

## ***Medical Policies and Clinical Utilization Management Guidelines***

Attached is a list of the *Clinical UM Guidelines* and/or *Medical Policies* adopted for Anthem HealthKeepers Plus.

The full list of *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* are publicly available on the [Medical Policy \(Coverage\) and Clinical UM Guideline subsidiary website](#). Their purpose is to help you provide quality care by reducing inappropriate use of medical resources.

InterQual<sup>®</sup> Criteria or MCG<sup>®</sup> 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 which are applicable to Anthem HealthKeepers Plus members were adopted by the medical operations committee on May 7, 2019. For markets with carved-out pharmacy services, the applicable listings below are informational only.

To view a guideline, visit <https://www11.anthem.com/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)

<b><i>Coverage Guideline or Clinical UM Guidelines number</i></b>	<b><i>Coverage Guideline or Clinical UM Guidelines title</i></b>	<b><i>New item</i></b>
CG-ADMIN-01	Clinical UM Guideline for Prepayment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists	
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-BEH-01	Assessment for Autism Spectrum Disorders and Rett Syndrome	
CG-BEH-02	Adaptive Behavioral Treatment for Autism Spectrum Disorder	
CG-BEH-14	Intensive In-Home Behavioral Health Services	
CG-BEH-15	Activity Therapy for Autism Spectrum Disorders and Rett Syndrome	

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

HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. Anthem HealthKeepers Plus, offered by HealthKeepers, Inc., is a health plan that contracts with the Virginia Department of Medical Assistance Services to provide Commonwealth Coordinated Care Plus (CCC Plus) benefits to enrollees. AVAPEC-2131-19 August 2019

<b>Coverage Guideline or Clinical UM Guidelines number</b>	<b>Coverage Guideline or Clinical UM Guidelines title</b>	<b>New item</b>
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 Devices/Speech-Generating Devices	
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	
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 and Knee-Ankle-Foot Orthotics (Braces)	
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	
CG-DME-33	Wheeled Mobility Devices: Manual Wheelchairs — Ultra Lightweight	
CG-DME-34	Wheeled Mobility Devices: Wheelchair Accessories	
CG-DME-35	Breastfeeding Pumps	
CG-DME-36	Pediatric Gait Trainers	
CG-DME-37	Air Conduction Hearing Aids	
CG-DME-39	Dynamic Low-Load Prolonged-Duration Stretch	

<b>Coverage Guideline or Clinical UM Guidelines number</b>	<b>Coverage Guideline or Clinical UM Guidelines title</b>	<b>New item</b>
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 Lower Limbs	
CG-DRUG-01	Off-Label Drug and Approved Orphan Drug Use	
CG-DRUG-34	Docetaxel (Docefrez™, Taxotere®)	
CG-DRUG-38	Pemetrexed Disodium (Alimta®)	
CG-DRUG-40	Bortezomib (Velcade®)	
CG-DRUG-42	Asparagine Specific Enzymes (Asparaginase)	
CG-DRUG-48	Azacitidine (Vidaza®)	
CG-DRUG-49	Doxorubicin Hydrochloride Liposome Injection	
CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	
CG-DRUG-51	Romidepsin (Istodax®)	
CG-DRUG-52	Temsirolimus (Torisel®)	
CG-DRUG-53	Drug Dosage, Frequency, and Route of Administration	
CG-DRUG-60	Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications	
CG-DRUG-62	Fulvestrant (FASLODEX®)	
CG-DRUG-63	Levoleucovorin Products	
CG-DRUG-66	Panitumumab (Vectibix®)	
CG-DRUG-67	Cetuximab (Erbix®)	
CG-DRUG-68	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications	
CG-DRUG-70	Eribulin mesylate (Halaven®)	
CG-DRUG-71	Ziv-aflibercept (Zaltrap®)	
CG-DRUG-72	Pertuzumab (Perjeta®)	
CG-DRUG-75	Romiplostim (Nplate®)	
CG-DRUG-76	Plerixafor Injection (Mozobil™)	
CG-DRUG-77	Radium Ra 223 Dichloride (Xofigo®)	
CG-DRUG-79	Siltuximab (Sylvant®)	
CG-DRUG-80	Cabazitaxel (Jevtana®)	
CG-DRUG-96	Ado-trastuzumab emtansine (Kadcyla®)	
CG-DRUG-98	Bendamustine Hydrochloride	
CG-DRUG-99	Elotuzumab (Empliciti™)	

