

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 members of your practice and office staff.

To view a guideline, visit

<https://provider.simplyhealthcareplans.com/florida-provider/medical-policies-and-clinical-guidelines> for Simply and

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

Notes/updates:

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

- ***GENE.00056 - Gene Expression Profiling for Bladder Cancer**
 - Outlines the **Medically Necessary** and **Not Medically Necessary** criteria for multiplex PCR-based panel testing of gastrointestinal pathogens for infectious diarrhea in the outpatient setting
- ***LAB.00038 - Cell-free DNA Testing to Aid in the Monitoring of Kidney Transplants for Rejection**
 - Cell-free DNA testing is considered **Investigational** and **Not Medically Necessary** as a non-invasive method of determining the risk of rejection in kidney transplant recipients
- ***LAB.00039 - Pooled Antibiotic Sensitivity Testing**
 - Pooled antibiotic sensitivity testing is considered **Investigational** and **Not Medically Necessary** in the outpatient setting for all indications
- ***SURG.00159 - Focal Laser Ablation for the Treatment of Prostate Cancer**
 - Focal laser ablation is considered **Investigational** and **Not Medically Necessary** for the treatment of prostate cancer
- ***TRANS.00037 - Uterine Transplantation**
 - Uterine transplantation is considered **Investigational** and **Not Medically Necessary** for all uses, including but not limited to the treatment of uterine factor infertility due to nonfunctioning or absent uterus

<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.

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Medical Policies

Please be advised that the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Simply and CHA. These guidelines take effect June 17, 2022.

Publish date	Medical Policy #	Medical Policy title	New or revised
4/1/2021	*GENE.00056	Gene Expression Profiling for Bladder Cancer	New
4/7/2021	*LAB.00038	Cell-free DNA Testing to Aid in the Monitoring of Kidney Transplants for Rejection	New
4/7/2021	*LAB.00039	Pooled Antibiotic Sensitivity Testing	New
4/7/2021	*SURG.00159	Focal Laser Ablation for the Treatment of Prostate Cancer	New
4/7/2021	*TRANS.00037	Uterine Transplantation	New
4/7/2021	MED.00087	Optical Detection for Screening and Identification of Cervical Cancer	Revised