

## Clinical Utilization Management Guidelines

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 on the *Medical Policy* and *Clinical UM Guideline* subsidiary website. Their purpose is to help you provide quality care by reducing inappropriate use of medical resources.

InterQual® Criteria or MCG Care Guidelines are used 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 and InterQual Criteria.

**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 doesn't meet established criteria guidelines, it will be referred to a licensed physician reviewer with the appropriate clinical expertise to make a decision.

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### **Provider update**

# Clinical Utilization Management Guidelines

The new *Clinical Utilization Management Guidelines (CUMG)* below were adopted by the medical operations committee for Amerigroup Community Care members on March 24, 2022.

To view a guideline, visit <a href="https://provider.amerigroup.com/tennessee-provider/resources/policies-guidelines-and-manuals/medical-policies">https://provider.amerigroup.com/tennessee-provider/resources/policies-guidelines-and-manuals/medical-policies</a>.

| CUMG number | CUMG title   | New item |
|-------------|--|----------|
|             | Clinical Utilization Management (UM) Guideline for Pre-      |          |
| CG-ADMIN-01 | Payment Review Medical Necessity Determinations When         |          |
|             | No Other Clinical UM Guideline Exists                        |          |
| CG-ANC-03   | Acupuncture  |          |
| CG-ANC-04   | Ambulance Services: Air and Water                            |          |
| CG-ANC-05   | Ambulance Services: Ground; Emergent                         |          |
| CG-ANC-06   | Ambulance Services: Ground; Nonemergent                      |          |
| CG-ANC-07   | Inpatient Interfacility Transfers                            |          |
| CG-ANC-08   | Mobile Device-Based Health Management Applications           |          |
| CG-BEH-02   | Adaptive Behavioral Treatment                                |          |
| CG-BEH-14   | Intensive In-Home Behavioral Health Services                 |          |
| CG-BEH-15   | Activity Therapy for Autism Spectrum Disorders and Rett      |          |
| CG-BEH-13   | Syndrome   |          |
| CG-DME-03   | Neuromuscular Stimulation in the Treatment of Muscle         |          |
| CG-DML-03   | Atrophy  |          |
| CG-DME-04   | Electrical Nerve Stimulation, Transcutaneous,                |          |
|             | Percutaneous   |          |
| CG-DME-05   | Cervical Traction Devices for Home Use                       |          |
| CG-DME-06   | Pneumatic Compression Devices for Lymphedema                 |          |
| CG-DME-07   | Augmentative and Alternative Communication (AAC)             |          |
|             | Devices with Digitized or Synthesized Speech Output          |          |
| CG-DME-08   | Infant Home Apnea Monitors                                   |          |
|             | Continuous Local Delivery of Analgesia to Operative Sites    |          |
| CG-DME-09   | using an Elastomeric Infusion Pump During the                |          |
| GG DVE 10   | Postoperative Period   |          |
| CG-DME-10   | Durable Medical Equipment                                    |          |
| CG-DME-12   | Home Phototherapy Devices for Neonatal<br>Hyperbilirubinemia |          |
| CG-DME-13   | Lower Limb Prosthesis  |          |
| CG-DME-15   |  |          |
| CG-DME-13   | Hospital Beds and Accessories                                |          |

