

February 2023

## ***Utilization Management Clinical Criteria***

Attached is a list of the *Clinical Criteria* Blue Cross and Blue Shield of North Carolina has adopted for Healthy Blue members.

The full list of ***Medical Policies and Clinical Utilization Management (UM) Guidelines (MCG)*** are publicly available on the Healthy Blue website.

MCG Care Guidelines are used only for:

- Medical necessity review for medical 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, please visit the **[Policies, Manuals, and Guides](#)** page to view the list of applicable *North Carolina Clinical Coverage Policies*.

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

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



**Email is the quickest and most direct way to receive important Healthy Blue information from Blue Cross and Blue Shield of North Carolina.**

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (**[healthyblue.ly/NCmp](https://healthyblue.ly/NCmp)**).



Note: AIM Specialty Health is an independent company providing utilization management services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina.

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NCHB-CD-016404-22-CPN15448 February 2023

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## ***Utilization Management Clinical Criteria***

The *Clinical Criteria* below were adopted by the Medical Operations Committee for Healthy Blue members on June 23, 2022, and September 22, 2022. Note, not all the services and codes referenced within these criteria are reimbursed under Medicaid. Please refer to Medicaid guidelines for coverage and reimbursement information. This *Clinical Criteria* will take effect on April 7, 2023. If you are trying to access *Clinical Criteria* noted as revised prior to April 7, 2023, please refer to the [Historical Medical Policies and Clinical Utilization Management Guidelines](#) section of the website.

To view the below criteria, click on the link in the Criteria Title column. For additional information regarding our *Medical Policies and Clinical UM Guidelines*, visit the Healthy Blue provider website.

Criteria Number	Criteria Title	New And Revised Item
CG-ADMIN-01	<a href="#">Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists</a>	
CG-ANC-03	<a href="#">Acupuncture</a>	
CG-ANC-04	<a href="#">Ambulance Services: Air and Water</a>	
CG-ANC-05	<a href="#">Ambulance Services: Ground; Emergent</a>	
CG-ANC-06	<a href="#">Ambulance Services: Ground; Non-Emergent</a>	
CG-ANC-07	<a href="#">Inpatient Interfacility Transfers</a>	
CG-ANC-08	<a href="#">Mobile Device-Based Health Management Applications</a>	
CG-BEH-15	<a href="#">Activity Therapy for Autism Spectrum Disorders and Rett Syndrome</a>	
CG-DME-03	<a href="#">Neuromuscular Stimulation in the Treatment of Muscle Atrophy</a>	
CG-DME-04	<a href="#">Electrical Nerve Stimulation, Transcutaneous, Percutaneous</a>	
CG-DME-05	<a href="#">Cervical Traction Devices for Home Use</a>	
CG-DME-06	<a href="#">Pneumatic Compression Devices for Lymphedema</a>	
CG-DME-09	<a href="#">Continuous Local Delivery of Analgesia to Operative Sites Using an Elastomeric Infusion Pump During the Post-Operative Period</a>	
CG-DME-10	<a href="#">Durable Medical Equipment</a>	
CG-DME-12	<a href="#">Home Phototherapy Devices for Neonatal Hyperbilirubinemia</a>	

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Criteria Number	Criteria Title	New And Revised Item
<b>CG-DME-13</b>	<b>Lower Limb Prosthesis</b>	<b>Revised</b>
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-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	
<b>CG-DME-42</b>	<b>Non-implantable Insulin Infusion and Blood Glucose Monitoring Devices</b>	<b>Revised</b>
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	
CG-DME-49	Standing Frames	
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	
CG-GENE-10	Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Development Disorder) and Congenital Anomalies	
<b>CG-GENE-11</b>	<b>Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status</b>	<b>Revised</b>
<b>CG-GENE-13</b>	<b>Genetic Testing for Inherited Disorders</b>	<b>Revised</b>
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 Genetic Testing	
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	

Criteria Number	Criteria Title	New And Revised Item
<b>CG-GENE-22</b>	<b>Gene Expression Profiling for Managing Breast Cancer Treatment</b>	<b>Revised</b>
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 (GI-PP) Testing for Infectious Diarrhea in the Outpatient Setting	
<b>CG-LAB-20</b>	<b>Thyroid Testing</b>	<b>New</b>
<b>CG-LAB-21</b>	<b>Serum Iron Testing</b>	<b>New</b>
<b>CG-LAB-22</b>	<b>Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis</b>	<b>New</b>
CG-MED-02	Esophageal pH Monitoring	
CG-MED-05	Ketogenic Diet for Treatment of Intractable Seizures	
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-38	Inpatient Admission for Radiation Therapy for Cervical or Thyroid Cancer	
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-44	Holter Monitors	
CG-MED-45	Transrectal Ultrasonography	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
CG-MED-46	<b>Electroencephalography and Video Electroencephalographic Monitoring</b>	
CG-MED-47	<b>Fundus Photography</b>	
CG-MED-49	<b>Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders</b>	
CG-MED-50	<b>Visual, Somatosensory and Motor Evoked Potentials</b>	
CG-MED-51	<b>Three-Dimensional (3-D) Rendering of Imaging Studies</b>	
CG-MED-52	<b>Allergy Immunotherapy (Subcutaneous)</b>	
CG-MED-53	<b>Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing</b>	
CG-MED-54	<b>Strapping</b>	
CG-MED-55	<b>Site of Care: Advanced Radiologic Imaging</b>	
CG-MED-59	<b>Upper Gastrointestinal Endoscopy in Adults</b>	
CG-MED-61	<b>Preoperative Testing for Low Risk Invasive Procedures and Surgeries</b>	
CG-MED-62	<b>Resting Electrocardiogram Screening in Adults</b>	
CG-MED-63	<b>Treatment of Hyperhidrosis</b>	
CG-MED-64	<b>Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins</b>	
CG-MED-65	<b>Manipulation Under Anesthesia</b>	
CG-MED-66	<b>Cryopreservation of Oocytes or Ovarian Tissue</b>	
CG-MED-68	<b>Therapeutic Apheresis</b>	
CG-MED-69	<b>Inhaled Nitric Oxide</b>	
CG-MED-70	<b>Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule</b>	
CG-MED-71	<b>Chronic Wound Care in the Home or Outpatient Setting</b>	
CG-MED-73	<b>Hyperbaric Oxygen Therapy (Systemic/Topical)</b>	
CG-MED-74	<b>Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry</b>	
CG-MED-77	<b>SPECT/CT Fusion Imaging</b>	
CG-MED-79	<b>Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems</b>	
CG-MED-81	<b>High Intensity Focused Ultrasound (HIFU) for Oncologic Indications</b>	
CG-MED-86	<b>Enhanced External Counterpulsation in the Outpatient Setting</b>	
CG-MED-87	<b>Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications</b>	
CG-MED-88	<b>Preimplantation Genetic Diagnosis Testing</b>	
CG-MED-89	<b>Home Parenteral Nutrition</b>	

