

Clinical Utilization Management Criteria

Anthem Blue Cross and Blue Shield Medicaid | Ohio Medicaid Managed Care

Attached is a list of the Clinical Utilization Management (UM) Criteria Anthem has adopted.

The full list of Medical Policies and Clinical UM Guidelines is 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.

In addition, Level of Care for Alcohol and Drug Treatment Referral 3.0® is used for substance use services according to state requirements.

Medicaid state contracts, regulatory guidance, CMS requirements, and MCG Care Guidelines supersede our Medical Policy/Clinical UM 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.00004.

If the request does not meet established criteria guidelines, it will be referred to a licensed physician reviewer with the appropriate clinical expertise to make a decision.

The Clinical Utilization Management Criteria below, which are indicated as new, were adopted by the Medical Operations Committee for Medicaid members.

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](#).

Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Community Insurance Company. Independent licensee of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

0HBCBS-CD-091240-25 | October 2025

Clinical Utilization Management Criteria

Page 2 of 7

Criteria number	Criteria title	New item
CG-ADMIN-01	Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists	
CG-ANC-08	Mobile Device-Based Health Management Applications	
CG-DME-37	Air Conduction Hearing Aids	
CG-DME-46	Pneumatic Compression Devices for Prevention of Deep Vein 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-DME-55	Automated External Defibrillators for Home Use	
CG-LAB-03	Tropism Testing for HIV Management	
CG-LAB-10	Zika Virus Testing	
CG-LAB-11	Screening for Vitamin D Deficiency in Average Risk Individuals	
CG-LAB-14	Respiratory Viral Panel Testing in the Outpatient Setting	
CG-LAB-16	Serum Amylase Testing	
CG-LAB-17	Molecular Gastrointestinal Pathogen Panel (GI PP) Testing for Infectious Diarrhea in the Outpatient Setting	
CG-LAB-20	Thyroid Testing	
CG-LAB-21	Serum Iron Testing	
CG-LAB-24	Outpatient Urine Culture	
CG-LAB-25	Outpatient Glycated Hemoglobin and Protein Testing	
CG-LAB-26	Outpatient Alpha-Fetoprotein Testing	
CG-LAB-27	Human Chorionic Gonadotropin Testing	
CG-LAB-28	Prostate Specific Antigen Testing	
CG-LAB-29	Gamma Glutamyl Transferase Testing	
CG-LAB-30	Outpatient Laboratory-based Blood Glucose Testing	
CG-LAB-33	Carcinoembryonic Antigen Testing	
CG-LAB-35	Cancer Antigen 19-9 Testing	

Criteria number	Criteria title	New item
CG-MED-37	Intensive Programs for Pediatric Feeding Disorders	
CG-MED-53	Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing	
CG-MED-61	Preoperative Testing for Low-Risk Invasive Procedures and Surgeries	
CG-MED-62	Resting Electrocardiogram Screening in Adults	
CG-MED-66	Cryopreservation of Oocytes or Ovarian Tissue	
CG-MED-69	Inhaled Nitric Oxide	
CG-MED-90	Chelation Therapy	
CG-MED-92	Foot Care Services	
CG-MED-94	Vestibular Function Testing	
CG-MED-95	Transanal Irrigation	
CG-MED-98	Parenteral Antibiotics for the Treatment of Lyme Disease	New
CG-MED-102	Dichoptic Digital Therapy for Amblyopia	New
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-12	Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology	
CG-SURG-03	Blepharoplasty, Blepharoptosis Repair and Brow Lift	
CG-SURG-24	Functional Endoscopic Sinus Surgery (FESS)	
CG-SURG-40	Cataract Removal Surgery for Adults	
CG-SURG-70	Gastric Electrical Stimulation	
CG-SURG-78	Cryosurgical, Radiofrequency, Microwave, or Percutaneous Ethanol Ablation to Treat Solid Tumors in the Liver	
CG-SURG-79	Implantable Infusion Pumps	
CG-SURG-82	Bone-Anchored and Bone Conduction Hearing Aids	