#### https://provider.amerigroup.com/TN

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| <b>CUMG</b> number | CUMG title  | New item |
|--------------------|---|----------|
| CG-DME-16          | Pressure Reducing Support Systems Groups 1, 2 and 3   |          |
| CG-DME-18          | Home Oxygen Therapy   |          |
| CG-DME-19          | Therapeutic Shoes, Inserts or Modifications for Individuals with Diabetes   |          |
| CG-DME-20          | Orthopedic Footwear   |          |
| CG-DME-21          | External Infusion Pumps for the Administration of Drugs in the Home or Residential Care Settings  |          |
| CG-DME-22          | Ankle-Foot & Knee-Ankle-Foot Orthoses   |          |
| CG-DME-23          | Lifting Devices for Use in the Home   |          |
| CG-DME-24          | Wheeled Mobility Devices: Manual Wheelchairs — Standard, Heavy Duty and Lightweight   |          |
| CG-DME-25          | Seat Lift Mechanisms  |          |
| CG-DME-26          | Back-Up Ventilators in the Home Setting   |          |
| CG-DME-30          | Prothrombin Time Self-Monitoring Devices  |          |
| CG-DME-31          | Wheeled Mobility Devices: Wheelchairs — Powered,<br>Motorized, With or Without Power Seating Systems, and<br>Power Operated Vehicles (POVs) |          |
| CG-DME-33          | Wheeled Mobility Devices: Manual Wheelchairs — Ultra Lightweight  |          |
| CG-DME-34          | Wheeled Mobility Devices: Wheelchair Accessories  |          |
| CG-DME-35          | Electric Breast Pumps   |          |
| CG-DME-36          | Pediatric Gait Trainers   |          |
| CG-DME-37          | Air Conduction Hearing Aids   |          |
| CG-DME-39          | Dynamic Low-Load Prolonged-Duration Stretch Devices   |          |
| CG-DME-40          | Noninvasive Electrical Bone Growth Stimulation of the Appendicular Skeleton   |          |
| CG-DME-41          | Ultraviolet Light Therapy Delivery Devices for Home Use   |          |
| CG-DME-42          | Nonimplantable Insulin Infusion and Blood Glucose<br>Monitoring Devices   |          |
| CG-DME-43          | High Frequency Chest Compression Devices for Airway<br>Clearance  |          |
| CG-DME-44          | Electric Tumor Treatment Field (TTF)  |          |
| CG-DME-45          | Ultrasound Bone Growth Stimulation  |          |
| CG-DME-46          | Pneumatic Compression Devices for Prevention of Deep<br>Vein Thrombosis of the Extremities in the Home Setting                              |          |
| CG-DME-47          | Noninvasive Home Ventilator Therapy for Respiratory Failure   |          |
| CG-DME-48          | Vacuum Assisted Wound Therapy in the Outpatient Setting   |          |
| CG-DME-49          | Standing Frames   |          |
| CG-GENE-04         | Molecular Marker Evaluation of Thyroid Nodules  |          |
| CG-GENE-07         | BCR-ABL Mutation Analysis   |          |

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| CUMG number | CUMG title   | New item |
|-------------|--|----------|
| CG-GENE-10  | Chromosomal Microarray Analysis (CMA) for<br>Developmental Delay, Autism Spectrum Disorder,<br>Intellectual Disability (Intellectual Developmental<br>Disorder) and Congenital Anomalies |          |
| CG-GENE-11  | Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status   |          |
| CG-GENE-13  | Genetic Testing for Inherited Diseases   |          |
| CG-GENE-14  | Gene Mutation Testing for Solid Tumor Cancer<br>Susceptibility and Management  |          |
| CG-GENE-15  | Genetic Testing for Lynch Syndrome, Familial<br>Adenomatous Polyposis (FAP), Attenuated FAP and MYH-<br>associated Polyposis   |          |
| CG-GENE-16  | BRCA Testing for Breast and/or Ovarian Cancer Syndrome   |          |
| CG-GENE-17  | RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility   |          |
| CG-GENE-18  | Genetic Testing for TP53 Mutations   |          |
| CG-GENE-19  | Detection and Quantification of Tumor DNA Using Next<br>Generation Sequencing in Lymphoid Cancers  |          |
| CG-GENE-21  | Cell-Free Fetal DNA-Based Prenatal Testing   |          |
| CG-GENE-22  | Gene Expression Profiling for Managing Breast Cancer<br>Treatment  |          |
| CG-GENE-23  | Genetic Testing for Heritable Cardiac Conditions   |          |
| CG-LAB-03   | Tropism Testing for HIV Management   |          |
| CG-LAB-09   | Drug Testing or Screening in the Context of Substance Use<br>Disorder and Chronic Pain   |          |
| CG-LAB-10   | Zika Virus Testing   |          |
| CG-LAB-11   | Screening for Vitamin D Deficiency in Average Risk<br>Individuals  |          |
| CG-LAB-12   | Testing for Oral and Esophageal Cancer   |          |
| CG-LAB-13   | Skin Nerve Fiber Density Testing   |          |
| CG-LAB-14   | Respiratory Viral Panel Testing in the Outpatient Setting  |          |
| CG-LAB-15   | Red Blood Cell Folic Acid Testing  |          |
| CG-LAB-16   | Serum Amylase Testing  |          |
| CG-LAB-17   | Molecular Gastrointestinal Pathogen Panel (GIPP) Testing for Infectious Diarrhea in the Outpatient Setting   |          |
| CG-LAB-19   | Laboratory Evaluation of Vitamin B12   |          |
| CG-LAB-20   | Thyroid Testing  | New      |
| CG-LAB-21   | Serum Iron Testing   | New      |
| CG-MED-02   | Esophageal pH Monitoring   |          |
| CG-MED-05   | Ketogenic Diet for Treatment of Intractable Seizures   |          |
| CG-MED-08   | Home Enteral Nutrition   |          |
| CG-MED-19   | Custodial Care   |          |
| CG-MED-21   | Anesthesia Services and Moderate ("Conscious") Sedation  |          |

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| CUMG number | CUMG title   | New item |
|-------------|--|----------|
| CG-MED-23   | Home Health  |          |
| CG-MED-24   | Electromyography and Nerve Conduction Studies  |          |
| CG-MED-26   | Neonatal Levels of Care  |          |
| CG-MED-28   | Iontophoresis for Medical Indications  |          |
| CG-MED-34   | Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures                                 |          |
| CG-MED-35   | Retinal Telescreening Systems  |          |
| CG-MED-37   | Intensive Programs for Pediatric Feeding Disorders   |          |
| CG-MED-38   | Inpatient admission for Radiation Therapy for Cervical or Thyroid Cancer                             |          |
| CG-MED-39   | Bone Mineral Density Testing Measurement   |          |
| CG-MED-40   | External Ambulatory Event Monitors to Detect Cardiac Arrhythmias                                     |          |
| CG-MED-41   | Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting                      |          |
| CG-MED-42   | Maternity Ultrasound in the Outpatient Setting   |          |
| CG-MED-45   | Transrectal Ultrasonography  |          |
| CG-MED-46   | Electroencephalography and Video Electroencephalographic Monitoring                                  |          |
| CG-MED-47   | Fundus Photography   |          |
| CG-MED-48   | Scrotal Ultrasound   |          |
| CG-MED-49   | Auditory Brainstem Responses (ABRs) and Evoked<br>Otoacoustic Emissions (OAEs) for Hearing Disorders |          |
| CG-MED-50   | Visual, Somatosensory and Motor Evoked Potentials  |          |
| CG-MED-51   | Three-Dimensional (3-D) Rendering of Imaging Studies   |          |
| CG-MED-52   | Allergy Immunotherapy (Subcutaneous)   |          |
| CG-MED-53   | Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing                            |          |
| CG-MED-54   | Strapping  |          |
| CG-MED-55   | Site of Care: Advanced Radiologic Imaging  |          |
| CG-MED-56   | Non-Obstetrical Transvaginal Ultrasonography   |          |
| CG-MED-57   | Cardiac Stress Testing with Electrocardiogram  |          |
| CG-MED-59   | Upper Gastrointestinal Endoscopy in Adults   |          |
| CG-MED-61   | Preoperative Testing for Low Risk Invasive Procedures and Surgeries                                  |          |
| CG-MED-62   | Resting Electrocardiogram Screening in Adults  |          |
| CG-MED-63   | Treatment of Hyperhidrosis   |          |
| CG-MED-64   | Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins                                 |          |
| CG-MED-65   | Manipulation Under Anesthesia  |          |
| CG-MED-66   | Cryopreservation of Oocytes or Ovarian Tissue  |          |
| CG-MED-68   | Therapeutic Apheresis  |          |

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| <b>CUMG</b> number | CUMG title   | New item |
|--------------------|--|----------|
| CG-MED-69          | Inhaled Nitric Oxide   |          |
| CG-MED-70          | Wireless Capsule Endoscopy for Gastrointestinal Imagine and the Patency Capsule  |          |
| CG-MED-71          | Chronic Wound Care in the Home or Outpatient Setting   |          |
| CG-MED-72          | Hyperthermia for Cancer Therapy  |          |
| CG-MED-73          | Hyperbaric Oxygen Therapy (Systemic/Topical)   |          |
| CG-MED-74          | Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry   |          |
| CG-MED-76          | Magnetic Source Imaging and Magnetoencephalography   |          |
| CG-MED-78          | Anesthesia Services for Interventional Pain Management Procedures  |          |
| CG-MED-79          | Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm<br>Pacing Systems  |          |
| CG-MED-81          | High Intensity Focused Ultrasound (HIFU) for Oncologic Indications   |          |
| CG-MED-83          | Site of Care: Specialty Pharmaceuticals  |          |
| CG-MED-84          | Non-Obstetric Gynecologic Duplex Ultrasonography of the Abdomen and Pelvis in the Outpatient Setting   |          |
| CG-MED-85          | Posterior Segment Optical Coherence Tomography   |          |
| CG-MED-86          | Enhanced External Counterpulsation in the Outpatient Setting   |          |
| CG-MED-88          | Preimplantation Genetic Diagnosis Testing  |          |
| CG-MED-89          | Home Parenteral Nutrition  |          |
| CG-OR-PR-02        | Prefabricated and Prophylactic Knee Braces   |          |
| CG-OR-PR-03        | Custom-made Knee Braces  |          |
| CG-OR-PR-04        | Cranial Remodeling Bands and Helmets (Cranial Orthotics)   |          |
| CG-OR-PR-05        | Myoelectric Upper Extremity Prosthesis Devices   |          |
| CG-OR-PR-06        | Spinal Orthoses: Thoracic-Lumber-Sacral (TLSO),<br>Lumbar-Sacral (LSO), and Lumber   |          |
| CG-REHAB-02        | Outpatient Cardiac Rehabilitation  |          |
| CG-REHAB-03        | Pulmonary Rehabilitation   |          |
| CG-REHAB-07        | Skilled Nursing and Skilled Rehabilitation Services (Outpatient)   |          |
| CG-REHAB-10        | Level of Care: Outpatient Physical Therapy, Occupational<br>Therapy and Speech-Language Pathology Services   |          |
| CG-REHAB-12        | Rehabilitative and Habilitative Services in the Home<br>Setting: Physical Medicine/Physical Therapy, Occupational<br>Therapy and Speech-Language Pathology |          |
| CG-SURG-01         | Colonoscopy  |          |
| CG-SURG-03         | Blepharoplasty, Blepharoptosis Repair and Brow Lift  |          |
| CG-SURG-05         | Maze Procedure   |          |
| CG-SURG-07         | Vertical Expandable Prosthetic Titanium Rib  |          |

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| <b>CUMG</b> number | CUMG title  | New item |
|--------------------|---|----------|
| CG-SURG-08         | Sacral Nerve Stimulation as a Treatment of Neurogenic               |          |
| CG-30KG-08         | Bladder Secondary to Spinal Cord Injury                             |          |
| CG-SURG-09         | Temporomandibular Disorders   |          |
| CG-SURG-10         | Ambulatory or Outpatient Surgery Center Procedures                  |          |
| CG-SURG-11         | Surgical Treatment for Dupuytren's Contracture                      |          |
| CG-SURG-12         | Penile Prosthesis Implantation                                      |          |
| CG-SURG-15         | Endometrial Ablation  |          |
| CG-SURG-17         | Trigger Point Injections  |          |
| CG-SURG-18         | Septoplasty   |          |
| CG-SURG-24         | Functional Endoscopic Sinus Surgery (FESS)                          |          |
| CG-SURG-25         | Injection Treatment for Morton's Neuroma                            |          |
| CG-SURG-27         | Gender Affirming Surgery  |          |
| CG-SURG-28         | Transcatheter Uterine Artery Embolization                           |          |
| CG-SURG-29         | Lumbar Discography  |          |
| CG-SURG-30         | Tonsillectomy for Children with or without Adenoidectomy            |          |
| CG-SURG-31         | Treatment of Keloids and Scar Revision                              |          |
| CG-SURG-34         | Diagnostic Infertility Surgery                                      |          |
| CG-SURG-35         | Intracytoplasmic Sperm Injection (ICSI)                             |          |
| CG-SURG-36         | Adenoidectomy   |          |
| CG-SURG-37         | Destruction of Pre-Malignant Skin Lesions                           |          |
| CG-SURG-40         | Cataract Removal Surgery for Adults                                 |          |
| CG-SURG-41         | Surgical Strabismus Correction                                      |          |
| CG-SURG-46         | Myringotomy and Tympanostomy Tube Insertion                         |          |
|                    | Endovascular Techniques (Percutaneous or Open                       |          |
| CG-SURG-49         | Exposure) for Arterial Revascularization of the Lower               |          |
|                    | Extremities   |          |
| CG-SURG-50         | Assistant Surgeons  |          |
| CG-SURG-51         | Outpatient Cystourethroscopy  |          |
| CG-SURG-52         | Site of Care: Hospital-Based Ambulatory Surgical                    |          |
| CO BORG 32         | Procedures and Endoscopic Services                                  |          |
| CG-SURG-55         | Cardiac Electrophysiological Studies (EPS) and Catheter<br>Ablation |          |
| CG-SURG-56         | Diagnostic Fiberoptic Flexible Laryngoscopy                         |          |
| CG-SURG-57         | Diagnostic Nasal Endoscopy  |          |
| CG-SURG-58         | Radioactive Seed Localization of Nonpalpable Breast                 |          |
| CG-30KG-36         | Lesions   |          |
| CG-SURG-59         | Vena Cava Filters   |          |
| CG-SURG-61         | Cryosurgical or Radiofrequency Ablation to Treat Solid              |          |
|                    | Tumors Outside the Liver  |          |
|                    | Cardiac Resynchronization Therapy with or without an                |          |
| CG-SURG-63         | Implantable Cardioverter Defibrillator for the Treatment of         |          |
| CG-SURG-70         | Heart Failure Gastric Electrical Stimulation                        |          |
| CG-20KG-70         | Oasure Electrical Sumuration  |          |

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| CUMG number | CUMG title   | New item |
|-------------|--|----------|
| CG-SURG-71  | Reduction Mammaplasty  |          |
| CG-SURG-72  | Endothelial Keratoplasty   |          |
| CG-SURG-73  | Balloon Sinus Ostial Dilation  |          |
| CG-SURG-75  | Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions  |          |
| CG-SURG-76  | Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty                                   |          |
| CG-SURG-77  | Refractive Surgery   |          |
| CG-SURG-78  | Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies                              |          |
| CG-SURG-79  | Implantable Infusion Pumps   |          |
| CG-SURG-81  | Cochlear Implants and Auditory Brainstem Implants  |          |
| CG-SURG-82  | Bone-Anchored and Bone Conduction Hearing Aids   |          |
| CG-SURG-83  | Bariatric Surgery and Other Treatments for Clinically Severe Obesity   |          |
| CG-SURG-84  | Mandibular/Maxillary (Orthognathic) Surgery  |          |
| CG-SURG-85  | Hip Resurfacing  |          |
| CG-SURG-86  | Endovascular/Endoluminal Repair of Aortic Aneurysms,<br>Aortoiliac Disease, Aortic Dissection and Aortic<br>Transection  |          |
| CG-SURG-87  | Nasal Surgery for the Treatment of Obstructive Sleep<br>Apnea and Snoring  |          |
| CG-SURG-88  | Mastectomy for Gynecomastia  |          |
| CG-SURG-89  | Radiofrequency Neurolysis and Pulsed Radiofrequency<br>Therapy for Trigeminal Neuralgia                                  |          |
| CG-SURG-90  | Mohs Micrographic Surgery  |          |
| CG-SURG-91  | Minimally Invasive Ablative Procedures for Epilepsy  |          |
| CG-SURG-92  | Paraesophageal Hernia Repair   |          |
| CG-SURG-93  | Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction                            |          |
| CG-SURG-94  | Keratoprosthesis   |          |
| CG-SURG-95  | Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention |          |
| CG-SURG-96  | Intraocular Telescope  |          |
| CG-SURG-97  | Cardioverter Defibrillators  |          |
| CG-SURG-98  | Prostate Biopsy using MRI Fusion Techniques  |          |
| CG-SURG-99  | Panniculectomy and Abdominoplasty  |          |
| CG-SURG-100 | Laser Trabeculoplasty and Laser Peripheral Iridotomy   |          |
| CG-SURG-101 | Ablative Techniques as a Treatment for Barrett's Esophagus   |          |
| CG-SURG-102 | Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy   |          |
| CG-SURG-103 | Penile Circumcision  |          |

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| <b>CUMG</b> number | CUMG title  | New item |
|--------------------|---|----------|
| CG-SURG-104        | Intraoperative Neurophysiological Monitoring  |          |
| CG-SURG-105        | Corneal Collagen Cross-Linking  |          |
| CG-SURG-106        | Venous Angioplasty with or without Stent Placement or Venous Stenting Alone   |          |
| CG-SURG-107        | Surgical and Minimally Invasive Treatments for Benign<br>Prostatic Hyperplasia (BPH)  |          |
| CG-SURG-108        | Stereotactic Radiofrequency Pallidotomy   |          |
| CG-SURG-110        | Lung Volume Reduction Surgery   |          |
| CG-SURG-111        | Open Sacroiliac Joint Fusion  |          |
| CG-SURG-112        | Carpal Tunnel Decompression Surgery   |          |
| CG-SURG-113        | Tonsillectomy with or without Adenoidectomy for Adults  |          |
| CG-THER-RAD-<br>07 | Intravascular Brachytherapy (Coronary and Non-Coronary)   |          |
| CG-TRANS-02        | Kidney Transplantation  |          |
| CG-TRANS-03        | Donor Lymphocyte Infusion for Hematologic Malignancies<br>after Allogeneic Hematopoietic Progenitor Cell<br>Transplantation |          |



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