

## **Clinical Utilization Management Guidelines**

Attached is a list of the *Clinical Utilization Management (UM) Guidelines* the health plan has adopted.

The full list of *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.

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*.

If MCG Care Guidelines do not cover a behavioral health service, the following standardized tools for medical necessity determinations are used:

- Adults: Level of Care Utilization System<sup>®</sup> (LOCUS)
- Children and Adolescents: Child and Adolescent Service Intensity Instrument (CASII)
- Young Children: Early Childhood Service Intensity Instrument (ECSII)

In addition, American Society of Addiction Medicine<sup>®</sup> (ASAM) criteria are used for substance use services according to state requirements.

Medicaid state contracts, regulatory guidance, CMS requirements and our *Medical Policy/Clinical UM Guidelines*, when approved by the Department for Medicaid Services (DMS), supersede MCG Care Guidelines.

**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.0004*.

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.



Provider Bulletin July 2023

## **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 members on December 15, 2022.

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 Blue Cross and Blue Shield**.

| Criteria Number | Criteria Title   | New Item |
|-----------------|--|----------|
| CG-ADMIN-01     | <i>Clinical Utilization Management (UM) Guideline</i> for Pre-Payment<br>Review Medical Necessity Determinations When No Other<br>Clinical UM Guideline Exists |          |
| CG-ANC-04       | Ambulance Services: Air and Water  |          |
| CG-ANC-05       | Ambulance Services: Ground; Emergent   |          |
| CG-ANC-06       | Ambulance Services: Ground; Non-Emergent   |          |
| CG-ANC-08       | Mobile Device-Based Health Management Applications   |          |
| CG-BEH-02       | Adaptive Behavioral Treatment  |          |
| CG-BEH-15       | Activity Therapy for Autism Spectrum Disorders and Rett<br>Syndrome  |          |
| CG-DME-04       | Electrical Nerve Stimulation, Transcutaneous, Percutaneous   |          |
| CG-DME-06       | Pneumatic Compression Devices for Lymphedema   |          |
| CG-DME-09       | <b>Continuous Local Delivery of Analgesia to Operative Sites using</b><br><b>an Elastomeric Infusion Pump during the Post-Operative Period</b>                 |          |
| CG-DME-18       | Home Oxygen Therapy  |          |
| CG-DME-20       | Orthopedic Footwear  |          |
| CG-DME-21       | External Infusion Pumps for the Administration of Drugs in the<br>Home or Residential Care Settings  |          |
| CG-DME-22       | Ankle-Foot & Knee-Ankle-Foot Orthoses  |          |
| CG-DME-35       | Electric Breast Pumps  |          |
| CG-DME-37       | Air Conduction Hearing Aids  |          |
| CG-DME-39       | Dynamic Low-Load Prolonged-Duration Stretch Devices  |          |
| CG-DME-41       | Ultraviolet Light Therapy Delivery Devices for Home Use  |          |
| CG-DME-46       | Pneumatic Compression Devices for Prevention of Deep Vein<br>Thrombosis of the Extremities in the Home Setting   |          |
| 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-13      | Genetic Testing for Inherited Diseases   |          |

