

## ***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 HealthChoice members on September 24, 2020. These guidelines take effect 30 days from posting.

To view a guideline, visit [https://medicalpolicies.amerigroup.com/am\\_search.html](https://medicalpolicies.amerigroup.com/am_search.html).

<b>Clinical UM Guideline #</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	<i>Acupuncture</i>	
CG-ANC-04	<i>Ambulance Services: Air and Water</i>	
CG-ANC-05	<i>Ambulance Services: Ground; Emergent</i>	
CG-ANC-06	<i>Ambulance Services: Ground; Nonemergent</i>	
CG-ANC-07	<i>Inpatient Interfacility Transfers</i>	
CG-ANC-08	<i>Mobile Device-Based Health Management Applications</i>	
CG-BEH-01	<i>Assessment for Autism Spectrum Disorders and Rett Syndrome</i>	
CG-BEH-02	<i>Adaptive Behavioral Treatment for Autism Spectrum Disorder</i>	
CG-BEH-14	<i>Intensive In-Home Behavioral Health Services</i>	
CG-BEH-15	<i>Activity Therapy for Autism Spectrum Disorders and Rett Syndrome</i>	
CG-DME-03	<i>Neuromuscular Stimulation in the Treatment of Muscle Atrophy</i>	
CG-DME-04	<i>Electrical Nerve Stimulation, Transcutaneous, Percutaneous</i>	
CG-DME-05	<i>Cervical Traction Devices for Home Use</i>	
CG-DME-06	<i>Pneumatic Compression Devices for Lymphedema</i>	
CG-DME-07	<i>Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output</i>	
CG-DME-08	<i>Infant Home Apnea Monitors</i>	
CG-DME-09	<i>Continuous Local Delivery of Analgesia to Operative Sites using an Elastomeric Infusion Pump During the Postoperative Period</i>	
CG-DME-10	<i>Durable Medical Equipment</i>	
CG-DME-12	<i>Home Phototherapy Devices for Neonatal Hyperbilirubinemia</i>	
CG-DME-13	<i>Lower Limb Prosthesis</i>	

<b>Clinical UM Guideline #</b>	<b>Clinical UM Guideline title</b>	<b>New item</b>
CG-DME-15	<i>Hospital Beds and Accessories</i>	
CG-DME-16	<i>Pressure Reducing Support Systems Groups 1, 2 and 3</i>	
CG-DME-18	<i>Home Oxygen Therapy</i>	
CG-DME-19	<i>Therapeutic Shoes, Inserts or Modifications for Individuals with Diabetes</i>	
CG-DME-20	<i>Orthopedic Footwear</i>	
CG-DME-21	<i>External Infusion Pumps for the Administration of Drugs in the Home or Residential Care Settings</i>	
CG-DME-22	<i>Ankle-Foot &amp; Knee-Ankle-Foot Orthoses</i>	
CG-DME-23	<i>Lifting Devices for Use in the Home</i>	
CG-DME-24	<i>Wheeled Mobility Devices: Manual Wheelchairs — Standard, Heavy Duty and Lightweight</i>	
CG-DME-25	<i>Seat Lift Mechanisms</i>	
CG-DME-26	<i>Back-Up Ventilators in the Home Setting</i>	
CG-DME-30	<i>Prothrombin Time Self-Monitoring Devices</i>	
CG-DME-31	<i>Wheeled Mobility Devices: Wheelchairs — Powered, Motorized, With or Without Power Seating Systems, and Power Operated Vehicles (POVs)</i>	
CG-DME-33	<i>Wheeled Mobility Devices: Manual Wheelchairs — Ultra Lightweight</i>	
CG-DME-34	<i>Wheeled Mobility Devices: Wheelchair Accessories</i>	
CG-DME-35	<i>Electric Breast Pumps</i>	
CG-DME-36	<i>Pediatric Gait Trainers</i>	
CG-DME-37	<i>Air Conduction Hearing Aids</i>	
CG-DME-39	<i>Dynamic Low-Load Prolonged-Duration Stretch Devices</i>	
CG-DME-40	<i>Noninvasive Electrical Bone Growth Stimulation of the Appendicular Skeleton</i>	
CG-DME-41	<i>Ultraviolet Light Therapy Delivery Devices for Home Use</i>	
CG-DME-42	<i>Nonimplantable Insulin Infusion and Blood Glucose Monitoring Devices</i>	
CG-DME-43	<i>High Frequency Chest Compression Devices for Airway Clearance</i>	
CG-DME-44	<i>Electric Tumor Treatment Field (TTF)</i>	
CG-DME-45	<i>Ultrasound Bone Growth Stimulation</i>	
CG-DME-46	<i>Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting</i>	
CG-DME-47	<i>Noninvasive Home Ventilator Therapy for Respiratory Failure</i>	
CG-GENE-01	<i>Janus Kinase 2, CALR and MPL Gene Mutation Assays</i>	
CG-GENE-02	<i>Analysis of RAS Status</i>	
CG-GENE-03	<i>BRAF Mutation Analysis</i>	
CG-GENE-04	<i>Molecular Marker Evaluation of Thyroid Nodules</i>	

<b>Clinical UM Guideline #</b>	<b>Clinical UM Guideline title</b>	<b>New item</b>
CG-GENE-05	<i>Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy)</i>	
CG-GENE-07	<i>BCR-ABL Mutation Analysis</i>	
CG-GENE-08	<i>Genetic Testing for PTEN Hamartoma Tumor Syndrome</i>	
CG-GENE-09	<i>Genetic Testing for CHARGE Syndrome</i>	
CG-GENE-10	<i>Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies</i>	
CG-GENE-11	<i>Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status</i>	
CG-GENE-12	<i>PIK3CA Mutation Testing for Malignant Conditions</i>	
CG-GENE-13	<i>Genetic Testing for Inherited Diseases</i>	
CG-GENE-14	<i>Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management</i>	
CG-GENE-15	<i>Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis</i>	
CG-GENE-16	<i>BRCA Testing for Breast and/or Ovarian Cancer Syndrome</i>	
CG-GENE-17	<i>RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility</i>	
CG-GENE-18	<i>Genetic Testing for TP53 Mutations</i>	
CG-GENE-19	<i>Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers</i>	
CG-GENE-20	<i>Epidermal Growth Factor Receptor (EGFR) Testing</i>	
CG-LAB-03	<i>Tropism Testing for HIV Management</i>	
CG-LAB-09	<i>Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain</i>	
CG-LAB-10	<i>Zika Virus Testing</i>	
CG-LAB-11	<i>Screening for Vitamin D Deficiency in Average Risk Individuals</i>	
CG-LAB-12	<i>Testing for Oral and Esophageal Cancer</i>	
CG-LAB-13	<i>Skin Nerve Fiber Density Testing</i>	
CG-LAB-14	<i>Respiratory Viral Panel Testing in the Outpatient Setting</i>	
CG-MED-02	<i>Esophageal pH Monitoring</i>	
CG-MED-05	<i>Ketogenic Diet for Treatment of Intractable Seizures</i>	
CG-MED-08	<i>Home Enteral Nutrition</i>	
CG-MED-19	<i>Custodial Care</i>	
CG-MED-21	<i>Anesthesia Services and Moderate ("Conscious") Sedation</i>	
CG-MED-23	<i>Home Health</i>	
CG-MED-24	<i>Electromyography and Nerve Conduction Studies</i>	
CG-MED-26	<i>Neonatal Levels of Care</i>	
CG-MED-28	<i>Iontophoresis for Medical Indications</i>	

