

Clinical Utilization Management Guidelines

Highmark Blue Cross Blue Shield of Western New York partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to the MMC and CHPlus programs only.

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.

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*.

In addition, Level of Care for Alcohol and Drug Treatment Referral 3.0[®] is used for substance use services according to state requirements.

Medicaid state contracts, regulatory guidance, CMS requirements and our *Medical Policy/Clinical UM Guidelines* supersede MCG Care Guidelines.

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 does not meet established criteria guidelines, it will be referred to the licensed physician reviewer with the appropriate clinical expertise to make a decision.

https://providerpublic.mybcbswny.com

Amerigroup Corporation, an independent company, administers utilization management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Corporation, una compañía independiente, administra los servicios de administración de utilización para el programa administrado de Medicaid de Highmark Blue Cross Blue Shield of Western New York.

Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. Highmark Blue Cross Blue Shield of Western New York es un nombre comercial de Highmark Western y Northeastern New York Inc., un licenciatario independiente de Blue Cross Blue Shield Association. NYWPEC-2340-21 January 2022



Provider Bulletin October 2021

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The new *Clinical Utilization Management (UM) Guidelines* below were adopted by the medical operations committee for our members on May 27, 2021.

To view a guideline, visit https://medicalpolicies.amerigroup.com/am_search.html.

CUMG Number	CUMG Title	New Item
CG-ADMIN-01	Clinical Utilization Management (UM) Guideline for Pre-Payment 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-ANC-08	Mobile Device-Based Health Management Applications	
CG-BEH-02	Adaptive Behavioral Treatment	
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 (AAC) Devices with Digitized or Synthesized Speech Output	
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	

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CUMG Number	CUMG Title	New Item
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 & Knee-Ankle-Foot Orthoses	
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 (POVs)	
CG-DME-33	Wheeled Mobility Devices: Manual Wheelchairs — Ultra Lightweight	
CG-DME-34	Wheeled Mobility Devices: Wheelchair Accessories	
CG-DME-35	Electric Breast Pumps	
CG-DME-36	Pediatric Gait Trainers	
CG-DME-37	Air Conduction Hearing Aids	
CG-DME-39	Dynamic Low-Load Prolonged-Duration Stretch Devices	
CG-DME-40	Noninvasive Electrical Bone Growth Stimulation of the Appendicular Skeleton	
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 Extremities in the Home Setting	
CG-DME-47	Noninvasive Home Ventilator Therapy for Respiratory Failure	
CG-DME-48	Vacuum Assisted Wound Therapy in the Outpatient Setting	NEW
CG-DME-49	Standing Frames	NEW
CG-GENE-01	Janus Kinase 2, CALR and MPL Gene Mutation Assays	
CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules	
CG-GENE-07	BCR-ABL Mutation Analysis	
CG-GENE-08	Genetic Testing for PTEN Hamartoma Tumor Syndrome	
CG-GENE-09	Genetic Testing for CHARGE Syndrome	

CUMG Number	CUMG Title	New Item
CG-GENE-10	Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies	
CG-GENE-11	Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status	
CG-GENE-13	Genetic Testing for Inherited Diseases	
CG-GENE-14	Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management	
CG-GENE-15	Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis	
CG-GENE-16	BRCA Testing for Breast and/or Ovarian Cancer Syndrome	
CG-GENE-17	RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility	
CG-GENE-18	Genetic Testing for TP53 Mutations	
CG-GENE-19	Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers	
CG-GENE-21	Cell-Free Fetal DNA-Based Prenatal Testing	
CG-GENE-22	Gene Expression Profiling for Managing Breast Cancer Treatment	
CG-GENE-23	Genetic Testing for Heritable Cardiac Conditions	
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-LAB-15	Red Blood Cell Folic Acid Testing	
CG-LAB-16	Serum Amylase Testing	
CG-LAB-17	Molecular Gastrointestinal Pathogen Panel (GIPP) Testing for Infectious Diarrhea 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	

