



An Anthem Company

Medical Policies and Clinical Utilization Management Guidelines

Attached is a list of the *Clinical UM Guidelines* and/or *Medical Policies* the health plan has adopted.

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[®] Criteria or MCG[®] 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.

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Clinical Utilization Management Guidelines

The *Clinical Utilization Management (UM) Guidelines* on this list represent the *Clinical UM Guidelines* adopted by the medical operations committee for the Government Business Division effective March 2, 2018.

Highlighted sections indicate a new guideline. To see the full list of *Clinical UM Guidelines*, visit the [Medical Policies and Clinical UM Guidelines](#) page.

Please note:

- Starting July 1, 2018, AIM Specialty Health® cardiology and radiation oncology guidelines are utilized for clinical reviews.
- **For markets with carved-out pharmacy services, the applicable listings below are informational only.**

| Guideline number | Clinical UM Guideline name/title |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| CG-ADMIN-01 | <i>Clinical UM Guideline</i> for Prepayment Review Medical Necessity Determinations When No Other <i>Clinical UM Guideline</i> Exists |
| CG-ADMIN-02 | Clinically Equivalent Cost-Effective Services — Targeted Immune Modulators |
| CG-ANC-04 | Ambulance Services: Air and Water |
| CG-ANC-05 | Ambulance Services: Ground; Emergent |
| CG-ANC-06 | Ambulance Services: Ground; Nonemergent |
| CG-BEH-01 | Assessment for Autism Spectrum Disorders and Rett Syndrome |
| CG-BEH-02 | Adaptive Behavioral Treatment for Autism Spectrum Disorder |
| CG-BEH-03 | Psychiatric Disorder Treatment |
| CG-BEH-04 | Substance-Related and Addictive Disorder Treatment |
| CG-BEH-05 | Eating and Feeding Disorder Treatment |
| CG-BEH-07 | Psychological Testing |
| CG-BEH-09 | Assertive Community Treatment |
| CG-BEH-10 | Basic Skills Training/Social Skills Training |
| CG-BEH-11 | Mental Health Support Services |
| CG-BEH-12 | Psychosocial Rehabilitation Services |
| CG-BEH-13 | Targeted Case Management |
| CG-BEH-14 | Intensive In-Home Behavioral Health Services |
| CG-DME-01 | External (Portable) Continuous Insulin Infusion Pump |
| CG-DME-03 | Neuromuscular Stimulation in the Treatment of Muscle Atrophy |
| CG-DME-05 | Cervical Traction Devices for Home Use |
| 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 |

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| Guideline number | Clinical UM Guideline name/title |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 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, Lightweight |
| CG-DME-25 | Seat Lift Mechanisms |
| 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-38 | Continuous Interstitial Glucose Monitoring |
| CG-DME-39 | Dynamic Low-Load Prolonged-Duration Stretch |
| CG-DME-42 | Nonimplantable Insulin Infusion and Blood Glucose Monitoring Devices |
| CG-DME-43 | High-Frequency Chest Compression Devices for Airway Clearance |
| CG-DRUG-01 | Off-Label Drug and Approved Orphan Drug Use |
| CG-DRUG-03 | Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis |
| CG-DRUG-04 | Use of Low Molecular Weight Heparin Therapy, Fondaparinux (Arixtra®) and Direct Thrombin Inhibitors in the Outpatient Setting |
| CG-DRUG-05 | Recombinant Erythropoietin Products |
| CG-DRUG-07 | Hepatitis C Pegylated Interferon Antiviral Therapy (Archived April 5, 2016) |
| CG-DRUG-08 | Enzyme Replacement Therapy for Gaucher Disease |
| CG-DRUG-09 | Immune Globulin Therapy |
| CG-DRUG-11 | Infertility Drugs |
| CG-DRUG-13 | Hepatitis B Interferon Antiviral Therapy |
| CG-DRUG-15 | Gonadotropin Releasing Hormone Analogs |
| CG-DRUG-16 | White Blood Cell Growth Factors |
| CG-DRUG-19 | Progesterone Therapy as a Technique to Prevent Preterm Delivery in High-Risk Women |

| Guideline number | Clinical UM Guideline name/title |
|-------------------------|-------------------------------------------------------------------------------------------------------|
| CG-DRUG-20 | Enfuvirtide (Fuzeon) |
| CG-DRUG-21 | Naltrexone (Vivitrol [®]) Injections for the Treatment of Alcohol and Opioid Dependence |
| CG-DRUG-24 | Repository Corticotropin Injection (H.P. Acthar [®] Gel) |
| CG-DRUG-27 | Clostridial Collagenase Histolyticum Injection |
| CG-DRUG-28 | Alglucosidase alfa (Lumizyme [®] , Myozyme [®]) |
| CG-DRUG-29 | Hyaluronan Injections |
| CG-DRUG-30 | Oprelvekin (Neumega) |
| CG-DRUG-33 | Palonosetron (Aloxi [®]) |
| CG-DRUG-34 | Docetaxel (Docefrez [™] , Taxotere [®]) |
| CG-DRUG-38 | Pemetrexed Disodium (Alimta [®]) |
| CG-DRUG-40 | Bortezomib (Velcade [®]) |
| CG-DRUG-41 | Zoledronic acid |
| CG-DRUG-42 | Asparagine Specific Enzymes (Asparaginase) |
| CG-DRUG-43 | Natalizumab (Tysabri [®]) |
| CG-DRUG-44 | Pegloticase (Krystexxa [®]) |
| CG-DRUG-45 | Octreotide acetate (Sandostatin [®] ; Sandostatin [®] LAR Depot) |
| CG-DRUG-46 | Fosaprepitant (Emend [®]) |
| CG-DRUG-47 | Level of Care: Specialty Pharmaceuticals |
| 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-54 | Agalsidase beta (Fabrazyme [®]) |
| CG-DRUG-55 | Elosulfase alfa (Vimizim [®]) |
| CG-DRUG-56 | Galsulfase (Naglazyme [®]) |
| CG-DRUG-57 | Idurasufase (Elaprase [®]) |
| CG-DRUG-58 | Laronidase (Aldurazyme [®]) |
| CG-DRUG-59 | Testosterone, Injectable |
| CG-DRUG-60 | Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications |
| CG-DRUG-61 | Gonadotropin Releasing Hormone Analogs for the Treatment of Nononcologic Indications |
| CG-DRUG-62 | Fulvestrant (FASLODEX [®]) |
| CG-DRUG-63 | Levoleucovorin Calcium (Fusilev [®]) |
| CG-DRUG-64 | FDA-Approved Biosimilar Products |
| CG-DRUG-82 | Prostacyclin Infusion Therapy and Inhalation Therapy for Treatment of Pulmonary Arterial Hypertension |
| CG-DRUG-83 | Growth Hormone |
| CG-DRUG-84 | Belimumab (Benlysta [®]) |
| CG-DRUG-85 | Tesamorelin (Egrifta [®]) |