<b>Clinical UM Guideline #</b>	<b>Clinical UM Guideline title</b>	<b>New item</b>
CG-MED-32	<i>Ancillary Services for Pregnancy Complications</i>	
CG-MED-34	<i>Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures</i>	
CG-MED-35	<i>Retinal Telescreening Systems</i>	
CG-MED-37	<i>Intensive Programs for Pediatric Feeding Disorders</i>	
CG-MED-38	<i>Inpatient admission for Radiation Therapy for Cervical or Thyroid Cancer</i>	
CG-MED-39	<i>Bone Mineral Density Testing Measurement</i>	
CG-MED-40	<i>External Ambulatory Event Monitors to Detect Cardiac Arrhythmias</i>	
CG-MED-41	<i>Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting</i>	
CG-MED-42	<i>Maternity Ultrasound in the Outpatient Setting</i>	
CG-MED-44	<i>Holter Monitors</i>	
CG-MED-45	<i>Transrectal Ultrasonography</i>	
CG-MED-46	<i>Electroencephalography and Video Electroencephalographic Monitoring</i>	
CG-MED-47	<i>Fundus Photography</i>	
CG-MED-48	<i>Scrotal Ultrasound</i>	
CG-MED-49	<i>Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders</i>	
CG-MED-50	<i>Visual, Somatosensory and Motor Evoked Potentials</i>	
CG-MED-51	<i>Three-Dimensional (3-D) Rendering of Imaging Studies</i>	
CG-MED-52	<i>Allergy Immunotherapy (Subcutaneous)</i>	
CG-MED-53	<i>Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing</i>	
CG-MED-54	<i>Strapping</i>	
CG-MED-55	<i>Site of Care: Advanced Radiologic Imaging</i>	
CG-MED-56	<i>Non-Obstetrical Transvaginal Ultrasonography</i>	
CG-MED-57	<i>Cardiac Stress Testing with Electrocardiogram</i>	
CG-MED-59	<i>Upper Gastrointestinal Endoscopy in Adults</i>	
CG-MED-61	<i>Preoperative Testing for Low Risk Invasive Procedures and Surgeries</i>	
CG-MED-62	<i>Resting Electrocardiogram Screening in Adults</i>	
CG-MED-63	<i>Treatment of Hyperhidrosis</i>	
CG-MED-64	<i>Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)</i>	
CG-MED-65	<i>Manipulation Under Anesthesia</i>	
CG-MED-66	<i>Cryopreservation of Oocytes or Ovarian Tissue</i>	
CG-MED-67	<i>Melanoma Vaccines</i>	
CG-MED-68	<i>Therapeutic Apheresis</i>	
CG-MED-69	<i>Inhaled Nitric Oxide</i>	

