
CUSTOMIZATION TO CARE GUIDELINES

27th EDITION

Issue Date:
February 23, 2024

Original Date:
February 16, 2023

This document provides a high-level summary of customizations and modifications to MCG Care Guidelines, collectively, “customized guidelines.”¹²³⁴ The five (5) MCG products licensed include the following:

- Behavioral Health Care (BHG)
- Chronic Care (CCG)
- General Recovery Care (GRG)
- Inpatient & Surgical Care (ISC)
- Recovery Facility Care (RFC)

INDEX (CTRL + Click to follow link)

CUSTOMIZATIONS – BACKGROUND INFORMATION

CUSTOMIZATIONS TO MCG CRITERIA

- [Inpatient & Surgical Care \(ISC\)](#)
- [General Recovery Care \(GRG\)](#)
- [Behavioral Health Care \(BHG\)](#)

CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE

- [Inpatient & Surgical Care \(ISC\)](#)
- [General Recovery Care \(GRG\)](#)
- [Behavioral Health Care \(BHG\)](#)

CUSTOMIZATION HISTORY

¹ Benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the customized guidelines. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, as well as applicable state and/or federal law. The customized guidelines do not constitute plan authorization or a guarantee of payment, nor are they an explanation of benefits.

² We reserve the right to review and modify the MCG care guidelines or customized guidelines at any time.

³ No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

⁴ Original Issue Date: February 16, 2023 for MCG care guidelines 27th edition and corresponding customized guidelines.

Subject: Customizations to Care Guidelines 27th Edition

CUSTOMIZATIONS – BACKGROUND INFORMATION

Types of Customizations

Customizations are most often done to align with existing medical policy documents or to refer a user to third party guidelines, such as Carelon Medical Benefits Management. Original MCG criteria may be customized when a separate medical policy document is not appropriate.

In addition to customization in clinical criteria, other changes may be made to MCG care guidelines such as adding references, revising coding, or noting length of stay based on mandates.

Review and Approval of Customizations

The Medical Policy & Technology Assessment Committee (MPTAC) reviews and approves new editions of MCG care guidelines and customizations to revise MCG clinical indications.

Disclaimer

Customized guidelines include a disclaimer at the top of the guideline after the guideline title indicating: *This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.*

Guideline History

Customized guidelines include a “Guideline History” section that provides (1) the date of the Medical Policy & Technology Assessment Committee (MPTAC) meeting review and approval of the customization, and (2) a summary of the customization to the MCG care guidelines.

[Return to Index](#)

CUSTOMIZATIONS TO MCG CRITERIA

| CUSTOMIZATIONS TO MCG CRITERIA | | |
|---------------------------------|---|--|
| Inpatient & Surgical Care (ISC) | | |
| | MCG Guideline | Customization |
| 1. | ISC General Surgery – Mastectomy, Complete (W0002) | <ul style="list-style-type: none">Clinical Indications for Procedure: For risk-reduction mastectomy and significantly elevated risk of breast cancer, added indicationsGoal Length of Stay: Revised Goal Length of Stay (GLOS) to indicate 2 days postoperativeAdded information regarding Federal or State mandates will supersede the guideline Length of Stay when applicableReferences: Added |
| 2. | ISC General Surgery - Mastectomy, Complete, with Insertion of Breast Prosthesis or Tissue Expander (W0022) | <ul style="list-style-type: none">Clinical Indications for Procedure: For risk-reduction mastectomy and significantly elevated risk of breast cancer, added indicationsGoal Length of Stay: Revised Goal Length of Stay (GLOS) to indicate 2 days postoperativeAdded information regarding Federal or State mandates will supersede the guideline Length of Stay when applicableReferences: Added |
| 3. | ISC General Surgery - Mastectomy, Complete, with Tissue Flap Reconstruction (W0023) | <ul style="list-style-type: none">Clinical Indications for Procedure: For risk-reduction mastectomy and significantly elevated risk of breast cancer, added indicationsAdded information regarding Federal or State mandates will supersede the guideline Length of Stay when applicableReferences: Added |
| 4. | ISC General Surgery - Mastectomy, Partial (Lumpectomy) (W0008) | <ul style="list-style-type: none">Goal Length of Stay: Revised Goal Length of Stay (GLOS) to indicate 2 days postoperativeAdded information regarding Federal or State mandates will supersede the guideline Length of Stay when applicable |

