

Clinical Utilization Management Guidelines

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

Attached is a list of the *Clinical UM Guidelines* the health plan has adopted.

The full list of *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* are publicly available at the following:

- Simply: [Medical Policy and Clinical UM Guideline subsidiary website](#)
- CHA: [Medical Policy and Clinical UM Guideline subsidiary website](#)

Their purpose is to help you provide quality care by reducing inappropriate use of medical resources.

MCG[®] Care Guidelines are used only for:

- Medical necessity review for medical and behavioral health inpatient review.
- Inpatient site of service appropriateness.
- Inpatient rehabilitation and skilled nursing facility review.
- Outpatient based service or procedure where there is not an established *Medical Policy* or *Clinical UM Guideline*.

Medicaid state contracts, regulatory guidance, CMS requirements and our *Medical Policy/Clinical UM Guidelines* supersede MCG Care Guidelines.

Note: We make determinations of medical necessity on a case-by-case basis in accordance with the definition of medical necessity that is contained within the Medicaid state contract, regulatory guidance, CMS requirements or in our *Medical Necessity Criteria Policy ADMIN.00004*.

If the request does not meet established criteria guidelines, it will be referred to the licensed physician reviewer with the appropriate clinical expertise to make a decision.

<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.

SFLPEC-2308-20 October 2020

Clinical Utilization Management Guidelines

This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) as well as the Florida Healthy Kids (FHK) program for Simply.

The new *Clinical Utilization Management (UM) Guidelines* below were adopted by the Medical Operations Committee for our members on September 24, 2020.

To view a guideline, visit:

- For Simply: https://medicalpolicy.simplyhealthcareplans.com/shp_search.html
- For CHA: https://medicalpolicy.clearhealthalliance.com/cha_search.html

<i>Clinical UM Guideline #</i>	<i>Clinical UM Guideline title</i>	<i>New item</i>
CG-ADMIN-01	<i>Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists</i>	
CG-ANC-03	<i>Acupuncture</i>	
CG-ANC-04	<i>Ambulance Services: Air and Water</i>	
CG-ANC-05	<i>Ambulance Services: Ground; Emergent</i>	
CG-ANC-06	<i>Ambulance Services: Ground; Nonemergent</i>	
CG-ANC-07	<i>Inpatient Interfacility Transfers</i>	
CG-ANC-08	<i>Mobile Device-Based Health Management Applications</i>	
CG-BEH-01	<i>Assessment for Autism Spectrum Disorders and Rett Syndrome</i>	
CG-BEH-02	<i>Adaptive Behavioral Treatment for Autism Spectrum Disorder</i>	
CG-BEH-14	<i>Intensive In-Home Behavioral Health Services</i>	
CG-BEH-15	<i>Activity Therapy for Autism Spectrum Disorders and Rett Syndrome</i>	
CG-DME-03	<i>Neuromuscular Stimulation in the Treatment of Muscle Atrophy</i>	
CG-DME-04	<i>Electrical Nerve Stimulation, Transcutaneous, Percutaneous</i>	
CG-DME-05	<i>Cervical Traction Devices for Home Use</i>	
CG-DME-06	<i>Pneumatic Compression Devices for Lymphedema</i>	
CG-DME-07	<i>Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output</i>	
CG-DME-08	<i>Infant Home Apnea Monitors</i>	

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Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.