<b>Coverage Guideline or Clinical UM Guidelines number</b>	<b>Coverage Guideline or Clinical UM Guidelines title</b>	<b>New item</b>
CG-DRUG-100	Interferon gamma-1b (Actimmune®)	
CG-DRUG-101	Ixabepilone (Ixempra®)	
CG-DRUG-102	Olaratumab (Lartruvo™)	
CG-DRUG-106	Brentuximab Vedotin (Adcetris®)	
<b>CG-DRUG-113</b>	<b>Inotuzumab ozogamicin (Besponsa®)</b>	<b>NEW</b>
CG-GENE-01	Janus Kinase 2 (JAK2)V617F and JAK2 exon 12 Gene Mutation Assays	
CG-GENE-02	Analysis of KRAS 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)	
<b>CG-GENE-06</b>	<b>Preimplantation Genetic Diagnosis Testing</b>	<b>NEW</b>
<b>CG-GENE-07</b>	<b>BCR-ABL Mutation Analysis</b>	<b>NEW</b>
<b>CG-GENE-08</b>	<b>Genetic Testing for PTEN Hamartoma Tumor Syndrome</b>	<b>NEW</b>
<b>CG-GENE-09</b>	<b>Genetic Testing for CHARGE Syndrome</b>	<b>NEW</b>
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-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	
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	

<b>Coverage Guideline or Clinical UM Guidelines number</b>	<b>Coverage Guideline or Clinical UM Guidelines title</b>	<b>New item</b>
CG-MED-38	Inpatient admission for Radiation Therapy for Cervical or Thyroid Cancer	
CG-MED-39	Central (Hip or Spine) Bone Density Measurement and Screening for Vertebral Fractures Using Dual Energy X-Ray Absorptiometry	
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 and Evoked Otoacoustic Emissions for Hearing Disorders	
CG-MED-50	Visual, Somatosensory and Motor Evoked Potentials	
CG-MED-51	Three-Dimensional Rendering of Imaging Studies	
CG-MED-52	Allergy Immunotherapy (Subcutaneous)	
CG-MED-54	Strapping	
CG-MED-55	Level 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	
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)	
CG-MED-66	Cryopreservation of Oocytes or Ovarian Tissue	
CG-MED-67	Melanoma Vaccines	
CG-MED-68	Therapeutic Apheresis	
CG-MED-69	Inhaled Nitric Oxide	
CG-MED-70	Wireless Capsule Endoscopy for Gastrointestinal Imagine and the Patency Capsule	
CG-MED-71	Wound Care in the Home Setting	

<b>Coverage Guideline or Clinical UM Guidelines number</b>	<b>Coverage Guideline or Clinical UM Guidelines title</b>	<b>New item</b>
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-80	Positron Emission Tomography (PET) and PET/CT Fusion	
CG-MED-81	High Intensity Focused Ultrasound (HIFU) for Oncologic Indications	NEW
CG-MED-82	Intravenous versus Oral Drug Administration in the Outpatient and Home Setting	NEW
CG-MED-83	Level of Care: Specialty Pharmaceuticals	NEW
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), Lumbar-Sacral (LSO), and Lumber	
CG-REHAB-02	Outpatient Cardiac Rehabilitation	
CG-REHAB-03	Pulmonary Rehabilitation	
CG-REHAB-04	Physical Therapy	
CG-REHAB-05	Occupational Therapy	
CG-REHAB-06	Speech-Language Pathology Services	
CG-REHAB-07	Skilled Nursing and Skilled Rehabilitation Services (Outpatient)	
CG-REHAB-08	Private Duty Nursing in the Home Setting	
CG-REHAB-10	Level of Care: Outpatient Physical Therapy, Occupational Therapy and	
CG-REHAB-11	Cognitive Rehabilitation	
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	

<b><i>Coverage Guideline or Clinical UM Guidelines number</i></b>	<b><i>Coverage Guideline or Clinical UM Guidelines title</i></b>	<b><i>New item</i></b>
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	
CG-SURG-25	Injection Treatment for Morton's Neuroma	
CG-SURG-27	Sex Reassignment Surgery	
CG-SURG-28	Transcatheter Uterine Artery Embolization	
CG-SURG-29	Lumbar Discography	
CG-SURG-30	Tonsillectomy with or without Adenoidectomy for Children	
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	Level of Care: Hospital-Based Ambulatory Surgical Procedures, including Endoscopic Procedures	
CG-SURG-55	Intracardiac Electrophysiological Studies 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	
CG-SURG-61	Cryosurgical Ablation of Solid Tumors Outside the Liver	
CG-SURG-62	Radiofrequency Ablation to Treat Tumors Outside the Liver	



<b>Coverage Guideline or Clinical UM Guidelines number</b>	<b>Coverage Guideline or Clinical UM Guidelines title</b>	<b>New item</b>
CG-SURG-63	Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) 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-74	Total Ankle Replacement	
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	Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies	
CG-SURG-79	Implantable Infusion Pumps	
CG-SURG-80	Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE) for Treating Primary or Metastatic Liver Tumors	
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	

<b><i>Coverage Guideline or Clinical UM Guidelines number</i></b>	<b><i>Coverage Guideline or Clinical UM Guidelines title</i></b>	<b><i>New item</i></b>
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	NEW
CG-SURG-98	Prostate Multiparametric Magnetic Resonance Imaging	NEW
CG-SURG-99	Panniculectomy and Abdominoplasty	NEW
CG-THER-RAD-03	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy	
CG-THER-RAD-04	Selective Internal Radiation Therapy of Primary or Metastatic Liver Tumors	
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	