

MCG care guidelines — 24th edition

Effective August 1, 2020, Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem) will upgrade to the 24th edition of MCG care guidelines for the following modules: Inpatient Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC), Recovery Facility Care (RFC) and Behavioral Health Care (BHC). The below tables highlight new guidelines and changes that may be considered more restrictive.

Goal Length of Stay (GLOS) changes for ISC and BHC

| Guideline | MCG code | 24th edition GLOS | 23rd edition GLOS |
|--------------------------------------------------------------------------------|----------|------------------------------------------------------------|-------------------------------------------------------------------|
| <i>Aortic Valve Replacement, Transcatheter</i> | S-1320 | Two days postoperative | Three days postoperative |
| <i>Appendectomy, with Abscess or Peritonitis, by Laparoscopy</i> | S-185 | Ambulatory or two days postoperative | Two days postoperative |
| <i>Appendectomy, without Abscess or Peritonitis, by Laparoscopy</i> | S-175 | Ambulatory postoperative | Ambulatory or one day postoperative |
| <i>Repair of Pelvic Organ Prolapse</i> | S-1020 | Ambulatory postoperative | Ambulatory or one day postoperative |
| <i>Urethral Suspension Procedures</i> | S-850 | Ambulatory postoperative | Ambulatory or one day postoperative |
| <i>Appendectomy, with Abscess or Peritonitis, by Laparoscopy, Pediatric</i> | P-30 | Ambulatory or two days postoperative | Two or three days postoperative |
| <i>Appendectomy, without Abscess or Peritonitis, by Laparoscopy, Pediatric</i> | P-20 | Ambulatory postoperative | Ambulatory or one day postoperative |
| <i>Tibial Osteotomy, Child or Adolescent</i> | S-1131 | Ambulatory or one day postoperative | One day postoperative |
| <i>Schizophrenia Spectrum Disorders, Adult: Inpatient Care</i> | B-014-IP | Five days | Six days |
| <i>Schizophrenia Spectrum Disorders, Child or Adolescent: Inpatient Care</i> | B-027-IP | Five days | Six days |
| <i>Transcranial Magnetic Stimulation</i> | B-801-T | Utilize <i>B-801-T</i> clinical indications for procedure. | Refer to <i>BEH.00002</i> for clinical indications for procedure. |

New Optimal Recovery guidelines for ISC and new BHC guidelines

| Body system | Guideline title | MCG code |
|-----------------------------|----------------------------------------------------------------|----------|
| Pediatrics | <i>Appendectomy, with Abscess or Peritonitis, Pediatric</i> | P-35 |
| Pediatrics | <i>Appendectomy, without Abscess or Peritonitis, Pediatric</i> | P-25 |
| Home care behavioral health | <i>Attention-Deficit and Disruptive Behavior Disorders</i> | B-003-HC |
| Home care behavioral health | <i>Autism Spectrum Disorders</i> | B-012-HC |

<https://mediproviders.anthem.com/nv>

Anthem's customizations to MCG care guidelines 24th edition

Effective August 1, 2020, the following MCG care guideline 24th edition customizations will be implemented:

- *Carotid Artery Stenting (W0165)* — Clinical indications were customized to reference *CG-SURG-76 — Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty*.
- *Deep Brain Stimulation (W0164)* — Clinical indications were customized to refer to *SURG.00026 — Deep Brain, Cortical, and Cerebellar Stimulation*.
- *Vagus Nerve Stimulation, Implantable (W0166)* — Clinical indications were customized to refer to *SURG.00007 — Vagus Nerve Stimulation*.

To view a detailed summary of customizations, go to <https://www.anthem.com/provider/policies/clinical-guidelines>, scroll down to the *Other Criteria* section and select **Customizations to MCG Care Guidelines 24th Edition**.

If you have any questions, please contact the Provider Services at **1-844-396-2330**.