New specialty Part B preferred device

Summary of update: Effective **January 17**, **2020**, the following Part B devices from the current *Clinical Utilization Management (UM) Guidelines* will be included in our preferred device precertification review process. Preferred device review will apply upon precertification initiation, in addition to the current medical necessity review of all Part B devices noted below (as is done currently).

Requests for non-preferred Part B devices may be approved if a member is actively receiving agents listed below, has had a trial and inadequate response or intolerance to one preferred agent, or the preferred agents are not acceptable due to contraindications including hypersensitivity or allergy.

Federal and state law, as well as state contract language and CMS guidelines (including definitions and specific contract provisions/exclusions) take precedence over these precertification rules and must be considered first when determining coverage. Non-compliance with new requirements may result in denied claims.

Clinical UM Guidelines are publicly available on the provider website for Simply Healthcare Plans, Inc. Visit the *Clinical Criteria Page* to search for specific guidelines.

Clinical UM Guideline	**Preferred Part B devices**	**Non-preferred Part B devices**
ING-CC-0005	Euflexxa Supartz FX Durolane Gelsyn-3	*Including, but not limited to:* Gel-One GenVisc 850 Hymovis Monovisc Orthovisc Synvisc/Synvisc-One Trivisc Hyalgan/Visco-3