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POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Sentinel Events/Provider Preventable Conditions AD-1116	ADMINISTRATIVE	MARCH 1, 2024	MEDICAID	REVISION
Transcutaneous Electrical Nerve Stimulators (TENS) PY-0039	REIMBURSEMENT			

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POLICY NAME & NUMBER	POLICY TYPE	EFFECTIVE DATE	PLAN	PRIOR AUTHORIZATION IMPACT?
Tumor Treatment Field Devices for Glioblastoma Multiforme MM-1224	MEDICAL	MARCH 1, 2024	MEDICAID	NEW POLICY
Readmission AD-0972	ADMINISTRATIVE	MARCH 1, 2024	MEDICAID	REVISION