Clinical Utilization Management Criteria

Page 4 of 7

Criteria number	Criteria title	New item
CG-SURG-84	Mandibular/Maxillary (Orthognathic) Surgery	
CG-SURG-94	Keratoprosthesis	
CG-SURG-99	Panniculectomy and Abdominoplasty	
CG-TRANS-02	Kidney Transplantation	
ADMIN.00006	Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline	New
ADMIN.00007	Immunizations	
DME.00011	Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	
DME.00037	Cooling Devices and Combined Cooling/Heating Devices	
DME.00052	Brain Computer Interface Rehabilitation Devices	
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	Proprietary Algorithms for Liver Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease	
LAB.00024	Immune Cell Function Assay	
LAB.00026	Systems Pathology and Multimodal Artificial Intelligence Testing for Cancerous and Precancerous Conditions	
LAB.00027	Selected Blood, Serum and Cellular Allergy and Toxicity Tests	
LAB.00028	Blood-based Biomarker Tests for Multiple Sclerosis	
LAB.00029	Rupture of Membranes Testing in Pregnancy	
LAB.00035	Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis	
LAB.00036	Multiplex Autoantigen Microarray Testing for Systemic Lupus Erythematosus	
LAB.00037	Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)	
LAB.00040	Serum Biomarker Tests for Risk of Preeclampsia	

Criteria number	Criteria title	New item
LAB.00041	Machine Learning Derived Probability Score for Rapid Kidney Function Decline	
LAB.00042	Molecular Signature Test for Predicting Response to Tumor Necrosis Factor Inhibitor Therapy	
LAB.00050	Metagenomic Sequencing for Infectious Disease in the Outpatient Setting	
MED.00011	Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State	
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.00135	Gene Therapy for Hemophilia	
MED.00148	Gene Therapy for Metachromatic Leukodystrophy	
RAD.00061	PET/MRI	
SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	
SURG.00084	Implantable Middle Ear Hearing Aids	
SURG.00096	Surgical and Ablative Treatments for Chronic Headaches	New
SURG.00112	Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures)	New
SURG.00113	Artificial Retinal Devices	
SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	
SURG.00140	Peripheral Nerve Blocks for Treatment of Neuropathic Pain	
SURG.00142	Genicular Procedures for Treatment of Knee Pain	
SURG.00144	Occipital and Sphenopalatine Ganglion Nerve Block Therapy for the Treatment of Headache and Neuralgia	New
SURG.00155	Cryosurgery of Peripheral Nerves	
SURG.00156	Implanted Artificial Iris Devices	
SURG.00157	Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis	

Criteria number	Criteria title	New item
SURG.00158	Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain	
SURG.00161	Nanoparticle-Mediated Thermal Ablation	
Carelon MBM Cardiovascular	Imaging of the Heart	
Carelon MBM Cardiovascular	Vascular Embolization and Occlusion Procedures	New
Carelon MBM Genetic Testing	Carrier Screening in the Reproductive Setting	
Carelon MBM Genetic Testing	Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	
Carelon MBM Genetic Testing	Chromosomal Microarray Analysis	
Carelon MBM Genetic Testing	Genetic Testing for Inherited Conditions	
Carelon MBM Genetic Testing	Hereditary Cancer Testing	
Carelon MBM Genetic Testing	Pharmacogenomic Testing	
Carelon MBM Genetic Testing	Predictive and Prognostic Polygenic Testing	
Carelon MBM Genetic Testing	Prenatal Screening using cell-free DNA	
Carelon MBM Genetic Testing	Somatic Tumor Testing	
Carelon MBM Genetic Testing	Whole Exome Sequencing and Whole Genome Sequencing	
Carelon MBM Musculoskeletal	Interventional Pain Management (MSK)	
Carelon MBM Musculoskeletal	Sacroiliac Joint Fusion	
Carelon MBM Musculoskeletal	Joint Surgery	

Criteria number	Criteria title	New item
Carelon MBM Musculoskeletal	Spine Surgery	
Carelon MBM Radiology	Imaging of the Brain	
Carelon MBM Radiology	Imaging of the Heart	
Carelon MBM Radiology	Vascular Imaging	
Carelon MBM Radiology	Oncologic Imaging	