<b>Clinical UM Guideline #</b>	<b>Clinical UM Guideline title</b>	<b>New item</b>
CG-MED-70	<i>Wireless Capsule Endoscopy for Gastrointestinal Imagine and the Patency Capsule</i>	
CG-MED-71	<i>Chronic Wound Care in the Home or Outpatient Setting</i>	
CG-MED-72	<i>Hyperthermia for Cancer Therapy</i>	
CG-MED-73	<i>Hyperbaric Oxygen Therapy (Systemic/Topical)</i>	
CG-MED-78	<i>Anesthesia Services for Interventional Pain Management Procedures</i>	
CG-MED-79	<i>Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems</i>	
CG-MED-81	<i>High Intensity Focused Ultrasound (HIFU) for Oncologic Indications</i>	
CG-MED-82	<i>Intravenous versus Oral Drug Administration in the Outpatient and Home Setting</i>	
CG-MED-83	<i>Site of Care: Specialty Pharmaceuticals</i>	
CG-MED-84	<i>Non-Obstetric Gynecologic Duplex Ultrasonography of the Abdomen and Pelvis in the Outpatient Setting</i>	
CG-MED-85	<i>Posterior Segment Optical Coherence Tomography</i>	
CG-MED-86	<i>Enhanced External Counterpulsation in the Outpatient Setting</i>	
CG-MED-87	<i>Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications</i>	
CG-MED-88	<i>Preimplantation Genetic Diagnosis Testing</i>	
CG-OR-PR-02	<i>Prefabricated and Prophylactic Knee Braces</i>	
CG-OR-PR-03	<i>Custom-made Knee Braces</i>	
CG-OR-PR-04	<i>Cranial Remodeling Bands and Helmets (Cranial Orthotics)</i>	
CG-OR-PR-05	<i>Myoelectric Upper Extremity Prosthesis Devices</i>	
CG-OR-PR-06	<i>Spinal Orthoses: Thoracic-Lumber-Sacral (TLSO), Lumbar-Sacral (LSO), and Lumber</i>	
CG-REHAB-02	<i>Outpatient Cardiac Rehabilitation</i>	
CG-REHAB-03	<i>Pulmonary Rehabilitation</i>	
CG-REHAB-04	<i>Rehabilitative and Habilitative Services: Physical Medicine/Physical Therapy</i>	
CG-REHAB-05	<i>Rehabilitative and Habilitative Services: Occupational Therapy</i>	
CG-REHAB-06	<i>Rehabilitative and Habilitative Services: Speech-Language Pathology</i>	
CG-REHAB-07	<i>Skilled Nursing and Skilled Rehabilitation Services (Outpatient)</i>	
CG-REHAB-08	<i>Private Duty Nursing in the Home Setting</i>	
CG-REHAB-10	<i>Level of Care: Outpatient Physical Therapy, Occupational Therapy and Speech-Language Pathology Services</i>	
CG-SURG-01	<i>Colonoscopy</i>	
CG-SURG-03	<i>Blepharoplasty, Blepharoptosis Repair and Brow Lift</i>	

<b>Clinical UM Guideline #</b>	<b>Clinical UM Guideline title</b>	<b>New item</b>
CG-SURG-05	<i>Maze Procedure</i>	
CG-SURG-07	<i>Vertical Expandable Prosthetic Titanium Rib</i>	
CG-SURG-08	<i>Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury</i>	
CG-SURG-09	<i>Temporomandibular Disorders</i>	
CG-SURG-10	<i>Ambulatory or Outpatient Surgery Center Procedures</i>	
CG-SURG-11	<i>Surgical Treatment for Dupuytren's Contracture</i>	
CG-SURG-12	<i>Penile Prosthesis Implantation</i>	
CG-SURG-15	<i>Endometrial Ablation</i>	
CG-SURG-17	<i>Trigger Point Injections</i>	
CG-SURG-18	<i>Septoplasty</i>	
CG-SURG-24	<i>Functional Endoscopic Sinus Surgery (FESS)</i>	
CG-SURG-25	<i>Injection Treatment for Morton's Neuroma</i>	
CG-SURG-27	<i>Gender Reassignment Surgery</i>	
CG-SURG-28	<i>Transcatheter Uterine Artery Embolization</i>	
CG-SURG-29	<i>Lumbar Discography</i>	
CG-SURG-30	<i>Tonsillectomy for Children with or without Adenoidectomy</i>	
CG-SURG-31	<i>Treatment of Keloids and Scar Revision</i>	
CG-SURG-34	<i>Diagnostic Infertility Surgery</i>	
CG-SURG-35	<i>Intracytoplasmic Sperm Injection (ICSI)</i>	
CG-SURG-36	<i>Adenoidectomy</i>	
CG-SURG-37	<i>Destruction of Pre-Malignant Skin Lesions</i>	
CG-SURG-40	<i>Cataract Removal Surgery for Adults</i>	
CG-SURG-41	<i>Surgical Strabismus Correction</i>	
CG-SURG-46	<i>Myringotomy and Tympanostomy Tube Insertion</i>	
CG-SURG-49	<i>Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities</i>	
CG-SURG-50	<i>Assistant Surgeons</i>	
CG-SURG-51	<i>Outpatient Cystourethroscopy</i>	
CG-SURG-52	<i>Site of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services</i>	
CG-SURG-55	<i>Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation</i>	
CG-SURG-56	<i>Diagnostic Fiberoptic Flexible Laryngoscopy</i>	
CG-SURG-57	<i>Diagnostic Nasal Endoscopy</i>	
CG-SURG-58	<i>Radioactive Seed Localization of Nonpalpable Breast Lesions</i>	
CG-SURG-59	<i>Vena Cava Filters</i>	
CG-SURG-61	<i>Cryosurgical or Radiofrequency Ablation to Treat Solid Tumors Outside the Liver</i>	

<b>Clinical UM Guideline #</b>	<b>Clinical UM Guideline title</b>	<b>New item</b>
CG-SURG-63	<i>Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure</i>	
CG-SURG-70	<i>Gastric Electrical Stimulation</i>	
CG-SURG-71	<i>Reduction Mammoplasty</i>	
CG-SURG-72	<i>Endothelial Keratoplasty</i>	
CG-SURG-73	<i>Balloon Sinus Ostial Dilation</i>	
CG-SURG-74	<i>Total Ankle Replacement</i>	
CG-SURG-75	<i>Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions</i>	
CG-SURG-76	<i>Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty</i>	
CG-SURG-77	<i>Refractive Surgery</i>	
CG-SURG-78	<i>Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies</i>	
CG-SURG-79	<i>Implantable Infusion Pumps</i>	
CG-SURG-83	<i>Bariatric Surgery and Other Treatments for Clinically Severe Obesity</i>	
CG-SURG-84	<i>Mandibular/Maxillary (Orthognathic) Surgery</i>	
CG-SURG-85	<i>Hip Resurfacing</i>	
CG-SURG-86	<i>Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection</i>	
CG-SURG-87	<i>Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring</i>	
CG-SURG-88	<i>Mastectomy for Gynecomastia</i>	
CG-SURG-89	<i>Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia</i>	
CG-SURG-90	<i>Mohs Micrographic Surgery</i>	
CG-SURG-91	<i>Minimally Invasive Ablative Procedures for Epilepsy</i>	
CG-SURG-92	<i>Paraesophageal Hernia Repair</i>	
CG-SURG-93	<i>Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction</i>	
CG-SURG-94	<i>Keratoprosthesis</i>	
CG-SURG-95	<i>Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention</i>	
CG-SURG-96	<i>Intraocular Telescope</i>	
CG-SURG-97	<i>Cardioverter Defibrillators</i>	
CG-SURG-98	<i>Prostate Biopsy using MRI Fusion Techniques</i>	
CG-SURG-99	<i>Panniculectomy and Abdominoplasty</i>	
CG-SURG-100	<i>Laser Trabeculoplasty and Laser Peripheral Iridotomy</i>	
CG-SURG-101	<i>Ablative Techniques as a Treatment for Barrett's Esophagus</i>	



<b>Clinical UM Guideline #</b>	<b>Clinical UM Guideline title</b>	<b>New item</b>
CG-SURG-102	<i>Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy</i>	
CG-SURG-103	<i>Male Circumcision</i>	
CG-SURG-104	<i>Intraoperative Neurophysiological Monitoring</i>	
CG-SURG-105	<i>Corneal Collagen Cross-Linking</i>	
CG-SURG-106	<i>Venous Angioplasty with or without Stent Placement or Venous Stenting Alone</i>	
CG-SURG-107	<i>Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)</i>	
CG-SURG-108	<i>Stereotactic Radiofrequency Pallidotomy</i>	
CG-THER-RAD-07	<i>Intravascular Brachytherapy (Coronary and Non-Coronary)</i>	
CG-TRANS-02	<i>Kidney Transplantation</i>	
CG-TRANS-03	<i>Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation</i>	