Subject: Customizations to  Care Guidelines 27th Edition

| CUSTOMIZATIONS TO MCG CRITERIA Inpatient & Surgical Care (ISC) | | |
|---|---|--|
| | MCG Guideline | Customization |
| 5. | ISC Neonatology – Newborn Care, Term, with Severe Illness or Abnormality (W0106) | <ul style="list-style-type: none"> • Clinical Indications for Admission to Inpatient Care: Revised “Higher-level neonatal care (ie, other than Level I nursery)” is needed to indicate “Inpatient neonatal care” is needed • See CG-MED-26 Neonatal Levels of Care to determine nursery level for neonates meeting admission and continued stay criteria |

[Return to Index](#)

| CUSTOMIZATIONS TO MCG CRITERIA General Recovery Care (GRG) | | |
|---|---|---|
| | MCG Guideline | Customization |
| 1. | GRG General Recovery Guidelines Tools Section - Inpatient Palliative Care Criteria (W0086) | <ul style="list-style-type: none"> • Alternatives to Admission: For Home hospice added the following: <ul style="list-style-type: none"> ○ Outpatient: Continuous Home Care (CHC) ○ Outpatient: Routine Home Care ○ Patients who may benefit from hospice care ○ Nursing care • Reference: Added |

[Return to Index](#)

| CUSTOMIZATIONS TO MCG CRITERIA Behavioral Health Care (BHG) | | |
|--|--|---|
| | MCG Guideline | Customization |
| 1. | BHG Level of Care Guidelines: Opioid Management – Medications | Removed the MCG Behavioral Health Level of Care: Opioid Management – Medication guidelines listed below. Guidelines for medications addressed by other sources, such as CarelonRx. <ul style="list-style-type: none"> • Buprenorphine Extended-Release Injection • Buprenorphine-Naloxone • Long-Acting Opioids • Naltrexone Extended-Release Injection • Naltrexone Implant |
| 2. | BHG Level of Care Guidelines: Specialty Medications | Removed the MCG Behavioral Health Level of Care: Specialty Medication guidelines listed below. Guidelines for medications addressed by other sources, such as CarelonRx. <ul style="list-style-type: none"> • Brexanolone • Esketamine |

[Return to Index](#)

CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE

| CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE Inpatient & Surgical Care (ISC) | | | |
|--|---|---|------------------------------------|
| | MCG Guideline | Medical Policy or Clinical UM Guideline | Customization |
| 1. | ISC Cardiology - Percutaneous Coronary Intervention (W0120) | Cardiology Program Clinical Guidelines | Clinical Indications for Procedure |
| 2. | ISC Cardiology - Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion (W0011) | CG-SURG-55 Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation CG-SURG-63 Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure | Clinical Indications for Procedure |

Subject: Customizations to  Care Guidelines 27th Edition

| CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE | | | |
|--|--|---|---|
| Inpatient & Surgical Care (ISC) | | | |
| | MCG Guideline | Medical Policy or Clinical UM Guideline | Customization |
| | | CG-SURG-97 Cardioverter Defibrillators | |
| 3. | ISC Cardiology - Electrophysiologic Study and Intracardiac Catheter Ablation (W0012) | CG-SURG-55 Cardiac Electrophysiological Studies (EPS) and Catheter Ablation CG-MED-64 Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins | Clinical Indications for Procedure |
| 4. | ISC Cardiology - Left Atrial Appendage Closure, Percutaneous (W0157) | SURG.00032 Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention | Clinical Indications for Procedure |
| 5. | ISC Cardiovascular Surgery - Aortic Aneurysm, Abdominal, Endovascular Repair (W0084) | CG-SURG-86 Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection | Clinical Indications for Procedure |
| 6. | ISC Cardiovascular Surgery - Aortic Aneurysm, Thoracic, Endovascular Repair (W0173) | CG-SURG-86 Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection | Clinical Indications for Procedure |
| 7. | ISC Cardiovascular Surgery – Aortic Valve Replacement, Transcatheter (W0133) | SURG.00121 Transcatheter Heart Valve Procedures | Clinical Indications for Procedure |
| 8. | ISC Cardiovascular Surgery – Cardiac Septal Defect: Atrial, Transcatheter Closure (W0016) | SURG.00032 Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention | Clinical Indications for Procedure |
| 9. | ISC Cardiovascular Surgery – Cardiac Septal Defect: Ventricular, Repair (W0093) | SURG.00123 Transmyocardial/Periventricular Device Closure of Ventricular Septal Defects | Clinical Indications for Procedure |
| 10. | ISC Cardiovascular Surgery – Cardiac Valve Replacement or Repair (W0089) | SURG.00121 Transcatheter Heart Valve Procedures | Clinical Indications for Procedure |
| 11. | ISC Cardiovascular Surgery – Carotid Artery Stenting (W0165) | CG-SURG-76 Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty | Clinical Indications for Procedure |
| 12. | ISC Cardiovascular Surgery – Heart Transplant (W0017) | TRANS.00026 Heart/Lung Transplantation TRANS.00033 Heart Transplantation | Clinical Indications for Procedure |
| 13. | ISC Cardiovascular Surgery – Percutaneous Revascularization, Lower Extremity (W0121) | CG-SURG-49 Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities | Clinical Indications for Procedure |
| 14. | ISC Cardiovascular Surgery – Sympathectomy by Thoracoscopy or Laparoscopy (W0044) | CG-SURG-116 Surgical Treatment of Hyperhidrosis | Clinical Indications for Procedure |
| 15. | ISC Common Complications and Conditions – Venous Thrombosis and Pulmonary Embolism (W0136) | CG-SURG-59 Vena Cava Filters | Clinical Indications for Inpatient Care |
| 16. | ISC General Surgery – Fundoplication and Hiatal Hernia Repair, Abdominal (W0159) | CG-SURG-92 Paraesophageal Hernia Repair | Clinical Indications for Procedure |
| 17. | ISC General Surgery – Fundoplication and Hiatal Hernia Repair, by Laparoscopy (W0158) | CG-SURG-92 Paraesophageal Hernia Repair | Clinical Indications for Procedure |
| 18. | ISC General Surgery – Fundoplication and Hiatal Hernia Repair, Transthoracic (W0160) | CG-SURG-92 Paraesophageal Hernia Repair | Clinical Indications for Procedure |

Subject: Customizations to  Care Guidelines 27th Edition

| CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE | | | |
|--|--|---|--|
| Inpatient & Surgical Care (ISC) | | | |
| | MCG Guideline | Medical Policy or Clinical UM Guideline | Customization |
| 19. | ISC General Surgery – Gastric Restrictive Procedure with Gastric Bypass Title change to: Gastric Restrictive Procedure with or without Gastric Bypass (W0054) | CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity | Clinical Indications for Procedure Codes |
| 20. | ISC General Surgery – Gastric Restrictive Procedure with Gastric Bypass by Laparoscopy (W0014) | CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity | Clinical Indications for Procedure Codes |
| 21. | ISC General Surgery – Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy (W0033) | CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity | Clinical Indications for Procedure |
| 22. | ISC General Surgery – Gastric Restrictive Procedure, Sleeve Gastrectomy, by Laparoscopy (W0102) | CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity | Clinical Indications for Procedure |
| 23. | ISC General Surgery – Liver Transplant (W0034) | TRANS.00008 Liver Transplantation | Clinical Indications for Procedure |
| 24. | ISC Neonatal Facility Levels and Intensity of Care Criteria | CG-MED-26 Neonatal Levels of Care | Removed MCG guidelines |
| 25. | ISC Neonatology – Sepsis, Neonatal, Confirmed (W0107) | CG-MED-26 Neonatal Levels of Care | Clinical Indications for Admission to Inpatient Care |
| 26. | ISC Neonatology – Sepsis, Neonatal, Suspected, Not Confirmed (W0108) | CG-MED-26 Neonatal Levels of Care | Clinical Indications for Admission to Inpatient Care |
| 27. | ISC Neurology – EEG, Video Monitoring (W0115) | CG-MED-46 Electroencephalography and Video Electroencephalographic Monitoring | Clinical Indications for Procedure |
| 28. | ISC Orthopedics – Ankle Arthroscopy (W0155) | Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines | Clinical Indications for Procedure and Level of Care |
| 29. | ISC Orthopedics – Bunionectomy (W0168) | Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines | Clinical Indications for Procedure and Level of Care |
| 30. | ISC Orthopedics – Cervical Discectomy or Microdiscectomy, Foraminotomy, Laminotomy (W0071) | SURG.00071 Percutaneous and Endoscopic Spinal Surgery Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines | Clinical Indications for Procedure and Level of Care |
| 31. | ISC Orthopedics – Cervical Fusion, Anterior (W0111) | Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines | Clinical Indications for Procedure and Level of Care |
| 32. | ISC Orthopedics – Cervical Fusion, Posterior (W0112) | Musculoskeletal Program Clinical Appropriateness Guidelines | Clinical Indications for Procedure |
| 33. | ISC Orthopedics – Cervical Laminectomy (W0097) | SURG.00071 Percutaneous and Endoscopic Spinal Surgery Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines | Clinical Indications for Procedure |
| 34. | ISC Orthopedics – Hip Arthroplasty (W0105) | Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines | Clinical Indications for Procedure and Level of Care |

Subject: Customizations to  Care Guidelines 27th Edition

| CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE | | | |
|--|--|--|--|
| Inpatient & Surgical Care (ISC) | | | |
| | MCG Guideline | Medical Policy or Clinical UM Guideline | Customization |
| 35. | ISC Orthopedics – Hip Arthroscopy (W0096) | Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines | Clinical Indications for Procedure and Level of Care |
| 36. | ISC Orthopedics – Knee Arthroplasty, Total (W0081) | SURG.00105 Bicompartamental Knee Arthroplasty Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines | Clinical Indications for Procedure and Level of Care |
| 37. | ISC Orthopedics – Knee Arthroscopy (W0113) | Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines | Clinical Indications for Procedure and Level of Care |
| 38. | ISC Orthopedics – Knee Arthrotomy (W0140) | Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines | Clinical Indications for Procedure and Level of Care |
| 39. | ISC Orthopedics – Lumbar Discectomy, Foraminotomy, or Laminotomy (W0091) | SURG.00071 Percutaneous and Endoscopic Spinal Surgery Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines | Clinical Indications for Procedure and Level of Care |
| 40. | ISC Orthopedics – Lumbar Fusion (W0072) | SURG.00071 Percutaneous and Endoscopic Spinal Surgery SURG.00111 Axial Lumbar Interbody Fusion Musculoskeletal Program Clinical Appropriateness Guidelines | Clinical Indications for Procedure |
| 41. | ISC Orthopedics – Lumbar Laminectomy (W0100) | SURG.00071 Percutaneous and Endoscopic Spinal Surgery Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines | Clinical Indications for Procedure and Level of Care |
| 42. | ISC Orthopedics – Shoulder Arthroplasty (W0137) | Musculoskeletal Program Clinical Appropriateness Guidelines | Clinical Indications for Procedure |
| 43. | ISC Orthopedics – Shoulder Arthroscopy (W0139) | Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines | Clinical Indications for Procedure and Level of Care |
| 44. | ISC Orthopedics – Shoulder Hemiarthroplasty (W0138) | Musculoskeletal Program Clinical Appropriateness Guidelines | Clinical Indications for Procedure |
| 45. | ISC Orthopedics – Spine, Scoliosis, Posterior Instrumentation (W0116) | Musculoskeletal Program Clinical Appropriateness Guidelines | Clinical Indications for Procedure |
| 46. | ISC Pediatrics – EEG, Video Monitoring, Pediatric (W0122) | CG-MED-46 Electroencephalography and Video Electroencephalographic Monitoring | Clinical Indications for Procedure |
| 47. | ISC Pediatrics – Fundoplication and Hiatal Hernia Repair, by Laparoscopy, Pediatric (W0161) | CG-SURG-92 Paraesophageal Hernia Repair | Clinical Indications for Procedure |
| 48. | ISC Pediatrics – Heart Transplant, Pediatric (W0123) | TRANS.00026 Heart/Lung Transplantation TRANS.00033 Heart Transplantation | Clinical Indications for Procedure |
| 49. | ISC Pediatrics – Liver Transplant, Pediatric (W0124) | TRANS.00008 Liver Transplantation | Clinical Indications for Procedure |
| 50. | ISC Pediatrics – Lung Transplant, Pediatric (W0125) | TRANS.00009 Lung and Lobar Transplantation TRANS.00026 Heart/Lung Transplantation | Clinical Indications for Procedure |
| 51. | ISC Pediatrics – Renal Transplant, Pediatric (W0126) | CG-TRANS-02 Kidney Transplantation | Clinical Indications for Procedure |

Subject: Customizations to  Care Guidelines 27th Edition

| CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE | | | |
|--|---|--|--|
| Inpatient & Surgical Care (ISC) | | | |
| | MCG Guideline | Medical Policy or Clinical UM Guideline | Customization |
| 52. | ISC Pediatrics – Spine, Scoliosis, Posterior Instrumentation, Pediatric (W0156) | Musculoskeletal Program Clinical Appropriateness Guidelines | Clinical Indications for Procedure |
| 53. | ISC Thoracic Surgery and Pulmonary Disease – Deep Venous Thrombosis of Lower Extremities (W0135) | CG-SURG-59 Vena Cava Filters | Clinical Indications for Admission to Inpatient Care |
| 54. | ISC Thoracic Surgery and Pulmonary Disease – Lung Transplant (W0076) | TRANS.00009 Lung and Lobar Transplantation TRANS.00026 Heart/Lung Transplantation | Clinical Indications for Procedure |
| 55. | ISC Thoracic Surgery and Pulmonary Disease – Pulmonary Embolism (W0134) | CG-SURG-59 Vena Cava Filters | Clinical Indications for Admission to Inpatient Care |
| 56. | ISC Urology – Renal Transplant (W0027) | CG-TRANS-02 Kidney Transplantation | Clinical Indications for Procedure |

[Return to Index](#)

| CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE | | | |
|--|--|--|------------------------------------|
| General Recovery Care (GRG) | | | |
| | MCG Guideline | Medical Policy or Clinical UM Guideline | Customization |
| 1. | GRG Body System – Cardiovascular Surgery or Procedure GRG (W0099) | For cardiovascular surgeries or procedures, see the applicable clinical document, such as the following: CG-SURG-59 Vena Cava Filters CG-SURG-63 Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure CG-SURG-86 Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection CG-SURG-97 Cardioverter Defibrillators SURG.00019 Transmyocardial Revascularization SURG.00121 Transcatheter Heart Valve Procedures SURG.00145 Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts) | Clinical Indications for Procedure |
| 2. | GRG Body System – General Surgery or Procedure GRG (W0142) | CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity TRANS.00011 Pancreas Transplantation and Pancreas Kidney Transplantation | Clinical Indications for Procedure |

Subject: Customizations to  Care Guidelines 27th Edition

| CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE | | | |
|---|---|---|--|
| General Recovery Care (GRG) | | | |
| | MCG Guideline | Medical Policy or Clinical UM Guideline | Customization |
| | | TRANS.00013 Small Bowel, Small Bowel/Liver and Multivisceral Transplantation | |
| 3. | GRG Body System – Musculoskeletal Surgery or Procedure GRG (W0118) | CG-SURG-111 Open Sacroiliac Joint Fusion SURG.00097 Scoliosis Surgery SURG.00105 Bicompartmental Knee Arthroplasty Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines | Clinical Indications for Procedure and Level of Care |
| 4. | GRG Problem Oriented – Medical Oncology GRG (W0074) | For (a) chimeric antigen receptor (CAR) T-cell therapy, (b) transcatheter arterial chemoembolization, (c) high-dose radioactive iodine or radioactive implant treatments needing inpatient admission, and (d) hematopoietic stem cell transplantation, see the applicable clinical document, such as the following: CG-MED-38 Inpatient Admission for Radiation Therapy for Cervical or Thyroid Cancer CG-SURG-78 Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies RAD.00059 Catheter-based Embolization Procedures for Malignant Lesions Outside the Liver TRANS.00### Hematopoietic Stem Cell Transplantation (for various conditions) | Clinical Indications for Admission to Inpatient Care |

[Return to Index](#)

| CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE | | | |
|---|--|--|------------------------------------|
| Behavioral Health Care (BHG) | | | |
| | MCG Guideline | Medical Policy or Clinical UM Guideline | Customization |
| 1. | BHG Testing Procedures – Urine Toxicology Testing (W0150) | CG-LAB-09 Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain | Clinical Indications for Procedure |
| 2. | BHG Therapeutic Services – Deep Brain Stimulation (DBS): Behavioral Health Care (W0164) | SURG.00026 Deep Brain, Cortical, and Cerebellar Stimulation | Clinical Indications for Procedure |
| 3. | BHG Therapeutic Services – Trigeminal Nerve Stimulation, Transcutaneous: Behavioral Health Care | See related documents, such as the following: CG-DME-04 Electrical Nerve Stimulation, Transcutaneous, Percutaneous DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices | Removed MCG guideline |

Subject: Customizations to  Care Guidelines 27th Edition

| CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE | | | |
|---|--|---|------------------------------------|
| Behavioral Health Care (BHG) | | | |
| | MCG Guideline | Medical Policy or Clinical UM Guideline | Customization |
| | | SURG.00112 Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures) | |
| | | SURG.00158 Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain | |
| 4. | BHG Therapeutic Services – Vagus Nerve Stimulation, Implantable: Behavioral Health Care (W0166) | SURG.00007 Vagus Nerve Stimulation | Clinical Indications for Procedure |

[Return to Index](#)

CUSTOMIZATION HISTORY

| Issue Date | Action | Reason |
|------------|--------------------------|---|
| 02/23/2024 | Release updated document | <p>Updated Issue Date reflects review and approval at the November 9, 2023 Medical Policy & Technology Assessment Committee (MPTAC) meeting to retire the following customizations:</p> <ul style="list-style-type: none"> • W0114 Atrial Fibrillation • W0141 Urologic Surgery or Procedure GRG • W0153 Applied Behavioral Analysis <p>MPTAC approved the original MCG guidelines without customization listed below.</p> <ul style="list-style-type: none"> • M-505 Atrial Fibrillation • SG-US Urologic Surgery or Procedure GRG • B-806-T Applied Behavioral Analysis |
| 11/17/2023 | Release updated document | <p>Updated Issue Date reflects the following:</p> <ul style="list-style-type: none"> • Updates by MCG to Inpatient & Surgical Care Optimal Recovery and General Recovery Guidelines in support of the 2024 Medicare Advantage Final Rule (CMS-4201-F) (MCG Content Patch 27.2 update) • Updated “Carelon Medical Benefits Management, Inc” to “Carelon Medical Benefits Management” |
| 08/10/2023 | Release updated document | <p>Updated Issue Date reflects review and approval at the August 10, 2023 MPTAC meeting to retire the following customizations:</p> <ul style="list-style-type: none"> • W0117 Diabetes, Pediatric • W0172 Wilderness Therapy • W0175 Gender-Affirming Surgery or Procedure GRG <p>MPTAC approved the original MCG guidelines without customization listed below.</p> <ul style="list-style-type: none"> • P-140 Diabetes, Pediatric • B-822-T Wilderness Therapy • GG-FMMF Gender-Affirming Surgery or Procedure GRG |
| 03/01/2023 | Release updated document | <p>Updated document reflects AIM Specialty Health name change to Carelon Medical Benefits Management, Inc.</p> |

Subject: Customizations to  Care Guidelines 27th Edition

| Issue Date | Action | Reason |
|-------------------|---|--|
| 02/16/2023 | Release document for Customizations to MCG Care Guidelines 27th Edition | New document for Customizations to MCG Care Guidelines 27th Edition approved at the February 16, 2023 MPTAC meeting. |

[Return to Index](#)