

Provider News

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Want to receive our **Provider News** and other
communications via email?

Submit your email address to **Simply** and **CHA**.

Simply:



CHA:





Contact us

If you have questions or need assistance, visit the *Contact Us* section at the bottom of our provider website for up-to-date contact information and self-service tools or call Provider Services.

Provider website:

- Simply Healthcare Plans, Inc.:
<https://provider.simplyhealthcareplans.com>
- Clear Health Alliance:
<https://provider.clearhealthalliance.com>

Provider Services:

- Medicaid and Florida Healthy Kids: **844-405-4296**
- Medicare Advantage: **844-405-4297**

Policy Updates — Prior Authorization

Simply Healthcare Plans, Inc. | Medicaid and Florida Healthy Kids
Clear Health Alliance | Medicaid

Prior authorization requirement changes — updated effective date

Effective November 1, 2022, prior authorization (PA) requirements will change for multiple codes. The medical codes listed below will require PA by Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) for Medicaid members.

PA requirements will be added to the following:

- 0214U: Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood O
- 0215U: Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood O
- 81415: Exome (such as unexplained constitutional or heritable disorder or syndrome); sequence analysis
- 81416: Exome (such as unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (such as parents, siblings) (List separately in addition to code for primary procedure)
- 81432: Hereditary breast cancer-related disorders (such as hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, and MLH1
- 81433: Hereditary breast cancer-related disorders (such as hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11

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

To request a PA, you may use one of the following methods:

- Availity:* Once logged in to **Availity**, select Patient Registration > Authorizations & Referrals, then select **Authorizations** or **Auth/Referral Inquiry**, as appropriate
- Fax: **844-509-9862**
- Phone: **444-406-2396**

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider website for **Simply** and **CHA**. Contracted and noncontracted providers who are unable to access Availity may call our Provider Services at **844-405-4296** for assistance with PA requirements.

** Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.*

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Policy Updates — *Medical Policies and Clinical Guidelines*

Simply Healthcare Plans, Inc. | Medicaid and Florida Healthy Kids

Updates to AIM Specialty Health *Advanced Imaging Clinical Appropriateness Guidelines*

Effective for dates of service on and after September 11, 2022, the following updates will apply to the AIM Specialty Health[®] * (AIM) *Advanced Imaging Clinical Appropriateness Guidelines*. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

Updates by guideline

Imaging of the spine:

- Perioperative and periprocedural imaging – Added requirement for initial evaluation with radiographs

Imaging of the extremities:

- Trauma – Added computerized tomography (CT) scan as an alternative to magnetic resonance imaging (MRI) for tibial plateau fracture; added indication for evaluation of supracondylar fracture
- Rotator cuff tear – Combined acute and chronic rotator cuff tear criteria; standardized conservative management duration to six weeks
- Shoulder arthroplasty – Modified language to clarify intent regarding limited scenarios where advanced imaging is indicated for total shoulder arthroplasty
- Perioperative imaging – Excluded robotic-assisted hip arthroplasty as robotic-assisted surgery in general does not provide net benefit over conventional arthroplasty

Vascular imaging:

- Stenosis or occlusion, extracranial carotid arteries – New indications for post neck irradiation, incidental carotid calcification scenarios
- Stroke/Transient ischemic attack (TIA), extracranial evaluation – Subacute stroke/TIA; computed tomography angiography (CTA)/magnetic resonance angiography (MRA) neck allowed without prerequisite ultrasound (US), in alignment with 2021 American Heart Association (AHA)/American Stroke Association (ASA) guidelines
- Chronic stroke/TIA – New indication; modality approach by circulation presentation

- Pulmonary embolism – Removal of nondiagnostic chest radiograph (CXR) requirement (lower threshold for elevated D-dimer scenarios, thrombosis related to COVID-19 infection, etc.)
- Imaging study modality and/or site expansion – Pulsatile tinnitus, acute aortic syndrome, abdominal venous thrombosis
- Stenosis or occlusion, extracranial carotid arteries – Post-revascularization scenario aligned with the Society for Vascular Surgery (SVS) guidelines to allow annual surveillance regardless of residual stenosis.
- Aneurysm of the abdominal aorta or iliac arteries – Management/surveillance scenarios aligned with SVS guidelines.
- Upper or lower extremity peripheral arterial disease (PAD):
- Suspected PAD without physiologic testing (including exercise testing) not indicated
- New indication for Popliteal artery aneurysm US surveillance post-repair (2021 SVS guidelines)

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's **ProviderPortalSM** directly.
 - Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization
- Access AIM via the Availity Portal.*
- Call the AIM Contact Center toll-free number: **800-714-0040** Monday through Friday from 7 a.m. to 7 p.m. CT

If you have questions related to guidelines, contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines [online](#).

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Simply Healthcare Plans, Inc. Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc.

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Quality Management

Simply Healthcare Plans, Inc. | Medicaid and Florida Healthy Kids
Clear Health Alliance | Medicaid

HEDIS 2022: Summary of changes from NCQA

The National Committee for Quality Assurance (NCQA) has changed, revised, and retired HEDIS® measures for measurement year 2022. Below is a summary of some of the key changes.

Diabetes measures

NCQA has separated the Comprehensive Diabetes Care indicators into stand-alone measures:

- Hemoglobin A1c Control for Patients with Diabetes (Two rates reported: HbA1c Control (< 8%) and Poor Control HbA1c) (> 9%) (HBD)
- Eye Exam for Patients with Diabetes (EED)
- Blood Pressure Control for Patients with Diabetes (BPD)

The process measure Comprehensive Diabetes HbA1c testing was retired as the goal is to move toward more outcome-based measures.

Race/ethnicity stratification

An important step to address health care disparities is reporting and measuring performance. Given this, NCQA has added race and ethnicity stratifications to the following HEDIS measures:

- Colorectal Cancer Screening (COL)
- Controlling High Blood Pressure (CBP)
- Hemoglobin A1c Control for Patients with Diabetes (HBD)
- Prenatal and Postpartum Care (PPC)
- Child and Adolescent Well Care Visits (WCV)

NCQA plans to expand the race and ethnicity stratifications to additional HEDIS measures over several years to help identify and reduce disparities in care among patient populations. This effort builds on NCQA's existing work dedicated to advancing health equity in data and quality measurements.

Measure changes

Colorectal Cancer Screening (COL):

Measures the percentage of members 45 to 75 years of age who had appropriate screening for colorectal cancer. The Medicaid product was added to the administrative data collection method for this measure and the age range was changed to 45 to 75 years of age.

Any of the following meet criteria:

- Fecal occult blood test during the measurement year
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year
- Colonoscopy during the measurement year or the nine years prior to the measurement year
- CT colonography during the measurement year or the four years prior to the measurement year
- Stool DNA (sDNA) with FIT test during the measurement year or the two years prior to the measurement year

This measure can also be reported as an Electronic Clinical Data Reporting System measure: Colorectal Cancer Screening (COL-E).



HEDIS 2022: Summary of changes from NCQA (cont.)

Antibiotic Utilization for Respiratory Conditions (AXR):

A newly added metric which measures the percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event. This measure was added because antibiotics prescribed for acute respiratory conditions are a large driver of antibiotic overuse.

Tracking antibiotic prescribing for all acute respiratory conditions will provide context about overall antibiotic use. Given this new measure, the broader Antibiotic Utilization measure has been retired.

Use of Imaging Studies for Low Back Pain (LBP):

This measure was expanded to the Medicare line of business, and the upper age limit for this measure was expanded to age 75. Additional exclusions to the measure were also added.

For a complete summary of 2022 HEDIS changes, visit: <https://www.ncqa.org/hedis/measures>.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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Chlamydia screening



Chances are one of these teenagers has chlamydia. According to the Centers for Disease Control (CDC), one of the largest growing populations for chlamydia is teens and young adults. Chlamydia infection is often asymptomatic, and screening for asymptomatic infection is a cost-effective strategy to reduce transmission and prevent pelvic inflammatory disease among females.

Talking to a teenager about sexual health issues like chlamydia can be difficult. But, left untreated, an affected individual may develop conditions such as pelvic inflammatory disease (PID), infertility, ectopic pregnancy, and chronic pelvic pain. Provider resources can help get the conversation started. To help get the conversation started, visit the [National Chlamydia Coalition website](#) for a free *Chlamydia How-To Implementation Guide for Healthcare Providers*.

Facts about chlamydia:

- The United States Preventive Services Task Force (USPSTF) recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at risk for infection.

- Chlamydia is the most commonly reported sexually transmitted disease (STD) with over 1.8 million cases reported in 2019.
- Young women account for 43% of reported cases and face the most severe consequences of an undiagnosed infection.
- It is estimated that undiagnosed STDs cause infertility in more the 20,000 women each year.

Chlamydia Screening in Women (CHL) HEDIS® Measure

This HEDIS measure looks at the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year, including teens and women who:

- Made comments or talked to you about sexual relations.
- Had a pregnancy test.
- Were prescribed birth control (even if used for acne treatment).
- Received gynecological services.
- Have a history of sexually transmitted diseases.
- Have a history of sexual assault or abuse.

Description	CPT® codes
Chlamydia tests	87110, 87270, 87320, 87490, 87492, 87810
Pregnancy test exclusion	81025, 84702, 84703

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

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