

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 only 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.

In addition, American Society of Addiction Medicine® (ASAM) criteria is used for substance use services according to state requirements.

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 the licensed physician reviewer with the appropriate clinical expertise to make a decision.

Clinical Utilization Management Guidelines

The new *Clinical Utilization Management (UM) Guidelines* below were adopted by the medical operations committee for Anthem Blue Cross and Blue Shield Healthcare Solutions members on November 19, 2020.

To view a guideline, visit <https://www11.anthem.com/search.html>.

| <i>Clinical UM Guideline number</i> | <i>Clinical UM Guideline title</i> | <i>New Item</i> |
|-------------------------------------|--|-----------------|
| CG-ADMIN-01 | <i>Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists</i> | |
| 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-01 | Assessment for Autism Spectrum Disorders and Rett Syndrome | |
| 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 Syndrome | |
| CG-DME-03 | Neuromuscular Stimulation in the Treatment of Muscle 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 | |
| CG-DME-09 | Continuous Local Delivery of Analgesia to Operative Sites using an Elastomeric Infusion Pump During the Postoperative Period | |
| CG-DME-10 | Durable Medical Equipment | |

<https://medproviders.anthem.com/nv>

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|--|---|------------------------|
| CG-DME-12 | Home Phototherapy Devices for Neonatal Hyperbilirubinemia | |
| CG-DME-13 | Lower Limb Prosthesis | |
| CG-DME-15 | Hospital Beds and Accessories | |
| 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, Motorized, With or Without Power Seating Systems, and 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 Monitoring Devices | |
| CG-DME-43 | High Frequency Chest Compression Devices for Airway Clearance | |
| CG-DME-44 | Electric Tumor Treatment Field (TTF) | |

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|--|---|------------------------|
| CG-DME-45 | Ultrasound Bone Growth Stimulation | |
| CG-DME-46 | Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting | |
| CG-DME-47 | Noninvasive Home Ventilator Therapy for Respiratory Failure | |
| CG-GENE-01 | Janus Kinase 2, CALR and MPL Gene Mutation Assays | |
| CG-GENE-02 | Analysis of RAS Status | |
| CG-GENE-03 | BRAF Mutation Analysis | |
| CG-GENE-04 | Molecular Marker Evaluation of Thyroid Nodules | |
| CG-GENE-05 | Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy) | |
| CG-GENE-07 | BCR-ABL Mutation Analysis | |
| CG-GENE-08 | Genetic Testing for PTEN Hamartoma Tumor Syndrome | |
| CG-GENE-09 | Genetic Testing for CHARGE Syndrome | |
| CG-GENE-10 | Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies | |
| CG-GENE-11 | Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status | |
| CG-GENE-12 | PIK3CA Mutation Testing for Malignant Conditions | |
| CG-GENE-13 | Genetic Testing for Inherited Diseases | |
| CG-GENE-14 | Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management | |
| CG-GENE-15 | Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-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 Generation Sequencing in Lymphoid Cancers | |
| CG-GENE-20 | Epidermal Growth Factor Receptor (EGFR) Testing | |

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|-------------------------------------|---|-----------------|
| CG-GENE-21 | Cell-Free Fetal DNA-Based Prenatal Testing | NEW |
| CG-LAB-03 | Tropism Testing for HIV Management | |
| CG-LAB-09 | Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain | |
| CG-LAB-10 | Zika Virus Testing | |
| CG-LAB-11 | Screening for Vitamin D Deficiency in Average Risk 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 | NEW |
| CG-LAB-16 | Serum Amylase 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 | |
| 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-32 | Ancillary Services for Pregnancy Complications | |
| 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-44 | Holter Monitors | |

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|--|--|------------------------|
| 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 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 as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation) | |
| CG-MED-65 | Manipulation Under Anesthesia | |
| CG-MED-66 | Cryopreservation of Oocytes or Ovarian Tissue | |
| CG-MED-68 | Therapeutic Apheresis | |
| 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 | |

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|-------------------------------------|--|-----------------|
| CG-MED-73 | Hyperbaric Oxygen Therapy (Systemic/Topical) | |
| CG-MED-74 | Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry | |
| CG-MED-75 | Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome | |
| CG-MED-76 | Magnetic Source Imaging and Magnetoencephalography | |
| CG-MED-77 | SPECT/CT Fusion Imaging | |
| CG-MED-78 | Anesthesia Services for Interventional Pain Management Procedures | |
| CG-MED-79 | Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm 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-87 | Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications | |
| CG-MED-88 | Preimplantation Genetic Diagnosis Testing | |
| 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), 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-08 | Private Duty Nursing in the Home Setting | |

| Clinical UM Guideline number | Clinical UM Guideline title | New Item |
|-------------------------------------|--|-----------------|
| CG-REHAB-10 | Level of Care: Outpatient Physical Therapy, Occupational Therapy and Speech-Language Pathology Services | |
| CG-REHAB-12 | Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology | NEW |
| 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 | |
| CG-SURG-08 | Sacral Nerve Stimulation as a Treatment of Neurogenic 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 Reassignment 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 | |

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|-------------------------------------|--|-----------------|
| CG-SURG-49 | Endovascular Techniques (Percutaneous or Open 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 Procedures and Endoscopic Services | |
| CG-SURG-55 | Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation | |
| CG-SURG-56 | Diagnostic Fiberoptic Flexible Laryngoscopy | |
| CG-SURG-57 | Diagnostic Nasal Endoscopy | |
| CG-SURG-58 | Radioactive Seed Localization of Nonpalpable Breast Lesions | |
| CG-SURG-59 | Vena Cava Filters | |
| CG-SURG-61 | Cryosurgical or Radiofrequency Ablation to Treat Solid Tumors Outside the Liver | |
| CG-SURG-63 | Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure | |
| CG-SURG-70 | Gastric Electrical Stimulation | |
| CG-SURG-71 | Reduction Mammoplasty | |
| 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 | |

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|--|--|------------------------|
| CG-SURG-85 | Hip Resurfacing | |
| CG-SURG-86 | Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection | |
| CG-SURG-87 | Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring | |
| CG-SURG-88 | Mastectomy for Gynecomastia | |
| CG-SURG-89 | Radiofrequency Neurolysis and Pulsed Radiofrequency 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 | Male Circumcision | |
| 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 Prostatic Hyperplasia (BPH) | |
| CG-SURG-108 | Stereotactic Radiofrequency Pallidotomy | |
| CG-THER-RAD-07 | Intravascular Brachytherapy (Coronary and Non-Coronary) | |

| <i>Clinical UM Guideline number</i> | <i>Clinical UM Guideline title</i> | <i>New Item</i> |
|--|---|------------------------|
| CG-TRANS-02 | Kidney Transplantation | |
| CG-TRANS-03 | Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation | |