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# CUSTOMIZATION TO CARE GUIDELINES

## 25th EDITION

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**Issue Date:**  
**February 11, 2021**

**Original Date:**  
**February 11, 2021**

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This document provides a high level summary of customizations and modifications to MCG Care Guidelines, collectively, “customized guidelines.”<sup>1234</sup> 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)

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#### **CUSTOMIZATION HISTORY**

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<sup>1</sup> 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.

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

<sup>3</sup> 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.

<sup>4</sup> Original Issue Date: February 11, 2021 for MCG care guidelines 25th edition and corresponding customized guidelines.

**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 AIM Specialty Health. 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.

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**CUSTOMIZATIONS TO MCG CRITERIA**

<b>CUSTOMIZATIONS TO MCG CRITERIA</b>		
<b>Inpatient &amp; Surgical Care (ISC)</b>		
	<b>MCG Guideline</b>	<b>Customization</b>
1.	<b>ISC Common Complications and Conditions - Preoperative Days (W0130)</b>	<ul style="list-style-type: none"> <li>Clinical Indications for Inpatient Care: For inpatient preoperative days, added indication, bridging anticoagulation that requires inpatient treatment</li> <li>Reference: Added</li> </ul>
2.	<b>ISC General Surgery – Mastectomy, Complete (W0002)</b>	<ul style="list-style-type: none"> <li>Clinical Indications for Procedure: For risk-reduction mastectomy and significantly elevated risk of breast cancer, added indications</li> <li>Goal Length of Stay: Revised Goal Length of Stay (GLOS) to indicate 2 days postoperative rather than Ambulatory</li> <li>Added information regarding Federal or State mandates will supersede the guideline Length of Stay when applicable</li> <li>References: Added</li> </ul>
3.	<b>ISC General Surgery - Mastectomy, Complete, with Insertion of Breast Prosthesis or Tissue Expander (W0022)</b>	<ul style="list-style-type: none"> <li>Clinical Indications for Procedure: For risk-reduction mastectomy and significantly elevated risk of breast cancer, added indications</li> <li>Goal Length of Stay: Revised Goal Length of Stay (GLOS) to indicate 2 days postoperative rather than Ambulatory or 1 day postoperative</li> <li>Added information regarding Federal or State mandates will supersede the guideline Length of Stay when applicable</li> <li>References: Added</li> </ul>
4.	<b>ISC General Surgery - Mastectomy, Complete, with Tissue Flap Reconstruction (W0023)</b>	<ul style="list-style-type: none"> <li>Clinical Indications for Procedure: For risk-reduction mastectomy and significantly elevated risk of breast cancer, added indications</li> <li>Added information regarding Federal or State mandates will supersede the guideline Length of Stay when applicable</li> <li>References: Added</li> </ul>

**Subject: Customizations to  Care Guidelines 25th Edition**

<b>CUSTOMIZATIONS TO MCG CRITERIA Inpatient &amp; Surgical Care (ISC)</b>		
	<b>MCG Guideline</b>	<b>Customization</b>
5.	<b>ISC General Surgery - Mastectomy, Partial (Lumpectomy) (W0008)</b>	<ul style="list-style-type: none"> <li>• Goal Length of Stay: Revised Goal Length of Stay (GLOS) to indicate 2 days postoperative rather than Ambulatory</li> <li>• Added information regarding Federal or State mandates will supersede the guideline Length of Stay when applicable</li> </ul>
6.	<b>ISC Hematology - Oncology - Chemotherapy (W0162)</b>	<ul style="list-style-type: none"> <li>• Clinical Indications for Admission: Added examples for aggressive hydration needs that cannot be managed in an infusion center, prolonged marrow suppression. Added complex multiple-drug chemotherapy regimens requiring more than 6 hours of continuous observation and drug administration with examples</li> <li>• Hospital Care Planning: Added Nutrition consultation to Consultation, assessment, and other services scheduling and completion</li> <li>• References: Added</li> <li>• Footnotes: Added</li> </ul>
7.	<b>ISC Neonatology – Newborn Care, Routine (W0087)</b>	<ul style="list-style-type: none"> <li>• Added information regarding Federal or State mandates will supersede the guideline Length of Stay when applicable</li> </ul>
8.	<b>ISC Neonatology – Newborn Care, Term, with Severe Illness or Abnormality (W0106)</b>	<ul style="list-style-type: none"> <li>• Clinical Indications for Admission to Inpatient Care: Changed “Higher-level neonatal care (ie, other than Level I nursery)” is needed to indicate “Inpatient neonatal care” is needed</li> <li>• See CG-MED-26 Neonatal Levels of Care to determine nursery level for neonates meeting admission and continued stay criteria</li> </ul>
9.	<b>ISC OB / GYN - Cesarean Delivery (W0045)</b>	<ul style="list-style-type: none"> <li>• Clinical Indications for Procedure: Added clinical indications for early elective cesarean delivery. Revised MCG clinical indications for elective cesarean delivery</li> <li>• Added information regarding Federal or State mandates will supersede the guideline Length of Stay when applicable</li> <li>• References: Added</li> <li>• Codes: Additional ICD-10 diagnosis codes may apply</li> </ul>
10.	<b>ISC OB / GYN - Hysterectomy, Abdominal (W0109)</b>	<ul style="list-style-type: none"> <li>• Clinical Indications for Procedure: Revised criteria for abnormal uterine bleeding, leiomyoma (“fibroid”), pelvic organ prolapse</li> <li>• Added information for when hysterectomy is considered not medically necessary</li> </ul>
11.	<b>ISC OB / GYN - Hysterectomy, Laparoscopic</b>  Title change to: Hysterectomy, Laparoscopic; Hysterectomy, Vaginal, Laparoscopically-Assisted (W0010)	<ul style="list-style-type: none"> <li>• Clinical Indications for Procedure: Revised criteria for abnormal uterine bleeding, leiomyoma (“fibroid”), pelvic organ prolapse</li> <li>• Added information for when hysterectomy is considered not medically necessary</li> </ul>
12.	<b>ISC OB / GYN - Hysterectomy, Vaginal (W0110)</b>	<ul style="list-style-type: none"> <li>• Clinical Indications for Procedure: Revised criteria for abnormal uterine bleeding, leiomyoma (“fibroid”), pelvic organ prolapse</li> <li>• Added information for when hysterectomy is considered not medically necessary</li> </ul>
13.	<b>ISC OB / GYN - Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy (W0026)</b>	<ul style="list-style-type: none"> <li>• Clinical Indications for Procedure: Revised criteria for oophorectomy or excision of adnexal mass needed</li> <li>• For laparoscopic surgical ablation of uterine fibroids, see SURG.00077 Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Image Guided Techniques.</li> <li>• For the evaluation of infertility, see CG-SURG-34 Diagnostic Infertility Surgery</li> </ul>
14.	<b>ISC OB / GYN - Laparotomy, for Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy (W0025)</b>	<ul style="list-style-type: none"> <li>• Clinical Indications for Procedure: Revised criteria for oophorectomy needed</li> </ul>

**Subject: Customizations to  Care Guidelines 25th Edition**

<b>CUSTOMIZATIONS TO MCG CRITERIA Inpatient &amp; Surgical Care (ISC)</b>		
	<b>MCG Guideline</b>	<b>Customization</b>
15.	<b>ISC OB / GYN - Vaginal Delivery (W0047)</b>	<ul style="list-style-type: none"> <li>• Clinical Indications for Procedure: Added clinical indications for elective induction of labor. Added clinical indications for early elective induction of labor</li> <li>• Added information regarding Federal or State mandates will supersede the guideline Length of Stay when applicable</li> <li>• References: Added</li> <li>• Codes: Additional ICD-10 diagnosis codes may apply</li> </ul>
16.	<b>ISC OB / GYN - Vaginal Delivery, Operative (W0048)</b>	<ul style="list-style-type: none"> <li>• Clinical Indications for Procedure: For early elective vaginal delivery, see W0047 Vaginal Delivery</li> <li>• Added information regarding Federal or State mandates will supersede the guideline Length of Stay when applicable</li> </ul>
17.	<b>ISC Pediatrics - Diabetes, Pediatric (W0117)</b>	<ul style="list-style-type: none"> <li>• Extended Stay: Added minimal stay extension for need to receive comprehensive patient, parent or caregiver education and comprehensive diabetic education programs are not available on an outpatient basis in the community; Obtain verbal or written attestation from provider regarding lack of outpatient diabetic education resources</li> </ul>

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

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<b>CUSTOMIZATIONS TO MCG CRITERIA Behavioral Health Care (BHG)</b>		
	<b>MCG Guideline</b>	<b>Customization</b>
1.	<b>BHG Level of Care Guidelines: Opioid Management – Medications</b>	<p>Removed the MCG Behavioral Health Level of Care: Opioid Management – Medication guidelines listed below. Guidelines for medications addressed by other sources, such as IngenioRx.</p> <ul style="list-style-type: none"> <li>• Buprenorphine Extended-Release Injection</li> <li>• Buprenorphine-Naloxone</li> <li>• Long-Acting Opioids</li> <li>• Naltrexone Extended-Release Injection</li> <li>• Naltrexone Implant</li> </ul>
2.	<b>BHG Therapeutic Services – Transcranial Magnetic Stimulation (W0174)</b>	<ul style="list-style-type: none"> <li>• Clinical Indications for Procedure: Added need for acute TMS treatment, up to 6 weeks. Added acute treatment course needed as indicated by (a) Initial course of treatment for major depressive disorder (severe), or (b) Relapse of symptoms after remission. Added continuation of acute treatment, up to 6 months</li> <li>• Added information for when TMS is considered not medically necessary</li> <li>• Footnote: Updated footnote with definitions for acute (or index) course, maintenance treatment, remission, relapse, recovery and recurrence</li> <li>• Reference: Added</li> </ul>

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**CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE**

**Subject: Customizations to  Care Guidelines 25th Edition**

<b>CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE</b>			
<b>Inpatient &amp; Surgical Care (ISC)</b>			
	<b>MCG Guideline</b>	<b>Medical Policy or Clinical UM Guideline</b>	<b>Customization</b>
1.	<b>ISC Cardiology</b> - Angioplasty, Percutaneous Coronary Intervention (W0120)	Cardiology Program Clinical Guidelines	Clinical Indications for Procedure
2.	<b>ISC Cardiology</b> - Atrial Fibrillation (W0114)	CG-MED-64 Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)	Clinical Indications for Admission to Inpatient Care
3.	<b>ISC Cardiology</b> - Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion (W0011)	CG-SURG-63 Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure  CG-SURG-97 Cardioverter Defibrillators	Clinical Indications for Procedure
4.	<b>ISC Cardiology</b> - Electrophysiologic Study and Intracardiac Catheter Ablation (W0012)	CG-SURG-55 Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation  CG-MED-64 Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)	Clinical Indications for Procedure
5.	<b>ISC Cardiology</b> - Left Atrial Appendage Closure, Percutaneous (W0157)	SURG.00032 Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention	Clinical Indications for Procedure
6.	<b>ISC Cardiovascular Surgery</b> - Abdominal Aortic Aneurysm, Endovascular Repair (W0084)	CG-SURG-86 Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection	Clinical Indications for Procedure
7.	<b>ISC Cardiovascular Surgery</b> - 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
8.	<b>ISC Cardiovascular Surgery</b> – Aortic Valve Replacement, Transcatheter (W0133)	SURG.00121 Transcatheter Heart Valve Procedures	Clinical Indications for Procedure
9.	<b>ISC Cardiovascular Surgery</b> – 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
10.	<b>ISC Cardiovascular Surgery</b> – Cardiac Septal Defect: Ventricular, Repair (W0093)	SURG.00123 Transmyocardial/Periventricular Device Closure of Ventricular Septal Defects	Clinical Indications for Procedure
11.	<b>ISC Cardiovascular Surgery</b> – Cardiac Valve Replacement or Repair (W0089)	SURG.00121 Transcatheter Heart Valve Procedures	Clinical Indications for Procedure
12.	<b>ISC Cardiovascular Surgery</b> – Carotid Artery Stenting (W0165)	CG-SURG-76 Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty	Clinical Indications for Procedure
13.	<b>ISC Cardiovascular Surgery</b> – Heart Transplant (W0017)	TRANS.00026 Heart/Lung Transplantation  TRANS.00033 Heart Transplantation	Clinical Indications for Procedure
14.	<b>ISC Cardiovascular Surgery</b> – 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
15.	<b>ISC Cardiovascular Surgery</b> – Sympathectomy by Thoracoscopy or Laparoscopy (W0044)	CG-MED-63 Treatment of Hyperhidrosis	Clinical Indications for Procedure
16.	<b>ISC Common Complications and Conditions</b> –	CG-SURG-59 Vena Cava Filters	Clinical Indications for Inpatient Care