## https://providers.anthem.com/oh

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| Criteria Number | Criteria Title  | New Item |
|-----------------|---|----------|
| CG-GENE-14      | Gene Mutation Testing for Solid Tumor Cancer Susceptibility   |          |
|                 | and Management  |          |
| CG-GENE-16      | <b>BRCA</b> Testing for Breast and/or Ovarian Cancer Syndrome   |          |
| 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 Individuals  |          |
| CG-LAB-13       | Skin Nerve Fiber Density Testing  |          |
| CG-LAB-14       | <b>Respiratory Viral Panel Testing in the Outpatient Setting</b>  |          |
| CG-LAB-16       | Serum Amylase Testing   |          |
| CG-LAB-17       | Molecular Gastrointestinal Pathogen Panel (GIPP) Testing for<br>Infectious Diarrhea in the Outpatient Setting |          |
| CG-MED-08       | Home Enteral Nutrition  |          |
| CG-MED-21       | Anesthesia Services and Moderate ("Conscious") Sedation   |          |
| CG-MED-24       | Electromyography and Nerve Conduction Studies   |          |
| CG-MED-34       | Monitored Anesthesia Care for Gastrointestinal Endoscopic<br>Procedures                                       |          |
| CG-MED-37       | Intensive Programs for Pediatric Feeding Disorders  |          |
| CG-MED-39       | Bone Mineral Density Testing Measurement  |          |
| CG-MED-41       | Moderate to Deep Anesthesia Services for Dental Surgery in the<br>Facility Setting                            |          |
| CG-MED-46       | Electroencephalography and Video Electroencephalographic<br>Monitoring  |          |
| CG-MED-49       | Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic<br>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-53       | Cervical Cancer Screening Using Cytology and Human<br>Papillomavirus Testing                                  |          |
| CG-MED-61       | Preoperative Testing for Low-Risk Invasive Procedures and<br>Surgeries  |          |
| CG-MED-62       | Resting Electrocardiogram Screening in Adults   |          |
| CG-MED-65       | Manipulation Under Anesthesia   |          |
| CG-MED-66       | Cryopreservation of Oocytes or Ovarian Tissue   |          |
| CG-MED-69       | Inhaled Nitric Oxide  |          |
| CG-MED-72       | Hyperthermia for Cancer Therapy   |          |
| CG-MED-76       | Magnetic Source Imaging and Magnetoencephalography  |          |
| CG-MED-78       | Anesthesia Services for Interventional Pain Management<br>Procedures  |          |
| CG-MED-89       | Home Parenteral Nutrition   |          |
| CG-MED-90       | Chelation Therapy   |          |
| CG-OR-PR-02     | Prefabricated and Prophylactic Knee Braces  |          |
| CG-OR-PR-05     | Myoelectric Upper Extremity Prosthesis Devices  |          |

| Criteria Number | Criteria Title   | New Item |
|-----------------|--|----------|
| 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-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 Setting:<br>Physical Medicine/Physical Therapy, Occupational Therapy and<br>Speech-Language Pathology |          |
| CG-SURG-03      | Blepharoplasty, Blepharoptosis Repair and Brow Lift  |          |
| CG-SURG-09      | Temporomandibular Disorders  |          |
| CG-SURG-12      | Penile Prosthesis Implantation   |          |
| 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-31      | Treatment of Keloids and Scar Revision   |          |
| CG-SURG-40      | Cataract Removal Surgery for Adults  |          |
| CG-SURG-41      | Surgical Strabismus Correction   |          |
| CG-SURG-63      | Cardiac Resynchronization Therapy with or without an<br>Implantable Cardioverter Defibrillator for the Treatment of<br>Heart Failure                       |          |
| CG-SURG-70      | Gastric Electrical Stimulation   |          |
| CG-SURG-73      | Balloon Sinus Ostial Dilation  |          |
| CG-SURG-77      | Refractive Surgery   |          |
| CG-SURG-78      | Locoregional and Surgical Techniques for Treating Primary and<br>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-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 Transection                                       |          |
| CG-SURG-94      | Keratoprosthesis   |          |
| CG-SURG-97      | Cardioverter Defibrillators  |          |
| CG-SURG-99      | Panniculectomy and Abdominoplasty  |          |
| CG-SURG-104     | Intraoperative Neurophysiological Monitoring   |          |
| CG-SURG-107     | Surgical and Minimally Invasive Treatments for Benign<br>Prostatic Hyperplasia (BPH)   |          |
| CG-THER-RAD-07  | Intravascular Brachytherapy (Coronary and Non-Coronary)  |          |
| CG-TRANS-02     | Kidney Transplantation   |          |

