

## 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<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.



An  ${\bf Anthem}$  Company

## **Clinical Utilization Management Guidelines**

The *Clinical Utilization Management (UM) Guidelines* below were adopted by the medical operations committee for the Government Business Division effective April 19, 2018. Highlighted sections indicate a new guideline. For markets with carved-out pharmacy services, the applicable listings are informational only.

To view a full list of guidelines, visit **http://www.empireblue.com/medicalpolicies/search.html**.

Guideline number	Clinical UM Guideline name/title
CG-ADMIN-01	Clinical UM Guideline for Pre-Payment Review Medical Necessity
	Determinations When No Other Clinical UM Guideline 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-BEH-15	Activity Therapy for Autism Spectrum Disorders and Rett Syndrome
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
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

## www.empireblue.com/nymedicaiddoc

Empire BlueCross BlueShield HealthPlus is the trade name of HealthPlus HP, LLC, an independent licensee of the Blue Cross and Blue Shield Association. NYEPEC-1435-18 July 2018

Clinical UM Guideline name/title
External Infusion Pumps for the Administration of Drugs in the Home or
Residential Care Settings
Ankle-Foot & Knee-Ankle-Foot-Orthotics (Braces)
Lifting Devices for Use in the Home
Wheeled Mobility Devices: Manual Wheelchairs — Standard, Heavy Duty
and Lightweight
Seat Lift Mechanisms
Wheeled Mobility Devices: Wheelchairs — Powered, Motorized, With or Without Power Seating Systems and Power Operated Vehicles
Wheeled Mobility Devices: Manual Wheelchairs — Ultra Lightweight
Wheeled Mobility Devices: Wheelchair Accessories
Breastfeeding Pumps
Pediatric Gait Trainers
Air Conduction Hearing Aids
Continuous Interstitial Glucose Monitoring
Dynamic Low-Load Prolonged-Duration Stretch
Nonimplantable Insulin Infusion and Blood Glucose Monitoring Devices
High Frequency Chest Compression Devices for Airway Clearance
Off-Label Drug and Approved Orphan Drug Use
Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis
Use of Low Molecular Weight Heparin Therapy, Fondaparinux (Arixtra <sup>®</sup> ) and
Direct Thrombin Inhibitors in the Outpatient Setting
Recombinant Erythropoietin Products
Hepatitis C Pegylated Interferon Antiviral Therapy (Archived April 5, 2016)
Enzyme Replacement Therapy for Gaucher Disease
Immune Globulin Therapy
Infertility Drugs
Gonadotropin Releasing Hormone Analogs
White Blood Cell Growth Factors
Progesterone Therapy as a Technique to Prevent Preterm Delivery in High-Risk Women
Enfuviritide (Fuzeon)
Naltrexone (Vivitrol <sup>®</sup> ) Injections for the Treatment of Alcohol and Opioid Dependence
Repository Corticotropin Injection (H.P. Acthar <sup>®</sup> Gel)
Clostridial Collagenase Histolyticum Injection
Alglucosidase alfa (Lumizyme <sup>®</sup> , Myozyme <sup>®</sup> )
Hyaluronan Injections
Oprelvekin (Neumega)
Palonosetron (Aloxi <sup>®</sup> )
Docetaxel (Docefrez <sup>TM</sup> , Taxotere <sup>®</sup> )
Pemetrexed Disodium (Alimta <sup>®</sup> )
Bortezomib (Velcade <sup>®</sup> )
Zoledronic acid
Asparagine Specific Enzymes (Asparaginase) Natalizumab (Tysabri <sup>®</sup> )

