Medical Policies and Clinical Utilization Management Guidelines

Attached is a list of the Clinical UM Guidelines and/or Medical Policies the health plan has adopted.

The full list of Medical Policies and Clinical Utilization Management (UM) Guidelines are publicly available on the Amerigroup 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 inpatient concurrent review.
- Inpatient site of service appropriateness.
- Home health and outpatient rehabilitation.

Medicaid state contracts, regulatory guidance and CMS requirements supersede InterQual Criteria, MCG care guidelines and our Medical Policy criteria.

Note: We make determinations of medical necessity on a case-by-case basis in accordance with the definition of medical necessity. Please see Medical Necessity Criteria Policy ADMIN.0004 for the definition.

If the request doesn’t meet established criteria guidelines, it will be referred to the licensed physician reviewer with the appropriate clinical expertise.
Clinical Utilization Management Guidelines

The new Clinical Utilization Management (UM) Guidelines below were adopted by the medical operations committee for Amerigroup members on May 7, 2019. These guidelines take effect 30 days from posting. Note, not all of the services and codes referenced within these guidelines are reimbursed under Medicaid or CHIP. Please refer to Medicaid or CHIP guidelines for coverage and reimbursement information.

To view a guideline, visit https://medicalpolicies.amerigroup.com/am_search.html.

Notes/updates:
- CG-DME-44 — Electric Tumor Treatment Field (TTF) was revised to add the use of enhanced computer treatment planning software (such as NovoTal) as not medically necessary (NMN) in all cases
- CG-MED-72 — Hyperthermia for Cancer Therapy was revised to clarify medically necessary (MN) and NMN statements addressing frequency of treatment
- CG-SURG-09 — Temporomandibular Disorders was revised to clarify MN and NMN criteria and removed requirement for FDA approval of prosthetic implants
- CG-SURG-30 — Tonsillectomy for Children with or without Adenoidectomy was revised to:
  - Spell out number of episodes of throat infections in MN criteria (A1, A2, A3)
  - Clarify criterion addressing parapharyngeal abscess (B4) to say two or more
  - Add “asthma” as potential condition improved by tonsillectomy in MN criteria (C1b)

<table>
<thead>
<tr>
<th>Medical Policy or Clinical UM Guidelines number</th>
<th>Medical Policy or Clinical UM Guidelines title</th>
<th>New item</th>
</tr>
</thead>
<tbody>
<tr>
<td>CG-ADMIN-01</td>
<td>Clinical UM Guideline for Prepayment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists</td>
<td></td>
</tr>
<tr>
<td>CG-ANC-03</td>
<td>Acupuncture</td>
<td></td>
</tr>
<tr>
<td>CG-ANC-04</td>
<td>Ambulance Services: Air and Water</td>
<td></td>
</tr>
<tr>
<td>CG-ANC-05</td>
<td>Ambulance Services: Ground; Emergent</td>
<td></td>
</tr>
<tr>
<td>CG-ANC-06</td>
<td>Ambulance Services: Ground; Nonemergent</td>
<td></td>
</tr>
<tr>
<td>CG-ANC-07</td>
<td>Inpatient Interfacility Transfers</td>
<td></td>
</tr>
<tr>
<td>CG-BEH-01</td>
<td>Assessment for Autism Spectrum Disorders and Rett Syndrome</td>
<td></td>
</tr>
<tr>
<td>CG-BEH-02</td>
<td>Adaptive Behavioral Treatment for Autism Spectrum Disorder</td>
<td></td>
</tr>
<tr>
<td>CG-BEH-14</td>
<td>Intensive In-Home Behavioral Health Services</td>
<td></td>
</tr>
<tr>
<td>CG-BEH-15</td>
<td>Activity Therapy for Autism Spectrum Disorders and Rett Syndrome</td>
<td></td>
</tr>
<tr>
<td>CG-DME-03</td>
<td>Neuromuscular Stimulation in the Treatment of Muscle Atrophy</td>
<td></td>
</tr>
<tr>
<td>CG-DME-04</td>
<td>Electrical Nerve Stimulation, Transcutaneous, Percutaneous</td>
<td></td>
</tr>
<tr>
<td>Medical Policy or Clinical UM Guidelines number</td>
<td>Medical Policy or Clinical UM Guidelines title</td>
<td>New item</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>CG-DME-05</td>
<td>Cervical Traction Devices for Home Use</td>
<td></td>
</tr>
<tr>
<td>CG-DME-06</td>
<td>Pneumatic Compression Devices for Lymphedema</td>
<td></td>
</tr>
<tr>
<td>CG-DME-07</td>
<td>Augmentative and Alternative Communication Devices/Speech-Generating Devices</td>
<td></td>
</tr>
<tr>
<td>CG-DME-08</td>
<td>Infant Home Apnea Monitors</td>
<td></td>
</tr>
<tr>
<td>CG-DME-09</td>
