

## ***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 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*.

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 a 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 Amerigroup Community Care members on February 25, 2021.

To view a guideline, visit <https://provider.amerigroup.com/tennessee-provider/resources/policies-guidelines-and-manuals/medical-policies>.

| <b>CUMG number</b> | <b>Clinical UM Guideline title</b>   | <b>New item</b> |
|--------------------|--|-----------------|
| 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  |                 |
| 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  |                 |

| <b>CUMG number</b> | <b>Clinical UM Guideline title</b>  | <b>New item</b> |
|--------------------|---|-----------------|
| 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)  |                 |
| 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   |                 |

| <b>CUMG number</b> | <b>Clinical UM Guideline title</b>  | <b>New item</b> |
|--------------------|---|-----------------|
| 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   |                 |
| CG-GENE-21         | Cell-Free Fetal DNA-Based Prenatal Testing  |                 |
| CG-GENE-22         | Gene Expression Profiling for Managing Breast Cancer Treatment  | NEW             |
| CG-GENE-23         | Genetic Testing for Heritable Cardiac Conditions  | 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   |                 |
| CG-LAB-16          | Serum Amylase Testing   |                 |
| CG-LAB-17          | Molecular Gastrointestinal Pathogen Panel (GIPP) Testing for Infectious Diarrhea in the Outpatient Setting  | 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  |                 |

| <b>CUMG number</b> | <b>Clinical UM Guideline title</b>   | <b>New item</b> |
|--------------------|--|-----------------|
| 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  |                 |
| 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) |                 |

| <b>CUMG number</b> | <b>Clinical UM Guideline title</b>   | <b>New item</b> |
|--------------------|--|-----------------|
| 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 Image and the Patency Capsule                              |                 |
| CG-MED-71          | Chronic Wound Care in the Home or Outpatient Setting   |                 |
| CG-MED-72          | Hyperthermia for Cancer Therapy  |                 |
| 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), Lumber-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   |                 |

| <b>CUMG number</b> | <b>Clinical UM Guideline title</b>  | <b>New item</b> |
|--------------------|---|-----------------|
| CG-REHAB-10        | Level of Care: Outpatient Physical Therapy, Occupational Therapy and Speech-Language Pathology Services         |                 |
| 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   |                 |
| 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   |                 |

| <b>CUMG number</b> | <b>Clinical UM Guideline title</b>   | <b>New item</b> |
|--------------------|--|-----------------|
| 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  |                 |
| 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  |                 |



| <b>CUMG number</b> | <b>Clinical UM Guideline title</b>  | <b>New item</b> |
|--------------------|---|-----------------|
| 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-SURG-110        | Lung Volume Reduction Surgery   | NEW             |
| CG-THER-RAD-07     | Intravascular Brachytherapy (Coronary and Non-Coronary)   |                 |
| CG-TRANS-02        | Kidney Transplantation  |                 |
| CG-TRANS-03        | Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation |                 |