

Medical Policies and Clinical Utilization Management Guidelines update

This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA).

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 providers in your practice and office staff.

To view a guideline, visit <https://provider.simplyhealthcareplans.com/florida-provider/medical-policies-and-clinical-guidelines> for Simply and [Search Medical Policies and Clinical Guidelines \(clearhealthalliance.com\)](https://clearhealthalliance.com) for CHA.

Notes/updates

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

- GENE.00052 - Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling:
 - Moved content from GENE.00037 Genetic Testing for Macular Degeneration and CG-GENE-23 Genetic Testing for Heritable Cardiac Conditions into this document.
 - Added chromosome conformation signatures to scope of document and Investigational & Not Medically Necessary statement.
- MED.00130 - Surface Electromyography and Electrodermal Activity Sensor Devices for Seizure Monitoring:
 - Revised title
 - Revised Position Statement by adding electrodermal activity sensor devices.
- MED.00135 - Gene Therapy for Hemophilia:
 - Outlines the Medically Necessary and Investigational & Not Medically Necessary criteria for a one-time infusion of etranacogene dezaparvovec-drlb for select individuals with hemophilia B.
- MED.00143 - Ingestible Devices for the Treatment of Constipation:
 - Outlines the Investigational & Not Medically Necessary criteria for Ingestible devices for the treatment of constipation.
- SURG.00097 - Scoliosis Surgery:
 - Added magnetically controlled growing rods to scope of document in Investigational & Not Medically Necessary statement.
- CG-DME-31 - Powered Wheeled Mobility Devices:

* Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.

<https://provider.simplyhealthcareplans.com> | <https://provider.clearhealthalliance.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

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- Added Not Medically Necessary statement for powered wheeled mobility devices using computerized systems to assist with functions such as seat elevation and navigation over curbs, stairs, or uneven terrain (for example, the iBOT Personal Mobility Device) for all indications.
- CG-MED-92 - Foot Care Services:
 - Outlines the Medically Necessary and Not Medically Necessary criteria for foot care services.
- CG-LAB-24 - Outpatient Urine Culture:
 - Outlines the Medically Necessary and Not Medically Necessary criteria for outpatient urine culture testing for bacteria.
- CG-LAB-25 - Outpatient Glycated Hemoglobin and Protein Testing:
 - Outlines the Medically Necessary and Not Medically Necessary criteria for outpatient glycated hemoglobin (HbA1c) and total glycated serum proteins (GSPs) testing.

Carelon Medical Benefits Management, Inc.* updates

Effective for dates of service on and after April 9, 2023, the following updates will apply to the **Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guidelines** for medical necessity review for Simply and CHA:

- Radiation oncology:
 - Simply/CHA SURG.00143 is transitioning to *AIM Perirectal Hydrogel Spacers Guidelines*

Medical Policies

On November 10, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Simply and CHA. These guidelines take effect June 5, 2023.

Publish date	Medical Policy #	Medical Policy title	New or revised
12/28/2022	*GENE.00052	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Revised
1/4/2023	*MED.00130	Surface Electromyography and Electrodermal Activity Sensor Devices for Seizure Monitoring <i>Previously titled:</i> Surface Electromyography Devices for Seizure Monitoring	Revised
12/6/2022	*MED.00135	Gene Therapy for Hemophilia	New
1/4/2023	*MED.00143	Ingestible Devices for the Treatment of Constipation	New
1/4/2023	*SURG.00097	Scoliosis Surgery	Revised
1/4/2023	TRANS.00029	Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias	Revised

Clinical UM Guidelines

On November 10, 2022, the MPTAC approved the following *Clinical UM Guidelines* applicable to Simply and CHA. These guidelines were adopted by the medical operations committee for Simply and CHA members on December 15, 2022. These guidelines take effect June 5, 2023.

Publish date	Clinical UM Guideline #	Clinical UM Guideline title	New or revised
1/4/2023	*CG-DME-31	Powered Wheeled Mobility Devices	Revised
11/17/2022	CG-DME-44	Electric Tumor Treatment Field (TTF)	Revised
1/4/2023	*CG-MED-92	Foot Care Services	New
1/4/2023	CG-MED-93	Navigational Bronchoscopy	New
1/4/2023	CG-SURG-115	Mechanical Embolectomy for Treatment of Stroke	New
11/17/2022	CG-SURG-116	Surgical Treatment of Hyperhidrosis	New
1/4/2023	*CG-LAB-24	Outpatient Urine Culture	New
1/4/2023	*CG-LAB-25	Outpatient Glycated Hemoglobin and Protein Testing	New

Email is the quickest and most direct way to receive important information from Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA).

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (Simply: <https://bit.ly/3Cm6b8s>, CHA: <https://bit.ly/2ZoU8so>).

Simply:



CHA:

