

## **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.

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

To view a guideline for Simply Healthcare Plans, Inc. and Clear Health Alliance (Simply), visit <https://provider.simplyhealthcareplans.com/florida-provider> or <https://provider.clearhealthalliance.com/florida-provider>.

### **Updates:**

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

- **\*SURG.00028 - Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)**
  - Revised scope of document to only address benign prostatic hyperplasia (BPH)
  - Revised medically necessary criteria for transurethral incision of the prostate by adding "prostate volume less than 30 mL"
  - Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL and waterjet tissue ablation as medically necessary indication
  - Moved transurethral radiofrequency needle ablation from medically necessary to not medically necessary section
  - Moved placement of prostatic stents from standalone statement to combined not medically necessary statement
- **\*SURG.00037 - Treatment of Varicose Veins (Lower Extremities)**
  - Added the anterior accessory great saphenous vein (AAGSV) as medically necessary for ablation techniques when criteria are met
  - Added language to the medically necessary criteria for ablation techniques addressing variant anatomy
  - Added limits to retreatment to the medically necessary criteria for all procedures
- **\*SURG.00047 - Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis**
  - Expanded scope to include gastroparesis
  - Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as investigational and not medically necessary
- **\*SURG.00097 - Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents**
  - Expanded scope of document to include vertebral body tethering
  - Added vertebral body tethering as investigational and not medically necessary
- **\*CG-LAB-14 - Respiratory Viral Panel Testing in the Outpatient Setting**

<https://provider.simplyhealthcareplans.com/florida-provider>  
<https://provider.clearhealthalliance.com/florida-provider>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract. AIM Specialty Health is a separate company providing utilization review services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.

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- Clarified that respiratory viral panel (RVP) testing in the outpatient setting is medically necessary when using limited panels involving 5 targets or less when criteria are met
- Added RVP testing in the outpatient setting using large panels involving 6 or more targets as not medically necessary
- **\*CG-MED-68 - Therapeutic Apheresis**
  - Added diagnostic criteria to the condition "chronic inflammatory demyelinating polyradiculoneuropathy" (CIDP) when it is treated by plasmapheresis or immunoadsorption
- The following **AIM Specialty Clinical Appropriateness Guidelines** have been approved, to view an AIM guideline, visit the [AIM Specialty Health page](#):
  - \*Joint Surgery
  - \*Advanced Imaging—Vascular Imaging

**Medical Policies**

On November 7, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Simply.

<b>Publish date</b>	<b>Medical policy #</b>	<b>Medical policy title</b>	<b>New or revised</b>
12/18/2019	<b>ADMIN.00001</b>	<b>Medical Policy Formation</b>	Revised
11/12/2019	<b>ANC.00009</b>	<b>Cosmetic and Reconstructive Services of the Trunk and Groin</b>	Revised
11/12/2019	<b>BEH.00002</b>	<b>Transcranial Magnetic Stimulation</b>	Revised
02/05/2020	<b>GENE.00025</b>	<b>Proteogenomic Testing for the Evaluation of Malignancies</b>  Previous title: Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignancies	Revised
02/05/2020	<b>GENE.00052</b>	<b>Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling</b>	New
12/18/2019	<b>MED.00110</b>	<b>Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting</b>	Revised
02/05/2020	<b>MED.00117</b>	<b>Autologous Cell Therapy for the Treatment of Damaged Myocardium</b>	Revised
11/12/2019	<b>MED.00124</b>	<b>Tisagenlecleucel (Kymriah®)</b>	Revised
12/18/2019	<b>SURG.00011</b>	<b>Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting</b>	Revised
11/12/2019	<b>SURG.00023</b>	<b>Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures</b>	Revised

<b>Publish date</b>	<b>Medical policy #</b>	<b>Medical policy title</b>	<b>New or revised</b>
12/18/2019	<b>*SURG.00028</b>	<b>Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)</b>  Previous title: Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions	Revised
12/18/2019	<b>SURG.00032</b>	<b>Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention</b>	Revised
12/18/2019	<b>*SURG.00037</b>	<b>Treatment of Varicose Veins (Lower Extremities)</b>	Revised
12/18/2019	<b>*SURG.00047</b>	<b>Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis</b>  Previous title: Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia	Revised
12/18/2019	<b>*SURG.00097</b>	<b>Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents</b>  Previous title: Vertebral Body Stapling for the Treatment of Scoliosis in Children and Adolescents	Revised
12/18/2019	<b>SURG.00127</b>	<b>Sacroiliac Joint Fusion</b>	Revised
11/12/2019	<b>SURG.00145</b>	<b>Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)</b>	Revised
12/18/2019	<b>TRANS.00033</b>	<b>Heart Transplantation</b>	Revised

***Clinical UM Guidelines***

On November 7, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Simply. These guidelines adopted by the medical operations committee for Statewide Medicaid Managed Care Managed Medical Assistance members on November 25, 2019.

<b>Publish date</b>	<b>Clinical UM Guideline #</b>	<b>Clinical UM Guideline title</b>	<b>New or Revised</b>
12/18/2019	<b>CG-ANC-04</b>	<b>Ambulance Services: Air and Water</b>	Revised
12/18/2019	<b>CG-BEH-01</b>	<b>Assessment of Autism Spectrum Disorders and Rett Syndrome</b>  Previous title: Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome	Revised
12/18/2019	<b>CG-BEH-02</b>	<b>Adaptive Behavioral Treatment for Autism Spectrum Disorder</b>	Revised
12/18/2019	<b>CG-GENE-12</b>	<b>PIK3CA Mutation Testing for Malignant Conditions</b>	Revised

<b>Publish date</b>	<b>Clinical UM Guideline #</b>	<b>Clinical UM Guideline title</b>	<b>New or Revised</b>
		Previous title: PIK3CA Mutation Testing	
2/5/2020	<b>CG-GENE-13</b>	<b>Genetic Testing for Inherited Diseases</b>	New
2/5/2020	<b>CG-GENE-14</b>	<b>Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management</b>	New
2/5/2020	<b>CG-GENE-15</b>	<b>Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis</b>	New
2/5/2020	<b>CG-GENE-16</b>	<b>BRCA Testing for Breast and/or Ovarian Cancer Syndrome</b>	New
2/5/2020	<b>CG-GENE-17</b>	<b>RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility</b>	New
2/5/2020	<b>CG-GENE-18</b>	<b>Genetic Testing for TP53 Mutations</b>	New
2/5/2020	<b>CG-GENE-19</b>	<b>Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers</b>	New
2/5/2020	<b>CG-GENE-20</b>	<b>Epidermal Growth Factor Receptor (EGFR) Testing</b>	New
12/18/2019	<b>*CG-LAB-14</b>	<b>Respiratory Viral Panel Testing in the Outpatient Setting</b>	Revised
12/18/2019	<b>CG-MED-42</b>	<b>Maternity Ultrasound in the Outpatient Setting</b>	Revised
12/18/2019	<b>*CG-MED-68</b>	<b>Therapeutic Apheresis</b>	Revised
12/18/2019	<b>CG-MED-71</b>	<b>Chronic Wound Care in the Home or Outpatient Setting</b>  Previous title: Wound Care in the Home Setting	Revised
12/18/2019	<b>CG-MED-84</b>	<b>Non-Obstetric Gynecologic Duplex Ultrasonography of the Abdomen and Pelvis in the Outpatient Setting</b>	Revised
12/18/2019	<b>CG-MED-85</b>	<b>Posterior Segment Optical Coherence Tomography</b>	New
12/18/2019	<b>CG-MED-86</b>	<b>Enhanced External Counterpulsation in the Outpatient Setting</b>	New
2/5/2020	<b>CG-MED-87</b>	<b>Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications</b>	New
12/18/2019	<b>CG-REHAB-02</b>	<b>Outpatient Cardiac Rehabilitation</b>	Revised

<b>Publish date</b>	<b>Clinical UM Guideline #</b>	<b>Clinical UM Guideline title</b>	<b>New or Revised</b>
12/18/2019	<b>CG-SURG-27</b>	<b>Gender Reassignment Surgery</b>  Previous title: Sex Reassignment Surgery	Revised
12/18/2019	<b>CG-SURG-61</b>	<b>Cryosurgical or Radiofrequency Ablation to Treat Solid Tumors Outside the Liver</b>  Previous title: Cryosurgical Ablation of Solid Tumors Outside the Liver	Revised
12/18/2019	<b>CG-SURG-92</b>	<b>Paraesophageal Hernia Repair</b>	Revised
12/18/2019	<b>CG-SURG-104</b>	<b>Intraoperative Neurophysiological Monitoring</b>	New
2/5/2020	<b>CG-SURG-105</b>	<b>Corneal Collagen Cross-Linking</b>	New
2/5/2020	<b>CG-SURG-106</b>	<b>Venous Angioplasty with or without Stent Placement or Venous Stenting Alone</b>	New