| Guideline number | <i>Clinical UM Guideline name/title</i> |
|------------------|----------------------------------------------------------------------------------------------------------------------------------|
| CG-DRUG-86 | Ocriplasmin (Jetrea®) Intravitreal Injection Treatment |
| CG-DRUG-87 | Vedolizumab (Entyvio®) |
| CG-DRUG-88 | Dupilumab (Dupixent®) |
| CG-LAB-09 | Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain |
| CG-MED-08 | Home Enteral Nutrition |
| CG-MED-21 | Anesthesia Services and Moderate ("Conscious") Sedation |
| CG-MED-22 | Neuropsychological Testing |
| CG-MED-23 | Home Health |
| CG-MED-24 | Electromyography and Nerve Conduction Studies |
| CG-MED-28 | Iontophoresis for Medical Indications |
| CG-MED-32 | Ancillary Services for Pregnancy Complications |
| CG-MED-38 | Inpatient Admission for Radiation Therapy for Cervical or Thyroid Cancer |
| CG-MED-42 | Maternity Ultrasound in the Outpatient Setting |
| CG-MED-44 | Holter Monitors |
| CG-MED-45 | Transrectal Ultrasonography |
| CG-MED-46 | Ambulatory and Inpatient Video Electroencephalography |
| 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-53 | Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing |
| CG-MED-54 | Strapping |
| CG-MED-55 | Level of Care: Advanced Radiologic Imaging |
| CG-MED-56 | Nonobstetrical Transvaginal Ultrasonography |
| CG-MED-57 | Cardiac Stress Testing with Electrocardiogram |
| CG-MED-58 | Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA and Cardiac MRI |
| 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-REHAB-03 | Pulmonary Rehabilitation |
| CG-REHAB-04 | Physical Therapy |
| CG-REHAB-05 | Occupational Therapy |
| CG-REHAB-06 | Speech Language Pathology Services |
| CG-REHAB-08 | Private Duty Nursing in the Home Setting |

| Guideline number | Clinical UM Guideline name/title |
|-------------------------|-----------------------------------------------------------------------------------------------------------------|
| CG-REHAB-10 | Level of Care: Outpatient Physical Therapy, Occupational Therapy and Speech Language Pathology Services |
| CG-SURG-03 | Blepharoplasty, Blepharoptosis Repair and Brow Lift |
| CG-SURG-05 | Maze Procedure |
| CG-SURG-08 | Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury |
| CG-SURG-09 | Temporomandibular Disorders |
| CG-SURG-12 | Penile Prosthesis Implantation |
| 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-30 | Tonsillectomy With or Without Adenoidectomy for Children |
| CG-SURG-31 | Treatment of Keloids and Scar Revision |
| CG-SURG-32 | Pain Management: Cervical, Thoracic and Lumbar Facet Injections |
| CG-SURG-33 | Lumbar Fusion and Lumbar Total Disc Arthroplasty |
| CG-SURG-36 | Adenoidectomy |
| CG-SURG-38 | Lumbar Laminectomy, Hemi-laminectomy, Laminectomy and/or Discectomy |
| CG-SURG-39 | Pain Management: Epidural Steroid Injections |
| CG-SURG-40 | Cataract Removal Surgery for Adults |
| CG-SURG-41 | Surgical Strabismus Correction |
| CG-SURG-42 | Cervical Fusion |
| CG-SURG-43 | Knee Arthroscopy |
| CG-SURG-44 | Coronary Angiography in the Outpatient Setting |
| CG-SURG-45 | Bone Graft Substitutes |
| CG-SURG-46 | Myringotomy and Tympanostomy Tube Insertion |
| CG-SURG-47 | Surgical Interventions for Scoliosis and Spinal Deformity |
| CG-SURG-48 | Elective Percutaneous Coronary Interventions |
| 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-53 | Elective Total Hip Arthroplasty |
| CG-SURG-54 | Elective Total Knee Arthroplasty |
| 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-70 | Gastric Electrical Stimulation |
| CG-SURG-71 | Reduction Mammoplasty |

| Guideline number | <i>Clinical UM Guideline name/title</i> |
|-------------------------|----------------------------------------------------------------------------|
| CG-SURG-72 | Endothelial Keratoplasty |
| CG-THER-RAD-01 | Fractionation and Radiation Therapy in the Treatment of Specified Cancers |
| CG-THER-RAD-02 | Special Radiation Physics Consult and Treatment Procedure |
| 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-TRANS-02 | Kidney Transplantation |