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	Venous Thrombosis and Pulmonary Embolism (W0136)		
17.	<b>ISC General Surgery</b> – Fundoplasty, Esophagogastric, by Laparoscopy (W0158)	CG-SURG-92 Paraesophageal Hernia Repair	Clinical Indications for Procedure
18.	<b>ISC General Surgery</b> – 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
19.	<b>ISC General Surgery</b> – 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
20.	<b>ISC General Surgery</b> – 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
21.	<b>ISC General Surgery</b> – Gastric Restrictive Procedure, Sleeve Gastrectomy, by Laparoscopy (W0102)	CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Clinical Indications for Procedure
22.	<b>ISC General Surgery</b> – Hiatal Hernia Repair, Abdominal (W0159)	CG-SURG-92 Paraesophageal Hernia Repair	Clinical Indications for Procedure
23.	<b>ISC General Surgery</b> – Hiatal Hernia Repair, Transthoracic (W0160)	CG-SURG-92 Paraesophageal Hernia Repair	Clinical Indications for Procedure
24.	<b>ISC General Surgery</b> – Liver Transplant (W0034)	TRANS.00008 Liver Transplantation	Clinical Indications for Procedure
25.	<b>ISC Neonatal Facility Levels and Intensity of Care Criteria</b>	CG-MED-26 Neonatal Levels of Care	Removed MCG guidelines
26.	<b>ISC Neonatology</b> – Sepsis, Neonatal, Confirmed (W0107)	CG-MED-26 Neonatal Levels of Care	Clinical Indications for Admission to Inpatient Care
27.	<b>ISC Neonatology</b> – Sepsis, Neonatal, Suspected, Not Confirmed (W0108)	CG-MED-26 Neonatal Levels of Care	Clinical Indications for Admission to Inpatient Care
28.	<b>ISC Neurology</b> – EEG, Video Monitoring (W0115)	CG-MED-46 Electroencephalography and Video Electroencephalographic Monitoring	Clinical Indications for Procedure
29.	<b>ISC Orthopedics</b> – Acromioplasty and Rotator Cuff Repair (W0139)	Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines	Clinical Indications for Procedure and Level of Care
30.	<b>ISC Orthopedics</b> – Ankle Arthroscopy (W0155)	Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines	Clinical Indications for Procedure and Level of Care
31.	<b>ISC Orthopedics</b> – Bunionectomy (W0168)	Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines	Clinical Indications for Procedure and Level of Care
32.	<b>ISC Orthopedics</b> – 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



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<b>Inpatient &amp; Surgical Care (ISC)</b>			
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33.	<b>ISC Orthopedics</b> – Cervical Fusion, Anterior (W0111)	Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines	Clinical Indications for Procedure and Level of Care
34.	<b>ISC Orthopedics</b> – Cervical Fusion, Posterior (W0112)	Musculoskeletal Program Clinical Appropriateness Guidelines	Clinical Indications for Procedure
35.	<b>ISC Orthopedics</b> – Cervical Laminectomy (W0097)	SURG.00071 Percutaneous and Endoscopic Spinal Surgery  Musculoskeletal Program Clinical Appropriateness Guidelines	Clinical Indications for Procedure
36.	<b>ISC Orthopedics</b> – Hip Arthroplasty (W0105)	SURG.00082 Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures of the Appendicular System  Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines	Clinical Indications for Procedure and Level of Care
37.	<b>ISC Orthopedics</b> – Hip Arthroscopy (W0096)	Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines	Clinical Indications for Procedure and Level of Care
38.	<b>ISC Orthopedics</b> – Hip Resurfacing (W0098)	CG-SURG-85 Hip Resurfacing	Clinical Indications for Procedure  Codes
39.	<b>ISC Orthopedics</b> – Knee Arthroplasty, Total (W0081)	SURG.00082 Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures of the Appendicular System  SURG.00105 Bicompartamental Knee Arthroplasty  Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines	Clinical Indications for Procedure and Level of Care
40.	<b>ISC Orthopedics</b> – Knee Arthroscopy (W0113)	Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines	Clinical Indications for Procedure and Level of Care
41.	<b>ISC Orthopedics</b> – Knee Arthrotomy (W0140)	Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines	Clinical Indications for Procedure and Level of Care
42.	<b>ISC Orthopedics</b> – 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
43.	<b>ISC Orthopedics</b> – 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
44.	<b>ISC Orthopedics</b> – 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
45.	<b>ISC Orthopedics</b> – Shoulder Arthroplasty (W0137)	Musculoskeletal Program Clinical Appropriateness Guidelines	Clinical Indications for Procedure
46.	<b>ISC Orthopedics</b> –	Musculoskeletal Program Clinical Appropriateness Guidelines	Clinical Indications for Procedure