CUMG Number	CUMG Title	New Item
CG-MED-34	Monitored Anesthesia Care for Gastrointestinal Endoscopic	
CO-WIED-34	Procedures	
CG-MED-35	Retinal Telescreening Systems	
CG-MED-37	Intensive Programs for Pediatric Feeding Disorders	
CG-MED-38	Inpatient admission for Radiation Therapy for Cervical or Thyroid Cancer	
CG-MED-39	Bone Mineral Density Testing Measurement	
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 (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders	
CG-MED-50	Visual, Somatosensory and Motor Evoked Potentials	
CG-MED-51	Three-Dimensional (3-D) 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	Site 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 in Adults	
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-65	Manipulation Under Anesthesia	
CG-MED-66	Cryopreservation of Oocytes or Ovarian Tissue	
CG-MED-68	Therapeutic Apheresis	
CG-MED-69	Inhaled Nitric Oxide	
CG-MED-70	Wireless Capsule Endoscopy for Gastrointestinal Imagine and the Patency Capsule	

CUMG Number	CUMG Title	New Item
CG-MED-71	Chronic Wound Care in the Home or Outpatient Setting	
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-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-81	High Intensity Focused Ultrasound (HIFU) for Oncologic Indications	
CG-MED-83	Site of Care: Specialty Pharmaceuticals	
CG-MED-84	Non-Obstetric Gynecologic Duplex Ultrasonography of the Abdomen and Pelvis in the Outpatient Setting	
CG-MED-85	Posterior Segment Optical Coherence Tomography	
CG-MED-86	Enhanced External Counterpulsation in the Outpatient Setting	
CG-MED-87	Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications	
CG-MED-88	Preimplantation Genetic Diagnosis Testing	
CG-MED-89	Home Parenteral Nutrition	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-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 Speech-Language Pathology Services	
CG-REHAB-12	Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology	
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	
CG-SURG-08	Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder	

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-13 Endometrial Ablation CG-SURG-14 Endometrial Ablation CG-SURG-17 Trigger Point Injections CG-SURG-24 Functional Endoscopic Sinus Surgery (FESS) CG-SURG-25 Injection Treatment for Morton's Neuroma CG-SURG-26 Transcatheter Uterine Artery Embolization CG-SURG-27 Gender Affirming Surgery CG-SURG-28 Transcatheter Uterine Artery Embolization CG-SURG-30 Tonsillectomy for Children with or without Adenoidectomy CG-SURG-30 Tonsillectomy for Children with or without Adenoidectomy CG-SURG-31 Treatment of Keloids and Scar Revision CG-SURG-35 Intracrytoplasmic Spern 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-429 Arterial Revascularization of the Lower Extremities <th>CUMG Number</th> <th>CUMG Title</th> <th>New Item</th>	CUMG Number	CUMG Title	New Item
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CG-SURG-03Cardioverter Defibrillator for the Treatment of Heart FailureCG-SURG-70Gastric Electrical StimulationCG-SURG-71Reduction MammaplastyCG-SURG-72Endothelial Keratoplasty	CG-SURG-61		
CG-SURG-71Reduction MammaplastyCG-SURG-72Endothelial Keratoplasty	CG-SURG-63		
CG-SURG-72 Endothelial Keratoplasty	CG-SURG-70	Gastric Electrical Stimulation	
CG-SURG-72 Endothelial Keratoplasty	CG-SURG-71	Reduction Mammaplasty	

CUMG Number	CUMG Title	New Item
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	Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies	
CG-SURG-79	Implantable Infusion Pumps	
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	
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	
CG-SURG-98	Prostate Biopsy using MRI Fusion Techniques	
CG-SURG-99	Panniculectomy and Abdominoplasty	
CG-SURG-100	Laser Trabeculoplasty and Laser Peripheral Iridotomy	
CG-SURG-101	Ablative Techniques as a Treatment for Barrett's Esophagus	
CG-SURG-102	Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy	
CG-SURG-103	Male Circumcision	
CG-SURG-104	Intraoperative Neurophysiological Monitoring	
CG-SURG-105	Corneal Collagen Cross-Linking	
CG-SURG-106	Venous Angioplasty with or without Stent Placement or Venous Stenting Alone	

CUMG Number	CUMG Title	New Item
CG-SURG-107	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)	
CG-SURG-108	Stereotactic Radiofrequency Pallidotomy	
CG-SURG-110	Lung Volume Reduction Surgery	
CG-SURG-111	Open Sacroiliac Joint Fusion	NEW
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	