<td>Continuous Local Delivery of Analgesia to Operative Sites using an Elastomeric Infusion Pump During the Postoperative Period</td>
<td></td>
</tr>
<tr>
<td>CG-DME-10</td>
<td>Durable Medical Equipment</td>
<td></td>
</tr>
<tr>
<td>CG-DME-12</td>
<td>Home Phototherapy Devices for Neonatal Hyperbilirubinemia</td>
<td></td>
</tr>
<tr>
<td>CG-DME-13</td>
<td>Lower Limb Prosthesis</td>
<td></td>
</tr>
<tr>
<td>CG-DME-15</td>
<td>Hospital Beds and Accessories</td>
<td></td>
</tr>
<tr>
<td>CG-DME-16</td>
<td>Pressure Reducing Support Systems Groups 1, 2 and 3</td>
<td></td>
</tr>
<tr>
<td>CG-DME-18</td>
<td>Home Oxygen Therapy</td>
<td></td>
</tr>
<tr>
<td>CG-DME-19</td>
<td>Therapeutic Shoes, Inserts or Modifications for Individuals with Diabetes</td>
<td></td>
</tr>
<tr>
<td>CG-DME-20</td>
<td>Orthopedic Footwear</td>
<td></td>
</tr>
<tr>
<td>CG-DME-21</td>
<td>External Infusion Pumps for the Administration of Drugs in the Home or Residential Care Settings</td>
<td></td>
</tr>
<tr>
<td>CG-DME-22</td>
<td>Ankle-Foot and Knee-Ankle-Foot Orthotics (Braces)</td>
<td></td>
</tr>
<tr>
<td>CG-DME-23</td>
<td>Lifting Devices for Use in the Home</td>
<td></td>
</tr>
<tr>
<td>CG-DME-25</td>
<td>Seat Lift Mechanisms</td>
<td></td>
</tr>
<tr>
<td>CG-DME-26</td>
<td>Back-Up Ventilators in the Home Setting</td>
<td></td>
</tr>
<tr>
<td>CG-DME-30</td>
<td>Prothrombin Time Self-Monitoring Devices</td>
<td></td>
</tr>
<tr>
<td>CG-DME-33</td>
<td>Wheeled Mobility Devices: Manual Wheelchairs — Ultra Lightweight</td>
<td></td>
</tr>
<tr>
<td>CG-DME-34</td>
<td>Wheeled Mobility Devices: Wheelchair Accessories</td>
<td></td>
</tr>
<tr>
<td>CG-DME-35</td>
<td>Breastfeeding Pumps</td>
<td></td>
</tr>
<tr>
<td>CG-DME-36</td>
<td>Pediatric Gait Trainers</td>
<td></td>
</tr>
<tr>
<td>CG-DME-37</td>
<td>Air Conduction Hearing Aids</td>
<td></td>
</tr>
<tr>
<td>CG-DME-39</td>
<td>Dynamic Low-Load Prolonged-Duration Stretch</td>
<td></td>
</tr>
<tr>
<td>CG-DME-41</td>
<td>Ultraviolet Light Therapy Delivery Devices for Home Use</td>
<td></td>
</tr>
<tr>
<td>CG-DME-42</td>
<td>Nonimplantable Insulin Infusion and Blood Glucose Monitoring Devices</td>
<td></td>
</tr>
<tr>
<td>CG-DME-43</td>
<td>High Frequency Chest Compression Devices for Airway Clearance</td>
<td></td>
</tr>
<tr>
<td>CG-DME-44</td>
<td>Electric Tumor Treatment Field (TTF)</td>
<td></td>
</tr>
<tr>
<td>CG-DME-45</td>
<td>Ultrasound Bone Growth Stimulation</td>
<td></td>
</tr>
<tr>
<td>CG-DME-46</td>
<td>Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Lower Limbs</td>
<td></td>
</tr>
<tr>
<td>Medical Policy or Clinical UM Guidelines number</td>
<td>Medical Policy or Clinical UM Guidelines title</td>
<td>New item</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>CG-DRUG-01</td>
<td>Off-Label Drug and Approved Orphan Drug Use</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-34</td>
<td>Docetaxel (Docefrez™, Taxotere®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-38</td>
<td>Pemetrexed Disodium (Alimta®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-40</td>
<td>Bortezomib (Velcade®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-42</td>
<td>Asparagine Specific Enzymes (Asparaginase)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-48</td>
<td>Azacitidine (Vidaza®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-49</td>
<td>Doxorubicin Hydrochloride Liposome Injection</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-50</td>
<td>Paclitaxel, protein-bound (Abraxane®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-51</td>
<td>Romidepsin (Istodax®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-52</td>
<td>Temsirolimus (Torisel®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-53</td>
<td>Drug Dosage, Frequency, and Route of Administration</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-60</td>
<td>Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-62</td>
<td>Fulvestrant (FASLODEX®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-63</td>
<td>Levoleucovorin Products</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-66</td>
<td>Panitumumab (Vectibix®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-67</td>
<td>Cetuximab (Erbitux®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-68</td>
<td>Bevacizumab (Avastin®) for Non-Ophthalmologic Indications</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-70</td>
<td>Eribulin mesylate (Halaven®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-71</td>
<td>Ziv-aflibercept (Zaltrap®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-72</td>
<td>Pertuzumab (Perjeta®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-75</td>
<td>Romiplostim (Nplate®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-76</td>
<td>Plerixafor Injection (Mozobil™)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-77</td>
<td>Radium Ra 223 Dichloride (Xofigo®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-79</td>
<td>Siltuximab (Sylvant®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-80</td>
<td>Cabazitaxel (Jevtana®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-96</td>
<td>Ado-trastuzumab emtansine (Kadcla®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-98</td>
<td>Bendamustine Hydrochloride</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-99</td>
<td>Elotuzumab (Empliciti™)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-100</td>
<td>Interferon gamma-1b (Actimmune®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-101</td>
<td>Ixabepilone (Ixempra®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-102</td>
<td>Olaratumab (Lartruvo™)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-106</td>
<td>Brentuximab Vedotin (Adcetris®)</td>
<td></td>
</tr>
<tr>
<td>CG-DRUG-113</td>
<td>Inotuzumab ozogamicin (Besponsa®)</td>
<td>NEW</td>
</tr>
<tr>
<td>CG-GENE-01</td>
<td>Janus Kinase 2 (JAK2)V617F and JAK2 exon 12 Gene Mutation Assays</td>
<td></td>
</tr>
<tr>
<td>CG-GENE-02</td>
<td>Analysis of KRAS Status</td>
<td></td>
</tr>
<tr>
<td>CG-GENE-03</td>
<td>BRAF Mutation Analysis</td>
<td></td>
</tr>
<tr>
<td>CG-GENE-04</td>
<td>Molecular Marker Evaluation of Thyroid Nodules</td>
<td></td>
</tr>
<tr>
<td>CG-GENE-05</td>
<td>Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy)</td>
<td></td>
</tr>
<tr>
<td>CG-GENE-06</td>
<td>Preimplantation Genetic Diagnosis Testing</td>
<td>NEW</td>
</tr>
<tr>
<td>Medical Policy or Clinical UM Guidelines number</td>
<td>Medical Policy or Clinical UM Guidelines title</td>
<td>New item</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>CG-GENE-07</td>
<td>BCR-ABL Mutation Analysis</td>
<td>NEW</td>
</tr>
<tr>
<td>CG-GENE-08</td>
<td>Genetic Testing for PTEN Hamartoma Tumor Syndrome</td>
<td>NEW</td>
</tr>
<tr>
<td>CG-GENE-09</td>
<td>Genetic Testing for CHARGE Syndrome</td>
<td>NEW</td>
</tr>
<tr>
<td>CG-LAB-03</td>
<td>Tropism Testing for HIV Management</td>
<td></td>
</tr>
<tr>
<td>CG-LAB-09</td>
<td>Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain</td>
<td></td>
</tr>
<tr>
<td>CG-LAB-10</td>
<td>Zika Virus Testing</td>
<td></td>
</tr>
<tr>
<td>CG-LAB-11</td>
<td>Screening for Vitamin D Deficiency in Average Risk Individuals</td>
<td></td>
</tr>
<tr>
<td>CG-LAB-12</td>
<td>Testing for Oral and Esophageal Cancer</td>
<td></td>
</tr>
<tr>
<td>CG-LAB-13</td>
<td>Skin Nerve Fiber Density Testing</td>
<td></td>
</tr>
<tr>
<td>CG-LAB-14</td>
<td>Respiratory Nerve Fiber Density Testing</td>
<td></td>
</tr>
<tr>
<td>CG-MED-02</td>
<td>Esophageal pH Monitoring</td>
<td></td>
</tr>
<tr>
<td>CG-MED-05</td>
<td>Ketogenic Diet for Treatment of Intractable Seizures</td>
<td></td>
</tr>
<tr>
<td>CG-MED-08</td>
<td>Home Enteral Nutrition</td>
<td></td>
</tr>
<tr>
<td>CG-MED-19</td>
<td>Custodial Care</td>
<td></td>
</tr>
<tr>
<td>CG-MED-21</td>
<td>Anesthesia Services and Moderate (&quot;Conscious&quot;) Sedation</td>
<td></td>
</tr>
<tr>
<td>CG-MED-23</td>
<td>Home Health</td>
<td></td>
</tr>
<tr>
<td>CG-MED-24</td>
<td>Electromyography and Nerve Conduction Studies</td>
<td></td>
</tr>
<tr>
<td>CG-MED-26</td>
<td>Neonatal Levels of Care</td>
<td></td>
</tr>
<tr>
<td>CG-MED-28</td>
<td>Iontophoresis for Medical Indications</td>
<td></td>
</tr>
<tr>
<td>CG-MED-32</td>
<td>Ancillary Services for Pregnancy Complications</td>
<td></td>
</tr>
<tr>
<td>CG-MED-34</td>
<td>Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures</td>
<td></td>
</tr>
<tr>
<td>CG-MED-35</td>
<td>Retinal Telescreening Systems</td>
<td></td>
</tr>
<tr>
<td>CG-MED-37</td>
<td>Intensive Programs for Pediatric Feeding Disorders</td>
<td></td>
</tr>
<tr>
<td>CG-MED-38</td>
<td>Inpatient admission for Radiation Therapy for Cervical or Thyroid Cancer</td>
<td></td>
</tr>
<tr>
<td>CG-MED-39</td>
<td>Central (Hip or Spine) Bone Density Measurement and Screening for Vertebral Fractures Using Dual Energy X-Ray Absorptiometry</td>
<td></td>
</tr>
<tr>
<td>CG-MED-40</td>
<td>External Ambulatory Event Monitors to Detect Cardiac Arrhythmias</td>
<td></td>
</tr>
<tr>
<td>CG-MED-41</td>
<td>Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting</td>
<td></td>
</tr>
<tr>
<td>CG-MED-42</td>
<td>Maternity Ultrasound in the Outpatient Setting</td>
<td></td>
</tr>
<tr>
<td>CG-MED-44</td>
<td>Holter Monitors</td>
<td></td>
</tr>
<tr>
<td>CG-MED-45</td>
<td>Transrectal Ultrasonography</td>
<td></td>
</tr>
<tr>
<td>CG-MED-46</td>
<td>Electroencephalography and Video Electroencephalographic Monitoring</td>
<td></td>
</tr>
<tr>
<td>CG-MED-47</td>
<td>Fundus Photography</td>
<td></td>
</tr>
<tr>
<td>CG-MED-48</td>
<td>Scrotal Ultrasound</td>
<td></td>
</tr>
<tr>
<td>CG-MED-49</td>
<td>Auditory Brainstem Responses and Evoked Otoacoustic Emissions for Hearing Disorders</td>
<td></td>
</tr>
<tr>
<td>CG-MED-50</td>
<td>Visual, Somatosensory and Motor Evoked Potentials</td>
<td></td>
</tr>
<tr>
<td>Medical Policy or Clinical UM Guidelines number</td>
<td>Medical Policy or Clinical UM Guidelines title</td>
<td>New item</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>CG-MED-51</td>
<td>Three-Dimensional Rendering of Imaging Studies</td>
<td></td>
</tr>
<tr>
<td>CG-MED-52</td>
<td>Allergy Immunotherapy (Subcutaneous)</td>
<td></td>
</tr>
<tr>
<td>CG-MED-53</td>
<td>Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing</td>
<td></td>
</tr>
<tr>
<td>CG-MED-54</td>
<td>Strapping</td>
<td></td>
</tr>
<tr>
<td>CG-MED-55</td>
<td>Level of Care: Advanced Radiologic Imaging</td>
<td></td>
</tr>
<tr>
<td>CG-MED-56</td>
<td>Non-Obstetrical Transvaginal Ultrasonography</td>
<td></td>
</tr>
<tr>
<td>CG-MED-57</td>
<td>Cardiac Stress Testing with Electrocardiogram</td>
<td></td>
</tr>
<tr>
<td>CG-MED-59</td>
<td>Upper Gastrointestinal Endoscopy</td>
<td></td>
</tr>
<tr>
<td>CG-MED-61</td>
<td>Preoperative Testing for Low Risk Invasive Procedures and Surgeries</td>
<td></td>
</tr>
<tr>
<td>CG-MED-62</td>
<td>Resting Electrocardiogram Screening in Adults</td>
<td></td>
</tr>
<tr>
<td>CG-MED-63</td>
<td>Treatment of Hyperhidrosis</td>
<td></td>
</tr>
<tr>
<td>CG-MED-64</td>
<td>Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)</td>
<td></td>
</tr>
<tr>
<td>CG-MED-66</td>
<td>Cryopreservation of Oocytes or Ovarian Tissue</td>
<td></td>
</tr>
<tr>
<td>CG-MED-67</td>
<td>Melanoma Vaccines</td>
<td></td>
</tr>
<tr>
<td>CG-MED-68</td>
<td>Therapeutic Apheresis</td>
<td></td>
</tr>
<tr>
<td>CG-MED-69</td>
<td>Inhaled Nitric Oxide</td>
<td></td>
</tr>
<tr>
<td>CG-MED-70</td>
<td>Wireless Capsule Endoscopy for Gastrointestinal Imagine and the Patency Capsule</td>
<td></td>
</tr>
<tr>
<td>CG-MED-71</td>
<td>Wound Care in the Home Setting</td>
<td></td>
</tr>
<tr>
<td>CG-MED-72</td>
<td>Hyperthermia for Cancer Therapy</td>
<td></td>
</tr>
<tr>
<td>CG-MED-73</td>
<td>Hyperbaric Oxygen Therapy (Systemic/Topical)</td>
<td></td>
</tr>
<tr>
<td>CG-MED-74</td>
<td>Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry</td>
<td></td>
</tr>
<tr>
<td>CG-MED-75</td>
<td>Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome</td>
<td></td>
</tr>
<tr>
<td>CG-MED-76</td>
<td>Magnetic Source Imaging and Magnetoencephalography</td>
<td></td>
</tr>
<tr>
<td>CG-MED-77</td>
<td>SPECT/CT Fusion Imaging</td>
<td></td>
</tr>
<tr>
<td>CG-MED-78</td>
<td>Anesthesia Services for Interventional Pain Management Procedures</td>
<td></td>
</tr>
<tr>
<td>CG-MED-79</td>
<td>Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems</td>
<td></td>
</tr>
<tr>
<td>CG-MED-80</td>
<td>Positron Emission Tomography (PET) and PET/CT Fusion</td>
<td></td>
</tr>
<tr>
<td>CG-MED-81</td>
<td>High Intensity Focused Ultrasound (HIFU) for Oncologic Indications</td>
<td>NEW</td>
</tr>
<tr>
<td>CG-MED-82</td>
<td>Intravenous versus Oral Drug Administration in the Outpatient and Home Setting</td>
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<td>CG-MED-83</td>
<td>Level of Care: Specialty Pharmaceuticals</td>
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<td>CG-OR-PR-02</td>
<td>Prefabricated and Prophylactic Knee Braces</td>
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<td>Custom-made Knee Braces</td>
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<td>CG-OR-PR-04</td>
<td>Cranial Remodeling Bands and Helmets (Cranial Orthotics)</td>
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<td>CG-OR-PR-05</td>
<td>Myoelectric Upper Extremity Prosthesis Devices</td>
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<td>CG-OR-PR-06</td>
<td>Spinal Orthoses: Thoracic-Lumber-Sacral (TLSO), Lumbar-Sacral (LSO), and Lumber</td>
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<td>CG-REHAB-02</td>
<td>Outpatient Cardiac Rehabilitation</td>
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<td>Occupational Therapy</td>
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<td>Speech-Language Pathology Services</td>
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<td>Skilled Nursing and Skilled Rehabilitation Services (Outpatient)</td>
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<td>Private Duty Nursing in the Home Setting</td>
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<td>CG-REHAB-11</td>
<td>Cognitive Rehabilitation</td>
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<td>Colonoscopy</td>
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<td>CG-SURG-03</td>
<td>Blepharoplasty, Blepharoptosis Repair and Brow Lift</td>
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<td>CG-SURG-05</td>
<td>Maze Procedure</td>
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<td>Vertical Expandable Prosthetic Titanium Rib</td>
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<td>Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury</td>
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<td>Temporomandibular Disorders</td>
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<td>Ambulatory or Outpatient Surgery Center Procedures</td>
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<td>Surgical Treatment for Dupuytren’s Contracture</td>
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<td>Endometrial Ablation</td>
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<td>Trigger Point Injections</td>
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<td>Functional Endoscopic Sinus Surgery</td>
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<td>Injection Treatment for Morton’s Neuroma</td>
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<td>Sex Reassignment Surgery</td>
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<td>Transcatheter Uterine Artery Embolization</td>
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<td>Lumbar Discography</td>
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<td>Tonsillectomy with or without Adenoidectomy for Children</td>
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<td>Treatment of Keloids and Scar Revision</td>
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<td>Diagnostic Infertility Surgery</td>
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<td>Adenoidectomy</td>
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<td>Destruction of Pre-Malignant Skin Lesions</td>
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<td>Surgical Strabismus Correction</td>
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<td>Myringotomy and Tympanostomy Tube Insertion</td>
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<td>Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities</td>
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<td>CG-SURG-50</td>
<td>Assistant Surgeons</td>
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<td>Outpatient Cystourethroscopy</td>
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<td>CG-SURG-52</td>
<td>Level of Care: Hospital-Based Ambulatory Surgical Procedures, including Endoscopic Procedures</td>
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<td>CG-SURG-55</td>
<td>Intracardiac Electrophysiological Studies and Catheter Ablation</td>
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<td>CG-SURG-56</td>
<td>Diagnostic Fiberoptic Flexible Laryngoscopy</td>
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<td>Diagnostic Nasal Endoscopy</td>
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<td>Radioactive Seed Localization of Nonpalpable Breast Lesions</td>
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<td>Vena Cava Filters</td>
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<td>Cryosurgical Ablation of Solid Tumors Outside the Liver</td>
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<td>Radiofrequency Ablation to Treat Tumors Outside the Liver</td>
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<td>Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure</td>
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<td>CG-SURG-70</td>
<td>Gastric Electrical Stimulation</td>
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<td>Reduction Mammoplasty</td>
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<td>Endothelial Keratoplast</td>
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<td>Balloon Sinus Ostial Dilation</td>
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<td>Total Ankle Replacement</td>
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<td>Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions</td>
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<td>Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty</td>
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<td>Refractive Surgery</td>
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<td>Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies</td>
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<td>Implantable Infusion Pumps</td>
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<td>CG-SURG-80</td>
<td>Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE) for Treating Primary or Metastatic Liver Tumore</td>
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<td>CG-SURG-81</td>
<td>Cochlear Implants and Auditory Brainstem Implants</td>
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<td>Bone-Anchored and Bone Conduction Hearing Aids</td>
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<td>Bariatric Surgery and Other Treatments for Clinically Severe Obesity</td>
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<td>Mandibular/Maxillary (Orthognathic) Surgery</td>
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<td>Hip Resurfacing</td>
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<td>Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection</td>
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<td>Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring</td>
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<td>Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia</td>
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<td>Mohs Micrographic Surgery</td>
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<td>Minimally Invasive Ablative Procedures for Epilepsy</td>
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<td>Paraesophageal Hernia Repair</td>
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<td>Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction</td>
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<td>Keratoprosthesis</td>
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<td>Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention</td>
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<td>Intraocular Telescope</td>
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<td>Cardioverter Defibrillators</td>
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<td>Prostate Multiparametric Magnetic Resonance Imaging</td>
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<td>Panniculectomy and Abdominoplasty</td>
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<td>CG-THER-RAD-03</td>
<td>Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy</td>
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<td>Selective Internal Radiation Therapy of Primary or Metastatic Liver Tumors</td>
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<td>CG-THER-RAD-07</td>
<td>Intravascular Brachytherapy (Coronary and Non-Coronary)</td>
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<td>CG-TRANS-02</td>
<td>Kidney Transplantation</td>
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<td>Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation</td>
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