SFLPEC-2301-20 April 2021

Clinical UM Guideline #	Clinical UM Guideline title	New item
CG-DME-09	<i>Continuous Local Delivery of Analgesia to Operative Sites using an Elastomeric Infusion Pump During the Postoperative Period</i>	
CG-DME-10	<i>Durable Medical Equipment</i>	
CG-DME-12	<i>Home Phototherapy Devices for Neonatal Hyperbilirubinemia</i>	
CG-DME-13	<i>Lower Limb Prosthesis</i>	
CG-DME-15	<i>Hospital Beds and Accessories</i>	
CG-DME-16	<i>Pressure Reducing Support Systems Groups 1, 2 and 3</i>	
CG-DME-18	<i>Home Oxygen Therapy</i>	
CG-DME-19	<i>Therapeutic Shoes, Inserts or Modifications for Individuals with Diabetes</i>	
CG-DME-20	<i>Orthopedic Footwear</i>	
CG-DME-21	<i>External Infusion Pumps for the Administration of Drugs in the Home or Residential Care Settings</i>	
CG-DME-22	<i>Ankle-Foot & Knee-Ankle-Foot Orthoses</i>	
CG-DME-23	<i>Lifting Devices for Use in the Home</i>	
CG-DME-24	<i>Wheeled Mobility Devices: Manual Wheelchairs — Standard, Heavy Duty and Lightweight</i>	
CG-DME-25	<i>Seat Lift Mechanisms</i>	
CG-DME-26	<i>Back-Up Ventilators in the Home Setting</i>	
CG-DME-30	<i>Prothrombin Time Self-Monitoring Devices</i>	
CG-DME-31	<i>Wheeled Mobility Devices: Wheelchairs — Powered, Motorized, With or Without Power Seating Systems, and Power Operated Vehicles (POVs)</i>	
CG-DME-33	<i>Wheeled Mobility Devices: Manual Wheelchairs — Ultra Lightweight</i>	
CG-DME-34	<i>Wheeled Mobility Devices: Wheelchair Accessories</i>	
CG-DME-35	<i>Electric Breast Pumps</i>	
CG-DME-36	<i>Pediatric Gait Trainers</i>	
CG-DME-37	<i>Air Conduction Hearing Aids</i>	
CG-DME-39	<i>Dynamic Low-Load Prolonged-Duration Stretch Devices</i>	
CG-DME-40	<i>Noninvasive Electrical Bone Growth Stimulation of the Appendicular Skeleton</i>	
CG-DME-41	<i>Ultraviolet Light Therapy Delivery Devices for Home Use</i>	
CG-DME-42	<i>Nonimplantable Insulin Infusion and Blood Glucose Monitoring Devices</i>	
CG-DME-43	<i>High Frequency Chest Compression Devices for Airway Clearance</i>	
CG-DME-44	<i>Electric Tumor Treatment Field (TTF)</i>	
CG-DME-45	<i>Ultrasound Bone Growth Stimulation</i>	
CG-DME-46	<i>Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting</i>	

Clinical UM Guideline #	Clinical UM Guideline title	New item
CG-DME-47	<i>Noninvasive Home Ventilator Therapy for Respiratory Failure</i>	
CG-GENE-01	<i>Janus Kinase 2, CALR and MPL Gene Mutation Assays</i>	
CG-GENE-02	<i>Analysis of RAS Status</i>	
CG-GENE-03	<i>BRAF Mutation Analysis</i>	
CG-GENE-04	<i>Molecular Marker Evaluation of Thyroid Nodules</i>	
CG-GENE-05	<i>Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy)</i>	
CG-GENE-07	<i>BCR-ABL Mutation Analysis</i>	
CG-GENE-08	<i>Genetic Testing for PTEN Hamartoma Tumor Syndrome</i>	
CG-GENE-09	<i>Genetic Testing for CHARGE Syndrome</i>	
CG-GENE-10	<i>Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies</i>	
CG-GENE-11	<i>Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status</i>	
CG-GENE-12	<i>PIK3CA Mutation Testing for Malignant Conditions</i>	
CG-GENE-13	<i>Genetic Testing for Inherited Diseases</i>	
CG-GENE-14	<i>Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management</i>	
CG-GENE-15	<i>Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis</i>	
CG-GENE-16	<i>BRCA Testing for Breast and/or Ovarian Cancer Syndrome</i>	
CG-GENE-17	<i>RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility</i>	
CG-GENE-18	<i>Genetic Testing for TP53 Mutations</i>	
CG-GENE-19	<i>Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers</i>	
CG-GENE-20	<i>Epidermal Growth Factor Receptor (EGFR) Testing</i>	
CG-LAB-03	<i>Tropism Testing for HIV Management</i>	
CG-LAB-09	<i>Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain</i>	
CG-LAB-10	<i>Zika Virus Testing</i>	
CG-LAB-11	<i>Screening for Vitamin D Deficiency in Average Risk Individuals</i>	
CG-LAB-12	<i>Testing for Oral and Esophageal Cancer</i>	
CG-LAB-13	<i>Skin Nerve Fiber Density Testing</i>	
CG-LAB-14	<i>Respiratory Viral Panel Testing in the Outpatient Setting</i>	
CG-MED-02	<i>Esophageal pH Monitoring</i>	
CG-MED-05	<i>Ketogenic Diet for Treatment of Intractable Seizures</i>	
CG-MED-08	<i>Home Enteral Nutrition</i>	
CG-MED-19	<i>Custodial Care</i>	

