members.

PA requirements will be added to the following:

- 55899 — Unlisted procedure, male genital system

SFL-NL-0205-20

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

To request PA, you may use one of the following methods:

- Web: **https://www.availity.com**
- Fax: **1-800-964-3627, 1-844-509-9862** (Medicaid Pharmacy Injectables)
- Phone: **1-844-406-2396**

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at **https://www.availity.com** by visiting **https://provider.simplyhealthcareplans.com**. Contracted and noncontracted providers who are unable to access Availity* may call Provider Services at **1-844-405-4296** for PA requirements.

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

Medical drug benefit *Clinical Criteria* updates

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

November 2020 update

On June 18, 2020, August 21, 2020, and November 20, 2020, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Simply Healthcare Plans, Inc. (Simply). These policies were developed, revised or reviewed to support clinical coding edits.

Read more online.

SFL-NL-0261-21

December 2020 update

On December 18, 2020, and December 22, 2020, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Simply. These policies were developed, revised or reviewed to support clinical coding edits.

Read more online.

SFL-NL-0266-21

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

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 share this notice with other members of your practice and office staff.

To view a guideline, visit **https://medicalpolicy.simplyhealthcareplans.com/shp_search.html**

February 2020 updates:

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive:

- *CG-MED-88 — Preimplantation Genetic Diagnosis Testing:
  - Content moved from CG-GENE-06 — Preimplantation Genetic Diagnosis Testing
- Added Medically Necessary and Not Medically Necessary statements addressing preimplantation embryo biopsy
- *DME.00011 — Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices:
  - Revised title (previous title: Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices)
  - Revised scope of document to include other conditions and devices
  - Added cranial electrical stimulation (CES) as Investigational and Not Medically Necessary for all indications
  - Added remote electrical neuromodulation (REN) as Investigational and Not Medically Necessary for all indications
- *LAB.00011 — Analysis of Proteomic Patterns:
  - Revised Investigational and Not Medically Necessary statement to include management of disease
- *MED.00120 — Gene Therapy for Ocular Conditions:
  - Revised title (previous title: Voretigene neparvovec-rzyl Luxturna®)
  - Expanded scope of document to include all gene therapies for ocular conditions
  - Added the use of all other gene replacement therapies to treat any ocular condition as Investigational and Not Medically Necessary
- *SURG.00032 — Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention:
  - Revised title (previous title: Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention)
  - Added left atrial appendage closure via surgical (nonpercutaneous) implantation of a device as Investigational and Not Medically Necessary for all indications

Medical Policies

On February 20, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply Healthcare Plans, Inc. (Simply).

Clinical UM Guidelines

On February 20, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the Medical Operations Committee for our members on March 10, 2020.

Read more online.

SFL-NL-0175-20

May 2020 notes/updates:

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

- CG-DME-46 — Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting:
  - Expanded scope of document and revised Medically Necessary statement
- CG-DME-47 — Noninvasive Home Ventilator Therapy for Respiratory Failure:
  - Revised Medically Necessary and Discussion/General Information sections
- CG-GENE-02 — Analysis of RAS Status:
  - Clarified scope of document and revised the Not Medically Necessary and Coding sections
- CG-MED-64 — Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation):
  - Revised the Medically Necessary statement
- CG-MED-68 — Therapeutic Apheresis:
  - Revised Medically Necessary, Not Medically Necessary, Coding and Discussion/General Information sections
- DME.00011 — Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices:
  - Revised Investigational and Not Medically Necessary, Rationale and Coding sections
- MED.00004 — Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography):
  - Revised the Not Medically Necessary, Rationale and Coding sections

Medical Policies

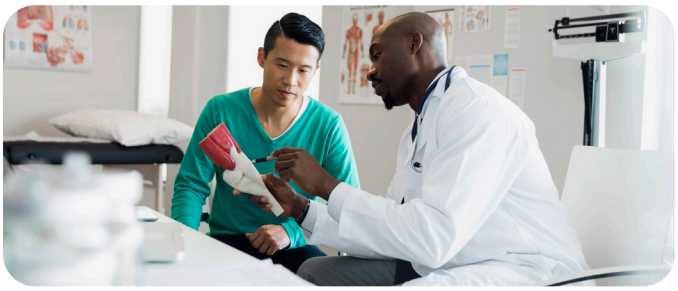
On November 7, 2019, February 20, 2020, and May 14, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to the Medicaid and Florida Healthy Kids (FHK) program for Simply.

Clinical UM Guidelines

On November 7, 2019, February 20, 2020, and May 14, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply, CHA and FHK. These guidelines adopted by the Medical Operations Committee for Medicaid and FHK members on November 28, 2019, April 23, 2020, and May 25, 2020.

Read more online.

SFL-NL-0195-20



Important notice: Vision services vendor transition to iCare Health Solutions, LLC

View the **article** in the Medicaid section.

SFL-NL-0251-21

Interactive Care Reviewer — prior authorization submission tip sheet

View the **article** in the Medicaid section.

SFL-NL-0263-21

Transition to AIM Specialty Health *Small Joint Guidelines*

View the **article** in the Medicaid section.

SFL-NL-0209-20

Medical drug benefit *Clinical Criteria* updates — November 2020 and December 2020 updates

View the **article** in the Medicaid section.

SFL-NL-0261-21

Medical Policies and *Clinical Utilization Management Guidelines* update — February 2020 and May 2020 updates

View the **article** in the Medicaid section.