| Criteria Number | Criteria Title   | New Item |
|-----------------|--|----------|
| CG-TRANS-03     | Donor Lymphocyte Infusion for Hematologic Malignancies after               |          |
|                 | Allogeneic Hematopoietic Progenitor Cell Transplantation                   |          |
| ANC.00006       | Biomagnetic Therapy  |          |
| ANC.00007       | Cosmetic and Reconstructive Services: Skin Related                         |          |
| ANC.00008       | Cosmetic and Reconstructive Services of the Head and Neck                  |          |
| DME.00011       | Electrical Stimulation as a Treatment for Pain and Other                   |          |
|                 | Conditions: Surface and Percutaneous Devices                               |          |
| DME.00025       | Self-Operated Spinal Unloading Devices                                     |          |
| DME.00032       | Automated External Defibrillators for Home Use                             |          |
| DME.00037       | Cooling Devices and Combined Cooling/Heating Devices                       |          |
| DME.00038       | Static Progressive Stretch (SPS) and Patient-Actuated Serial               |          |
|                 | Stretch (PASS) Devices   |          |
| DME.00048       | Virtual Reality-Assisted Therapy Systems                                   |          |
| GENE.00009      | Gene Expression Profiling and Genomic Biomarker Tests for                  |          |
|                 | Prostate Cancer  |          |
| GENE.00010      | Panel and other Multi-Gene Testing for Polymorphisms to                    |          |
|                 | Determine Drug-Metabolizer Status  |          |
| GENE.00025      | Proteogenomic Testing for the Evaluation of Malignancies                   |          |
| GENE.00041      | Genetic Testing to Confirm the Identity of Laboratory                      |          |
|                 | Specimens  |          |
| GENE.00049      | <b>Circulating Tumor DNA Panel Testing (Liquid Biopsy)</b>                 |          |
| GENE.00050      | Gene Expression Profiling for Coronary Artery Disease                      |          |
| GENE.00052      | Whole Genome Sequencing, Whole Exome Sequencing, Gene                      |          |
|                 | Panels, and Molecular Profiling  |          |
| GENE.00053      | Metagenomic Sequencing for Infectious Disease in the<br>Outpatient Setting |          |
| GENE.00054      | Paired DNA and Messenger RNA (mRNA) Genetic Testing to                     |          |
| OLIVE.00034     | Detect, Diagnose and Manage Cancer   |          |
| GENE.00055      | Gene Expression Profiling for Risk Stratification of                       |          |
|                 | Inflammatory Bowel Disease (IBD) Severity                                  |          |
| GENE.00056      | Gene Expression Profiling for Bladder Cancer                               |          |
| GENE.00057      | Gene Expression Profiling for Idiopathic Pulmonary Fibrosis                |          |
| LAB.00003       | In Vitro Chemosensitivity Assays and In Vitro Chemoresistance              |          |
|                 | Assays   |          |
| LAB.00011       | Selected Protein Biomarker Algorithmic Assays                              |          |
| LAB.00015       | Detection of Circulating Tumor Cells                                       |          |
| LAB.00019       | <b>Proprietary Algorithms for Liver Fibrosis in the Evaluation and</b>     |          |
|                 | Monitoring of Chronic Liver Disease  |          |
| LAB.00024       | Immune Cell Function Assay   |          |
| LAB.00027       | Selected Blood, Serum and Cellular Allergy and Toxicity Tests              |          |
| LAB.00029       | Rupture of Membranes Testing in Pregnancy                                  |          |
| LAB.00030       | Measurement of Serum Concentrations of Monoclonal Antibody                 |          |
|                 | Drugs and Antibodies to Monoclonal Antibody Drugs                          |          |
| LAB.00035       | Multi-biomarker Disease Activity Blood Tests for Rheumatoid                |          |
|                 | Arthritis  |          |

| Criteria Number | Criteria Title  | New Item |
|-----------------|---|----------|
| LAB.00036       | Multiplex Autoantigen Microarray Testing for Systemic Lupus                                       |          |
|                 | Erythematosus   |          |
| LAB.00037       | Serologic Testing for Biomarkers of Irritable Bowel Syndrome<br>(IBS)                             |          |
| LAB.00038       | Cell-free DNA Testing to Aid in the Monitoring of Kidney  |          |
| L/10.00030      | Transplants for Rejection   |          |
| LAB.00039       | Pooled Antibiotic Sensitivity Testing   |          |
| LAB.00041       | Machine Learning Derived Probability Score for Rapid Kidney                                       |          |
|                 | Function Decline  |          |
| MED.00002       | Selected Sleep Testing Services   |          |
| MED.00011       | Sensory Stimulation for Brain-Injured Individuals in Coma or<br>Vegetative State                  |          |
| MED.00013       | Parenteral Antibiotics for the Treatment of Lyme Disease  |          |
| MED.00024       | Adoptive Immunotherapy and Cellular Therapy   |          |
| MED.00053       | Non-Invasive Measurement of Left Ventricular End Diastolic  |          |
|                 | Pressure in the Outpatient Setting  |          |
| MED.00059       | Idiopathic Environmental Illness (IEI)  |          |
| MED.00089       | Quantitative Muscle Testing Devices   |          |
| MED.00096       | Low-Frequency Ultrasound Therapy for Wound Management   |          |
| MED.00097       | Neural Therapy  |          |
| MED.00098       | Hyperoxemic Reperfusion Therapy   |          |
| MED.00101       | Physiologic Recording of Tremor using Accelerometer(s) and  |          |
|                 | Gyroscope(s)  |          |
| MED.00103       | Automated Evacuation of Meibomian Gland   |          |
| MED.00118       | <b>Continuous Monitoring of Intraocular Pressure</b>  |          |
| MED.00125       | Biofeedback and Neurofeedback   |          |
| MED.00128       | Insulin Potentiation Therapy  |          |
| MED.00130       | Surface Electromyography and Electrodermal Activity Sensor  |          |
|                 | Devices for Seizure Monitoring  |          |
| MED.00131       | Electronic Home Visual Field Monitoring   |          |
| MED.00132       | Adipose-derived Regenerative Cell Therapy and Soft Tissue   |          |
| 100100          | Augmentation Procedures   |          |
| MED.00133       | Ingestion Event Monitors  |          |
| MED.00134       | Non-invasive Heart Failure and Arrhythmia Management and  |          |
| MED 00127       | Monitoring System   |          |
| MED.00137       | Eye Movement Analysis Using Non-spatial Calibration for the<br>Diagnosis of Concussion            |          |
| OR-PR.00005     | Upper Extremity Myoelectric Orthoses  |          |
| OR-PR.00005     | Powered Robotic Lower Body Exoskeleton Devices  |          |
| RAD.00044       | Magnetic Resonance Neurography  |          |
| RAD.00057       | Near-Infrared Coronary Imaging and Near-Infrared  |          |
|                 | Intravascular Ultrasound Coronary Imaging   |          |
| RAD.00061       | PET/MRI   |          |
| RAD.00063       | Magnetization-Prepared Rapid Acquisition Gradient Echo<br>Magnetic Resonance Imaging (MPRAGE MRI) |          |

