

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> and <https://provider.clearhealthalliance.com/florida-provider/medical-policies-and-clinical-guidelines>.

Notes/Updates:

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

- CG-LAB-22 - Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis
 - Outlines the Medically Necessary & Not Medically Necessary criteria for the use of nucleic acid amplification tests using algorithmic assays to detect bacterial vaginosis
- CG-MED-91 - Remote Therapeutic and Physiologic Monitoring Services
 - Outlines the Medically Necessary & Not Medically Necessary criteria for remote therapeutic and physiologic monitoring services
- CG-SURG-114 - Ophthalmic use of Nd: YAG Laser for Posterior Capsulotomy
 - Outlines the Medically Necessary & Not Medically Necessary criteria for ophthalmic use of Nd: YAG laser for posterior capsulotomy
- MED.00140 - Gene Therapy for Beta Thalassemia
 - Outlines the Medically Necessary and Investigational & Not Medically Necessary criteria for a one-time infusion of betibeglogene autotemcel for individuals with beta thalassemia
- MED.00142 - Gene Therapy for Cerebral Adrenoleukodystrophy
 - Outlines the Medically Necessary and Investigational & Not Medically Necessary criteria for infusion of elivaldogene autotemcel
- CG-DME-13 - Lower Limb Prosthesis
 - Added new Not Medically Necessary statements addressing prosthetics utilized primarily for leisure or sporting activities

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.

FLSMPLY-CD-018588-23 February 2023

- CG-GENE-11 - Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status
 - Added thiopurine methyltransferase (TPMT) to scope of document and Clinical Indications Medically Necessary section
- DME.00044 - Robotic Arm Assistive Devices; previously titled: Wheelchair Mounted Robotic Arm
 - Revised title
 - Rescoped the Position Statement to also address robotic feeding assistive device
- SURG.00079 - Nasal Valve Repair; previously titled: Nasal Valve Suspension
 - Revised title
 - Revised the Position Statement
 - Expanded scope of document to address an absorbable nasal implant and low-dose radiofrequency intranasal tissue remodeling for the treatment of nasal airway obstruction
 - Content related to the absorbable nasal implant (Latera) moved from CG-SURG-87 to this document
- CG-DME-31 - Powered Wheeled Mobility Devices
 - 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

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. Please note, the Simply and CHA, utilization management team will complete these reviews using the Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guidelines.

- Cardiology
 - Diagnostic Coronary Angiography
 - Advanced Imaging of the Heart
- Musculoskeletal Guidelines
 - Interventional Pain Management
- Rehabilitative Services
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy
- Radiation Oncology
 - Proton Beam Therapy

Medical Policies

On May 12, 2022, August 11, 2022, and 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 April 6, 2023.

Publish Date	Medical Policy #	Medical Policy Title	New or Revised
8/22/2022	*MED.00140	Gene Therapy for Beta Thalassemia	New
9/28/2022	*MED.00142	Gene Therapy for Cerebral Adrenoleukodystrophy	New
10/5/2022	*DME.00044	Robotic Arm Assistive Devices Previously titled: Wheelchair Mounted Robotic Arm	Revised
9/7/2022	MED.00129	Gene Therapy for Spinal Muscular Atrophy	Revised
10/5/2022	*SURG.00079	Nasal Valve Repair Previously titled: Nasal Valve Suspension	Revised
10/5/2022	SURG.00119	Endobronchial Valve Devices	Revised
8/18/2022	SURG.00121	Transcatheter Heart Valve Procedures	Revised
10/5/2022	SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	Revised

Clinical UM Guidelines

On May 12, 2022, August 11, 2022, and 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 Medicaid members on June 23, 2022, September 22, 2022, and December 15, 2022. These guidelines take effect April 6, 2023.

Publish Date	Clinical UM Guideline #	Clinical UM Guideline Title	New or Revised
6/29/2022	CG-DME-42	Continuous Glucose Monitoring Devices and External Insulin Infusion Pumps	Revised
9/28/2022	*CG-LAB-22	Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis	New
10/5/2022	*CG-MED-91	"Remote Therapeutic and Physiologic Monitoring Services	New
10/5/2022	*CG-SURG-114	Ophthalmic use of Nd: YAG Laser for Posterior Capsulotomy	New

Publish Date	Clinical UM Guideline #	Clinical UM Guideline Title	New or Revised
10/5/2022	*CG-DME-13	Lower Limb Prosthesis	Revised
10/5/2022	CG-DME-22	Ankle-Foot & Knee-Ankle-Foot Orthoses	Revised
10/5/2022	*CG-GENE-11	Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status	Revised
10/5/2022	CG-GENE-22	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
1/4/2023	*CG-DME-31	Powered Wheeled Mobility Devices	Revised

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:

