

## ***Clinical Utilization Management Criteria***

Attached is a list of the *Clinical Utilization Management (UM) Criteria* the health plan has adopted. Non-customized national clinical guidelines (MCG) will continue to be the primary source of UM criteria.

The list of adopted *Medical Policies* and *Clinical 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.

The Anthem Blue Cross and Blue Shield *Clinical UM Guideline* hierarchy for Medicaid in Indiana can be found [here](#).

**Note:** We make determinations of medical necessity on a case-by-case basis in accordance with the Medicaid *Clinical UM Guideline* hierarchy for Indiana. If the request does not meet established criteria guidelines, it will be referred to the licensed physician reviewer for Indiana with the appropriate clinical expertise to make a decision.



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## Clinical Utilization Management Criteria

The *Clinical Utilization Management Criteria* below, that are indicated as **new**, were adopted by the Medical Operations Committee for Anthem Blue Cross and Blue Shield (Anthem) members on March 23, 2023.

To view the criteria below, select the link in the *Criteria Title* column. For additional information regarding our *Medical Policies* and *Clinical UM Guidelines*, visit [Provider manuals and guides | Anthem](#).

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New Item</b>
CG-ANC-04	<a href="#">Ambulance Services: Air and Water</a>	
CG-ANC-07	<a href="#">Inpatient Interfacility Transfers</a>	
CG-DME-10	<a href="#">Durable Medical Equipment</a>	
CG-DME-22	<a href="#">Ankle-Foot &amp; Knee-Ankle-Foot Orthoses</a>	
CG-DME-47	<a href="#">Noninvasive Home Ventilator Therapy for Respiratory Failure</a>	
CG-DME-48	<a href="#">Vacuum Assisted Wound Therapy in the Outpatient Setting</a>	
CG-MED-39	<a href="#">Bone Mineral Density Testing Measurement</a>	
CG-MED-55	<a href="#">Site of Care: Advanced Radiologic Imaging</a>	
CG-MED-69	<a href="#">Inhaled Nitric Oxide</a>	
CG-OR-PR-05	<a href="#">Myoelectric Upper Extremity Prosthetic Devices</a>	
CG-OR-PR-06	<a href="#">Spinal Orthoses: Thoracic-Lumbar-Sacral (TLSO), Lumbar-Sacral (LSO), and Lumbar</a>	
CG-SURG-27	<a href="#">Gender Affirming Surgery</a>	
CG-SURG-82	<a href="#">Bone-Anchored and Bone Conduction Hearing Aids</a>	
CG-SURG-93	<a href="#">Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction</a>	
ANC.00008	<a href="#">Cosmetic and Reconstructive Services of the Head and Neck</a>	
DME.00025	<a href="#">Self-Operated Spinal Unloading Devices</a>	
RAD.00034	<a href="#">Dynamic Spinal Visualization (Including Digital Motion X-ray and Cineradiography/ Videofluoroscopy)</a>	
SURG.00023	<a href="#">Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures</a>	
SURG.00036	<a href="#">Fetal Surgery for Prenatally Diagnosed Malformations</a>	
SURG.00140	<a href="#">Peripheral Nerve Blocks for Treatment of Neuropathic Pain</a>	

\* This date does not reflect the implementation date when the criteria can be used by Anthem.

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