| Criteria Number | Criteria Title   | New Item |
|-----------------|--|----------|
| RAD.00064       | Myocardial Sympathetic Innervation Imaging with or without   |          |
|                 | Single-Photon Emission Computed Tomography (SPECT)   |          |
| RAD.00065       | Radiostereometric Analysis (RSA)   |          |
| SURG.00008      | Mechanized Spinal Distraction Therapy  |          |
| SURG.00010      | Treatments for Urinary Incontinence  |          |
| SURG.00023      | <b>Breast Procedures; including Reconstructive Surgery, Implants</b><br><b>and Other Breast Procedures</b>   |          |
| SURG.00036      | Fetal Surgery for Prenatally Diagnosed Malformations   |          |
| SURG.00037      | Treatment of Varicose Veins (Lower Extremities)  |          |
| SURG.00043      | Electrothermal Shrinkage of Joint Capsules, Ligaments, and<br>Tendons  |          |
| SURG.00052      | Percutaneous Vertebral Disc and Vertebral Endplate Procedures  |          |
| SURG.00061      | Presbyopia and Astigmatism-Correcting Intraocular Lenses   |          |
| SURG.00084      | Implantable Middle Ear Hearing Aids  |          |
| SURG.00104      | Extraosseous Subtalar Joint Implantation and Subtalar<br>Arthroereisis   |          |
| SURG.00113      | Artificial Retinal Devices   |          |
| SURG.00124      | Carotid Sinus Baroreceptor Stimulation Devices   |          |
| SURG.00128      | Implantable Left Atrial Hemodynamic Monitor  |          |
| SURG.00129      | Oral, Pharyngeal and Maxillofacial Surgical Treatment for<br>Obstructive Sleep Apnea or Snoring  |          |
| SURG.00132      | Drug-Eluting Devices for Maintaining Sinus Ostial Patency  |          |
| SURG.00138      | Laser Treatment for Onychomycosis  |          |
| SURG.00139      | Intraoperative Assessment of Surgical Margins During Breast-<br>Conserving Surgery with Radiofrequency Spectroscopy or<br>Optical Coherence Tomography |          |
| SURG.00140      | Peripheral Nerve Blocks for Treatment of Neuropathic Pain  |          |
| SURG.00142      | Genicular Nerve Blocks and Ablation for Chronic Knee Pain  |          |
| SURG.00147      | Synthetic Cartilage Implant for Metatarsophalangeal Joint<br>Disorders   |          |
| SURG.00148      | Spectral Analysis of Prostate Tissue by Fluorescence<br>Spectroscopy   |          |
| SURG.00152      | Wireless Cardiac Resynchronization Therapy for Left<br>Ventricular Pacing  |          |
| SURG.00153      | Cardiac Contractility Modulation Therapy   |          |
| SURG.00159      | Focal Laser Ablation for the Treatment of Prostate Cancer  |          |
| TRANS.00004     | Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal<br>Xenograft)   |          |
| TRANS.00025     | Laboratory Testing as an Aid in the Diagnosis of Heart<br>Transplant Rejection   |          |