Clinical UM Guideline #	Clinical UM Guideline title	New item
CG-MED-21	<i>Anesthesia Services and Moderate ("Conscious") Sedation</i>	
CG-MED-23	<i>Home Health</i>	
CG-MED-24	<i>Electromyography and Nerve Conduction Studies</i>	
CG-MED-26	<i>Neonatal Levels of Care</i>	
CG-MED-28	<i>Iontophoresis for Medical Indications</i>	
CG-MED-32	<i>Ancillary Services for Pregnancy Complications</i>	
CG-MED-34	<i>Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures</i>	
CG-MED-35	<i>Retinal Telescreening Systems</i>	
CG-MED-37	<i>Intensive Programs for Pediatric Feeding Disorders</i>	
CG-MED-38	<i>Inpatient admission for Radiation Therapy for Cervical or Thyroid Cancer</i>	
CG-MED-39	<i>Bone Mineral Density Testing Measurement</i>	
CG-MED-40	<i>External Ambulatory Event Monitors to Detect Cardiac Arrhythmias</i>	
CG-MED-41	<i>Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting</i>	
CG-MED-42	<i>Maternity Ultrasound in the Outpatient Setting</i>	
CG-MED-44	<i>Holter Monitors</i>	
CG-MED-45	<i>Transrectal Ultrasonography</i>	
CG-MED-46	<i>Electroencephalography and Video Electroencephalographic Monitoring</i>	
CG-MED-47	<i>Fundus Photography</i>	
CG-MED-48	<i>Scrotal Ultrasound</i>	
CG-MED-50	<i>Visual, Somatosensory and Motor Evoked Potentials</i>	
CG-MED-51	<i>Three-Dimensional (3-D) Rendering of Imaging Studies</i>	
CG-MED-52	<i>Allergy Immunotherapy (Subcutaneous)</i>	
CG-MED-53	<i>Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing</i>	
CG-MED-54	<i>Strapping</i>	
CG-MED-55	<i>Site of Care: Advanced Radiologic Imaging</i>	
CG-MED-56	<i>Non-Obstetrical Transvaginal Ultrasonography</i>	
CG-MED-57	<i>Cardiac Stress Testing with Electrocardiogram</i>	
CG-MED-59	<i>Upper Gastrointestinal Endoscopy in Adults</i>	
CG-MED-61	<i>Preoperative Testing for Low Risk Invasive Procedures and Surgeries</i>	
CG-MED-62	<i>Resting Electrocardiogram Screening in Adults</i>	
CG-MED-63	<i>Treatment of Hyperhidrosis</i>	
CG-MED-64	<i>Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)</i>	
CG-MED-65	<i>Manipulation Under Anesthesia</i>	
CG-MED-66	<i>Cryopreservation of Oocytes or Ovarian Tissue</i>	