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<b>CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE</b>			
<b>Inpatient &amp; Surgical Care (ISC)</b>			
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	Shoulder Hemiarthroplasty (W0138)		
47.	<b>ISC Orthopedics</b> – Spine, Scoliosis, Posterior Instrumentation (W0116)	Musculoskeletal Program Clinical Appropriateness Guidelines	Clinical Indications for Procedure
48.	<b>ISC Pediatrics</b> – EEG, Video Monitoring, Pediatric (W0122)	CG-MED-46 Electroencephalography and Video Electroencephalographic Monitoring	Clinical Indications for Procedure
49.	<b>ISC Pediatrics</b> – Fundoplasty, Esophagogastric, by Laparoscopy, Pediatric (W0161)	CG-SURG-92 Paraesophageal Hernia Repair	Clinical Indications for Procedure
50.	<b>ISC Pediatrics</b> – Heart Transplant, Pediatric (W0123)	TRANS.00026 Heart/Lung Transplantation TRANS.00033 Heart Transplantation	Clinical Indications for Procedure
51.	<b>ISC Pediatrics</b> – Liver Transplant, Pediatric (W0124)	TRANS.00008 Liver Transplantation	Clinical Indications for Procedure
52.	<b>ISC Pediatrics</b> – Lung Transplant, Pediatric (W0125)	TRANS.00009 Lung and Lobar Transplantation TRANS.00026 Heart/Lung Transplantation	Clinical Indications for Procedure
53.	<b>ISC Pediatrics</b> – Renal Transplant, Pediatric (W0126)	CG-TRANS-02 Kidney Transplantation	Clinical Indications for Procedure
54.	<b>ISC Pediatrics</b> – Spine, Scoliosis, Posterior Instrumentation, Pediatric (W0156)	Musculoskeletal Program Clinical Appropriateness Guidelines	Clinical Indications for Procedure
55.	<b>ISC Thoracic Surgery and Pulmonary Disease</b> – Deep Venous Thrombosis of Lower Extremities (W0135)	CG-SURG-59 Vena Cava Filters	Clinical Indications for Admission to Inpatient Care
56.	<b>ISC Thoracic Surgery and Pulmonary Disease</b> – Lung Transplant (W0076)	TRANS.00009 Lung and Lobar Transplantation TRANS.00026 Heart/Lung Transplantation	Clinical Indications for Procedure
57.	<b>ISC Thoracic Surgery and Pulmonary Disease</b> – Pulmonary Embolism (W0134)	CG-SURG-59 Vena Cava Filters	Clinical Indications for Admission to Inpatient Care
58.	<b>ISC Urology</b> – Prostatectomy, Transurethral, Alternatives to Standard Resection (W0029)	CG-SURG-107 Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)	Clinical Indications for Procedure
59.	<b>ISC Urology</b> – Renal Transplant (W0027)	CG-TRANS-02 Kidney Transplantation	Clinical Indications for Procedure

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<b>CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE</b>			
<b>General Recovery Care (GRG)</b>			
	<b>MCG Guideline</b>	<b>Medical Policy or Clinical UM Guideline</b>	<b>Customization</b>
1.	<b>GRG Body System</b> – 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	Clinical Indications for Procedure