SFL-NL-0175-20

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 neede

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 (da-runavir/cobicistat) and Reyataz (atazanavir)
Nucleoside reverse transcriptase inhibitors (NRTI)	Two drug products that together result in four NRTI active ingredients	Truvada (emtricita-bine/TDF) and Biktarvy (bictegravir/ emtricita-bine/TAF)
Boosters	Two drug products that result in a combi-nation of the protease inhibitor boosters, ritonavir and cobicistat	Prezcobix (da-runavir/cobicistat) and Kaletra (lopinavir/ritonavir)

As a reminder, prior authorizations may be submitted online (through **www.CoverMyMeds.com***) or via fax or phone.

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

SFL-NL-0256-21

Important notice: Vision services vendor transition to iCare Health Solutions, LLC

View the **article** in the Medicaid section.

SFL-NL-0251-21

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SFL-NL-0263-21

Transition to AIM Specialty Health *Small Joint Guidelines*

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SFL-NL-0209-20

Medical drug benefit *Clinical Criteria* updates

November 2020 update

On June 18, 2020, August 21, 2020, and November 20, 2020, 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.

SHPCRNL-0081-21

December 2020 update

On December 18, 2020, and December 22, 2020, 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.

SHPCRNL-0085-21

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

Oncology Dose Reduction Program beginning July 1, 2021

Simply Healthcare Plans, Inc. (Simply) is committed to being a valued healthcare partner in identifying ways to achieve better health outcomes, lower costs and deliver access to better healthcare experiences for consumers.

Effective for dates of service on or after July 1, 2021, providers for our Medicare Advantage plan members covered by Simply will be asked in selective circumstances to voluntarily reduce the requested dose to the nearest whole vial for over 40 oncology medications, listed below. Reviews for these oncology drugs will continue to be administered by the reviewing company, either AIM Specialty Health®* or IngenioRx.*

Providers will be asked whether or not they will accept the dose reduction at the initial review point in the prior authorization process. Within the provider portal, a pop-up question will appear related to dose reduction. If the patient is considered unable to have his or her dose reduced, then a second question will appear asking for the provider's clinical reasoning. For requests made outside of the provider portal (for example, called-in or faxed-in prior authorization requests), the same questions will be asked by the registered nurse or medical director who is reviewing the request. Since this program is voluntary, the decision made regarding dose reduction will not affect the final decision on the prior authorization.

The dose reduction questions will appear only if the originally requested dose is within 10% of the nearest whole vial. This threshold is based on current medical literature and recommendations from the Hematology and Oncology Pharmacists Association (HOPA) that it is appropriate to consider dose rounding within 10%. HOPA recommendations can be found here.

The Voluntary Dose Reduction Program only applies to the specific oncology drugs listed. Providers can view prior authorization requirements for Simply members on the *Medical Policy* and *Clinical Utilization Management Guidelines* page at **https://provider.simplyhealthcareplans.com**.

Read more online.

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

SHPCRNL-0083-21

COVID-19 information from Clear Health Alliance

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SFLPEC-1898-20

Medical drug benefit *Clinical Criteria* updates

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SFL-NL-0261-21

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SFL-NL-0266-21

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SFL-NL-0270-21

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SFL-NL-0209-20

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  - Added remote electrical neuromodulation (REN) as Investigational and Not Medically Necessary for all indications
- *LAB.00011 — Analysis of Proteomic Patterns:
  - Revised Investigational and Not Medically Necessary statement to include management of disease
- *MED.00120 — Gene Therapy for Ocular Conditions:
  - Revised title (previous title: Voretigene neparvovec-rzyl Luxturna®)
  - Expanded scope of document to include all gene therapies for ocular conditions
  - Added the use of all other gene replacement therapies to treat any ocular condition as Investigational and Not Medically Necessary
- *SURG.00032 — Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention:

  - Revised title (previous title: Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention)
  - Added left atrial appendage closure via surgical (nonpercutaneous) implantation of a device as Investigational and Not Medically Necessary for all indications

Medical Policies

On February 20, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Clear Health Alliance (CHA).

Clinical UM Guidelines

On February 20, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to CHA. These guidelines were adopted by the Medical Operations Committee for our members on March 10, 2020.

Read more online.

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May 2020 Notes/updates:

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

- CG-DME-46 — Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting:
  - Expanded scope of document and revised Medically Necessary statement
- CG-DME-47 — Noninvasive Home Ventilator Therapy for Respiratory Failure:
  - Revised Medically Necessary and Discussion/General Information sections
- CG-GENE-02 — Analysis of RAS Status:
  - Clarified scope of document and revised the Not Medically Necessary and Coding sections
- CG-MED-64 — Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation):
  - Revised the Medically Necessary statement
- CG-MED-68 — Therapeutic Apheresis:
  - Revised Medically Necessary, Not Medically Necessary, Coding and Discussion/General Information sections
- DME.00011 — Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices:
  - Revised Investigational and Not Medically Necessary, Rationale and Coding sections
- MED.00004 — Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography):
  - Revised the Not Medically Necessary, Rationale and Coding sections

Medical Policies

On November 7, 2019, February 20, 2020, and May 14, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to CHA.

Clinical UM Guidelines

On November 7, 2019, February 20, 2020, and May 14, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to CHA. These guidelines adopted by the Medical Operations Committee for CHA members on November 28, 2019, April 23, 2020, and May 25, 2020.

Read more online.

SFL-NL-0195-20