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CG-MED-67	<i>Melanoma Vaccines</i>	
CG-MED-68	<i>Therapeutic Apheresis</i>	
CG-MED-69	<i>Inhaled Nitric Oxide</i>	
CG-MED-70	<i>Wireless Capsule Endoscopy for Gastrointestinal Imagine and the Patency Capsule</i>	
CG-MED-71	<i>Chronic Wound Care in the Home or Outpatient Setting</i>	
CG-MED-72	<i>Hyperthermia for Cancer Therapy</i>	
CG-MED-73	<i>Hyperbaric Oxygen Therapy (Systemic/Topical)</i>	
CG-MED-74	<i>Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry</i>	
CG-MED-75	<i>Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome</i>	
CG-MED-76	<i>Magnetic Source Imaging and Magnetoencephalography</i>	
CG-MED-77	<i>SPECT/CT Fusion Imaging</i>	
CG-MED-78	<i>Anesthesia Services for Interventional Pain Management Procedures</i>	
CG-MED-79	<i>Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems</i>	
CG-MED-81	<i>High Intensity Focused Ultrasound (HIFU) for Oncologic Indications</i>	
CG-MED-82	<i>Intravenous versus Oral Drug Administration in the Outpatient and Home Setting</i>	
CG-MED-83	<i>Site of Care: Specialty Pharmaceuticals</i>	
CG-MED-84	<i>Non-Obstetric Gynecologic Duplex Ultrasonography of the Abdomen and Pelvis in the Outpatient Setting</i>	
CG-MED-85	<i>Posterior Segment Optical Coherence Tomography</i>	
CG-MED-86	<i>Enhanced External Counterpulsation in the Outpatient Setting</i>	
CG-MED-87	<i>Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications</i>	
CG-MED-88	<i>Preimplantation Genetic Diagnosis Testing</i>	
CG-OR-PR-02	<i>Prefabricated and Prophylactic Knee Braces</i>	
CG-OR-PR-03	<i>Custom-made Knee Braces</i>	
CG-OR-PR-04	<i>Cranial Remodeling Bands and Helmets (Cranial Orthotics)</i>	
CG-OR-PR-05	<i>Myoelectric Upper Extremity Prosthesis Devices</i>	
CG-OR-PR-06	<i>Spinal Orthoses: Thoracic-Lumber-Sacral (TLSO), Lumber-Sacral (LSO), and Lumber</i>	
CG-REHAB-02	<i>Outpatient Cardiac Rehabilitation</i>	
CG-REHAB-03	<i>Pulmonary Rehabilitation</i>	
CG-REHAB-04	<i>Rehabilitative and Habilitative Services: Physical Medicine/Physical Therapy</i>	
CG-REHAB-05	<i>Rehabilitative and Habilitative Services: Occupational Therapy</i>	

Clinical UM Guideline #	Clinical UM Guideline title	New item
CG-REHAB-06	<i>Rehabilitative and Habilitative Services: Speech-Language Pathology</i>	
CG-REHAB-07	<i>Skilled Nursing and Skilled Rehabilitation Services (Outpatient)</i>	
CG-REHAB-08	<i>Private Duty Nursing in the Home Setting</i>	
CG-REHAB-10	<i>Level of Care: Outpatient Physical Therapy, Occupational Therapy and Speech-Language Pathology Services</i>	
CG-REHAB-11	<i>Cognitive Rehabilitation</i>	
CG-SURG-01	<i>Colonoscopy</i>	
CG-SURG-03	<i>Blepharoplasty, Blepharoptosis Repair and Brow Lift</i>	
CG-SURG-05	<i>Maze Procedure</i>	
CG-SURG-07	<i>Vertical Expandable Prosthetic Titanium Rib</i>	
CG-SURG-08	<i>Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury</i>	
CG-SURG-09	<i>Temporomandibular Disorders</i>	
CG-SURG-10	<i>Ambulatory or Outpatient Surgery Center Procedures</i>	
CG-SURG-11	<i>Surgical Treatment for Dupuytren's Contracture</i>	
CG-SURG-12	<i>Penile Prosthesis Implantation</i>	
CG-SURG-15	<i>Endometrial Ablation</i>	
CG-SURG-17	<i>Trigger Point Injections</i>	
CG-SURG-18	<i>Septoplasty</i>	
CG-SURG-24	<i>Functional Endoscopic Sinus Surgery (FESS)</i>	
CG-SURG-25	<i>Injection Treatment for Morton's Neuroma</i>	
CG-SURG-27	<i>Gender Reassignment Surgery</i>	
CG-SURG-28	<i>Transcatheter Uterine Artery Embolization</i>	
CG-SURG-29	<i>Lumbar Discography</i>	
CG-SURG-30	<i>Tonsillectomy for Children with or without Adenoidectomy</i>	
CG-SURG-31	<i>Treatment of Keloids and Scar Revision</i>	
CG-SURG-34	<i>Diagnostic Infertility Surgery</i>	
CG-SURG-35	<i>Intracytoplasmic Sperm Injection (ICSI)</i>	
CG-SURG-36	<i>Adenoidectomy</i>	
CG-SURG-37	<i>Destruction of Pre-Malignant Skin Lesions</i>	
CG-SURG-40	<i>Cataract Removal Surgery for Adults</i>	
CG-SURG-41	<i>Surgical Strabismus Correction</i>	
CG-SURG-46	<i>Myringotomy and Tympanostomy Tube Insertion</i>	
CG-SURG-49	<i>Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities</i>	
CG-SURG-50	<i>Assistant Surgeons</i>	
CG-SURG-51	<i>Outpatient Cystourethroscopy</i>	
CG-SURG-52	<i>Site of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services</i>	
CG-SURG-55	<i>Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation</i>	