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General Recovery Care (GRG)			
	MCG Guideline	Medical Policy or Clinical UM Guideline	Customization
		<p>CG-SURG-63 Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure</p> <p>CG-SURG-97 Cardioverter Defibrillators</p> <p>SURG.00019 Transmyocardial Revascularization</p> <p>SURG.00121 Transcatheter Heart Valve Procedures</p> <p>SURG.00145 Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)</p>	
2.	<b>GRG Body System</b> – General Surgery or Procedure GRG (W0142)	<p>CG-SURG-27 Gender Reassignment Surgery</p> <p>CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity</p> <p>CG-SURG-92 Paraesophageal Hernia Repair</p> <p>TRANS.00011 Pancreas Transplantation and Pancreas Kidney Transplantation</p> <p>TRANS.00013 Small Bowel, Small Bowel/Liver and Multivisceral Transplantation</p>	Clinical Indications for Procedure
3.	<b>GRG Body System</b> – Musculoskeletal Surgery or Procedure GRG (W0118)	<p>SURG.00105 Bicompartamental Knee Arthroplasty</p> <p>SURG.00127 Sacroiliac Joint Fusion</p> <p>Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines</p>	Clinical Indications for Procedure and Level of Care
4.	<b>GRG Body System</b> – Neurosurgery or Procedure GRG (W0119)	Musculoskeletal Program Clinical Appropriateness Guidelines and Level of Care Guidelines	Clinical Indications for Procedure
5.	<b>GRG Body System</b> – Obstetric and Gynecologic Surgery or Procedure GRG (W0143)	CG-SURG-27 Gender Reassignment Surgery	Clinical Indications for Procedure
6.	<b>GRG Body System</b> – Thoracic Surgery or Procedure GRG (W0169)	<p>CG-SURG-110 Lung Volume Reduction Surgery</p> <p>SURG.00119 Endobronchial Valve Devices</p>	Clinical Indication for Procedure
7.	<b>GRG Body System</b> – Urologic Surgery or Procedure GRG (W0141)	<p>CG-SURG-27 Gender Reassignment Surgery</p> <p>CG-SURG-103 Male Circumcision</p>	Clinical Indications for Procedure
8.	<b>GRG Problem Oriented</b> – 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)	Clinical Indications for Admission to Inpatient Care

**Subject: Customizations to  Care Guidelines 25th Edition**

<b>CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE</b>		
<b>General Recovery Care (GRG)</b>		
<b>MCG Guideline</b>	<b>Medical Policy or Clinical UM Guideline</b>	<b>Customization</b>
	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)	

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<b>CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE</b>		
<b>Behavioral Health Care (BHG)</b>		
<b>MCG Guideline</b>	<b>Medical Policy or Clinical UM Guideline</b>	<b>Customization</b>
1. <b>BHG Testing Procedures – Urine Toxicology Testing (W0150)</b>	CG-LAB-09 Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain	Clinical Indications for Procedure
2. <b>BHG Therapeutic Services – Applied Behavioral Analysis (W0153)</b>	CG-BEH-02 Adaptive Behavioral Treatment	Clinical Indications for Procedure
3. <b>BHG Therapeutic Services – Deep Brain Stimulation (DBS): Behavioral Health Care (W0164)</b>	SURG.00026 Deep Brain, Cortical, and Cerebellar Stimulation	Clinical Indications for Procedure
4. <b>BHG Therapeutic Services – Trigeminal Nerve Stimulation, Transcutaneous: Behavioral Health Care</b>	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  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	Removed MCG guideline
5. <b>BHG Therapeutic Services – Vagus Nerve Stimulation, Implantable: Behavioral Health Care (W0166)</b>	SURG.00007 Vagus Nerve Stimulation	Clinical Indications for Procedure
6. <b>BHG Therapeutic Services – Wilderness Therapy (W0172)</b>	MED.00122 Wilderness Programs	Clinical Indications for Procedure

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**CUSTOMIZATION HISTORY**

<b>Issue Date</b>	<b>Action</b>	<b>Reason</b>
02/11/2021	Release document for Customizations to MCG Care Guidelines 25th Edition	New document for Customizations to MCG Care Guidelines 25th Edition approved at the February 11, 2021 Medical Policy & Technology Assessment Committee (MPTAC) meeting.

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