Guideline number	Clinical UM Guideline name/title
CG-DRUG-45	Octreotide acetate (Sandostatin <sup>®</sup> and Sandostatin <sup>®</sup> LAR Depot)
CG-DRUG-46	Fosaprepitant (Emend <sup>®</sup> )
CG-DRUG-47	Level of Care: Specialty Pharmaceuticals
CG-DRUG-48	Azacitidine (Vidaza <sup>®</sup> )
CG-DRUG-49	Doxorubicin Hydrochloride Liposome Injection
CG-DRUG-50	Paclitaxel, protein-bound (Abraxane <sup>®</sup> )
CG-DRUG-51	Romidepsin (Istodax <sup>®</sup> )
CG-DRUG-52	Temsirolimus (Torisel <sup>®</sup> )
CG-DRUG-52	Drug Dosage, Frequency and Route of Administration
CG-DRUG-54	Agalsidase beta (Fabrazyme <sup>®</sup> )
CG-DRUG-55	Elosulfase alfa (Vimizim <sup>®</sup> )
CG-DRUG-56	Galsulfase (Naglazyme <sup>®</sup> )
CG-DRUG-57	Idurasufase (Elaprase <sup>®</sup> )
CG-DRUG-58	Laronidase (Aldurazyme <sup>®</sup> )
CG-DRUG-59	Testosterone, Injectable
	Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic
CG-DRUG-60	Indications
	Gonadotropin Releasing Hormone Analogs for the Treatment of
CG-DRUG-61	Non-Oncologic Indications
CG-DRUG-62	Fulvestrant (FASLODEX <sup>®</sup> )
CG-DRUG-63	Levoleucovorin Calcium (Fusilev <sup>®</sup> )
CG-DRUG-64	FDA-Approved Biosimilar Products
	Prostacyclin Infusion Therapy and Inhalation Therapy for Treatment of
CG-DRUG-82	Pulmonary Arterial Hypertension
CG-DRUG-83	Growth Hormone
CG-DRUG-84	Belimumab (Benlysta <sup>®</sup> )
CG-DRUG-85	Tesamorelin (Egrifta <sup>®</sup> )
CG-DRUG-86	Ocriplasmin (Jetrea <sup>®</sup> ) Intravitreal Injection Treatment
CG-DRUG-87	Vedolizumab (Entyvio <sup>®</sup> )
CG-DRUG-88	Dupilumab (Dupixent <sup>®</sup> )
CG-DRUG-89	Implantable and Extended-Release Buprenorphine-Containing Products
CG-DRUG-90	Intravitreal Treatment for Retinal Vascular Conditions
CG-DRUG-91	Intravitreal Corticosteroid Implants
CG-DRUG-92	Alpha-1 Proteinase Inhibitor Therapy
CG-DRUG-93	Sarilumab (Kevzara <sup>®</sup> )
CG-LAB-09	Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain
CG-LAB-13	Skin Nerve Fiber Density Testing
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

Clinical UM Guideline name/title
Holter Monitors
Transrectal Ultrasonography
Ambulatory and Inpatient Video Electroencephalography
Fundus Photography
Scrotal Ultrasound
Auditory Brainstem Responses and Evoked Otoacoustic Emissions for
Hearing Disorders
Visual, Somatosensory and Motor Evoked Potentials
Three-Dimensional Rendering of Imaging Studies
Allergy Immunotherapy (Subcutaneous)
Cervical Cancer Screening Using Cytology and Human Papillomavirus
Testing
Strapping
Level of Care: Advanced Radiologic Imaging
Non-Obstetrical Transvaginal Ultrasonography
Cardiac Stress Testing with Electrocardiogram
Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional
Flow Reserve derived from CT, Coronary MRA and Cardiac MRI
Inhaled Nitric Oxide
Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency
Capsule
Cranial Remodeling Bands and Helmets (Cranial Orthotics)
Myoelectric Upper Extremity Prosthesis Devices
Pulmonary Rehabilitation
Physical Therapy
Occupational Therapy
Speech-Language Pathology Services
Private Duty Nursing in the Home Setting
Level of Care: Outpatient Physical Therapy, Occupational Therapy and
Speech Language Pathology Services
Blepharoplasty, Blepharoptosis Repair and Brow Lift
Maze Procedure
Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to
Spinal Cord Injury
Temporomandibular Disorders
Penile Prosthesis Implantation
Septoplasty
Functional Endoscopic Sinus Surgery
Injection Treatment for Morton's Neuroma
Sex Reassignment Surgery
Tonsillectomy with or without Adenoidectomy for Children
Treatment of Keloids and Scar Revision
Pain Management: Cervical, Thoracic and Lumbar Facet Injections
Lumbar Fusion and Lumbar Total Disc Arthroplasty
Adenoidectomy
Adenoidectomy Lumbar Laminectomy, Hemi-laminectomy, Laminectomy and/or Discectomy

Guideline number	Clinical UM Guideline name/title
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-70 CG-SURG-71	
CG-SURG-72	Reduction Mammaplasty
CG-SURG-72 CG-SURG-73	Endothelial Keratoplasty Balloon Sinus Ostial Dilation
CG-SURG-74	Total Ankle Replacement
CG-SURG-74 CG-SURG-75	Transanal Endoscopic Microsurgical Excision of Rectal Lesions
CG-THER-RAD-01	Fractionation and Radiation Therapy in the Treatment of Specified Cancers
CG-THER-RAD-02	
CG-THER-RAD-02 CG-THER-RAD-03	Special Radiation Physics Consult and Treatment ProcedureRadioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy
CG-THER-RAD-03	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