Clinical UM Guideline #	Clinical UM Guideline title	New item
CG-SURG-56	<i>Diagnostic Fiberoptic Flexible Laryngoscopy</i>	
CG-SURG-57	<i>Diagnostic Nasal Endoscopy</i>	
CG-SURG-58	<i>Radioactive Seed Localization of Nonpalpable Breast Lesions</i>	
CG-SURG-59	<i>Vena Cava Filters</i>	
CG-SURG-61	<i>Cryosurgical or Radiofrequency Ablation to Treat Solid Tumors Outside the Liver</i>	
CG-SURG-63	<i>Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure</i>	
CG-SURG-70	<i>Gastric Electrical Stimulation</i>	
CG-SURG-71	<i>Reduction Mammoplasty</i>	
CG-SURG-72	<i>Endothelial Keratoplasty</i>	
CG-SURG-73	<i>Balloon Sinus Ostial Dilation</i>	
CG-SURG-74	<i>Total Ankle Replacement</i>	
CG-SURG-75	<i>Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions</i>	
CG-SURG-76	<i>Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty</i>	
CG-SURG-77	<i>Refractive Surgery</i>	
CG-SURG-78	<i>Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies</i>	
CG-SURG-79	<i>Implantable Infusion Pumps</i>	
CG-SURG-81	<i>Cochlear Implants and Auditory Brainstem Implants</i>	
CG-SURG-82	<i>Bone-Anchored and Bone Conduction Hearing Aids</i>	
CG-SURG-83	<i>Bariatric Surgery and Other Treatments for Clinically Severe Obesity</i>	
CG-SURG-84	<i>Mandibular/Maxillary (Orthognathic) Surgery</i>	
CG-SURG-85	<i>Hip Resurfacing</i>	
CG-SURG-86	<i>Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection</i>	
CG-SURG-87	<i>Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring</i>	
CG-SURG-88	<i>Mastectomy for Gynecomastia</i>	
CG-SURG-89	<i>Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia</i>	
CG-SURG-90	<i>Mohs Micrographic Surgery</i>	
CG-SURG-91	<i>Minimally Invasive Ablative Procedures for Epilepsy</i>	
CG-SURG-92	<i>Paraesophageal Hernia Repair</i>	
CG-SURG-93	<i>Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction</i>	
CG-SURG-94	<i>Keratoprosthesis</i>	
CG-SURG-95	<i>Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention</i>	

Clinical UM Guideline #	Clinical UM Guideline title	New item
CG-SURG-96	<i>Intraocular Telescope</i>	
CG-SURG-97	<i>Cardioverter Defibrillators</i>	
CG-SURG-98	<i>Prostate Biopsy using MRI Fusion Techniques</i>	
CG-SURG-99	<i>Panniculectomy and Abdominoplasty</i>	
CG-SURG-100	<i>Laser Trabeculoplasty and Laser Peripheral Iridotomy</i>	
CG-SURG-101	<i>Ablative Techniques as a Treatment for Barrett's Esophagus</i>	
CG-SURG-102	<i>Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy</i>	
CG-SURG-103	<i>Male Circumcision</i>	
CG-SURG-104	<i>Intraoperative Neurophysiological Monitoring</i>	
CG-SURG-105	<i>Corneal Collagen Cross-Linking</i>	
CG-SURG-106	<i>Venous Angioplasty with or without Stent Placement or Venous Stenting Alone</i>	
CG-SURG-107	<i>Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)</i>	
CG-SURG-108	<i>Stereotactic Radiofrequency Pallidotomy</i>	
CG-THER-RAD-07	<i>Intravascular Brachytherapy (Coronary and Non-Coronary)</i>	
CG-TRANS-02	<i>Kidney Transplantation</i>	
CG-TRANS-03	<i>Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation</i>	