Criteria Number	Criteria Title	New And Revised Item
<b>CG-MED-90</b>	<b>Chelation Therapy</b>	<b>Transition New</b>
<b>CG-MED-91</b>	<b>Remote Therapeutic and Physiologic Monitoring Services</b>	<b>New</b>
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 Prosthetic Devices	
CG-OR-PR-06	Spinal Orthoses: Thoracic-Lumbar-Sacral (TLSO), Lumbar- Sacral (LSO), and Lumbar	
CG-REHAB-07	Skilled Nursing and Skilled Rehabilitation Services (Outpatient)	
CG-REHAB-10	Site of Care: Outpatient Physical Therapy, Occupational Therapy, 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	
<b>CG-SURG-01</b>	<b>Colonoscopy</b>	<b>Revised</b>
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 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-24	Functional Endoscopic Sinus Surgery (FESS)	
CG-SURG-25	Injection Treatment for Morton's Neuroma	
CG-SURG-28	Transcatheter Uterine Artery Embolization	
CG-SURG-29	Lumbar Discography	
CG-SURG-30	Tonsillectomy for Children with or without Adenoidectomy	
CG-SURG-31	Treatment of Keloids and Scar Revision	
CG-SURG-34	Diagnostic Infertility Surgery	
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	

Criteria Number	Criteria Title	New And Revised Item
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	Site of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services	
CG-SURG-55	Cardiac Electrophysiological Studies (EPS) 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	
<b>CG-SURG-61</b>	<b>Cryosurgical or Radiofrequency Ablation to Treat Solid Tumors Outside the Liver</b>	<b>Revised</b>
CG-SURG-63	Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator 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-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	
<b>CG-SURG-82</b>	<b>Bone-Anchored and Bone Conduction Hearing Aids</b>	<b>Revised</b>
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	



Criteria Number	Criteria Title	New And Revised Item
CG-SURG-88	<b>Mastectomy for Gynecomastia</b>	
CG-SURG-89	<b>Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia</b>	
CG-SURG-90	<b>Mohs Micrographic Surgery</b>	
CG-SURG-91	<b>Minimally Invasive Ablative Procedures for Epilepsy</b>	
CG-SURG-92	<b>Paraesophageal Hernia Repair</b>	
CG-SURG-93	<b>Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction</b>	
CG-SURG-94	<b>Keratoprosthesis</b>	
CG-SURG-95	<b>Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention</b>	
CG-SURG-96	<b>Intraocular Telescope</b>	
CG-SURG-97	<b>Cardioverter Defibrillators</b>	
CG-SURG-98	<b>Prostate Biopsy using MRI Fusion Techniques</b>	
CG-SURG-99	<b>Panniculectomy and Abdominoplasty</b>	
CG-SURG-100	<b>Laser Trabeculoplasty and Laser Peripheral Iridotomy</b>	
CG-SURG-101	<b>Ablative Techniques as a Treatment for Barrett's Esophagus</b>	
CG-SURG-102	<b>Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy</b>	
CG-SURG-104	<b>Intraoperative Neurophysiological Monitoring</b>	
CG-SURG-105	<b>Corneal Collagen Cross-Linking</b>	
CG-SURG-106	<b>Venous Angioplasty with or without Stent Placement or Venous Stenting Alone</b>	
CG-SURG-107	<b>Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)</b>	
CG-SURG-110	<b>Lung Volume Reduction Surgery</b>	
CG-SURG-111	<b>Open Sacroiliac Joint Fusion</b>	
CG-SURG-112	<b>Carpel Tunnel Decompression Surgery</b>	
CG-SURG-113	<b>Tonsillectomy with or without Adenoidectomy for Adults</b>	
<b>CG-SURG-114</b>	<b>Ophthalmic use of Nd:YAG Laser for Posterior Capsulotomy</b>	<b>New</b>
CG-THER-RAD-07	<b>Intravascular Brachytherapy (Coronary and Non-Coronary)</b>	
CG-TRANS-02	<b>Kidney Transplantation</b>	
CG-TRANS-03	<b>Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation</b>	
ADMIN.00001	<b>Medical Policy Formation</b>	
ADMIN.00002	<b>Preventive Health Guidelines</b>	
ADMIN.00004	<b>Medical Necessity Criteria</b>	



Criteria Number	Criteria Title	New And Revised Item
ADMIN.00005	<b>Investigational Criteria</b>	
ADMIN.00006	<b>Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline</b>	
ADMIN.00007	<b>Immunizations</b>	
ANC.00006	<b>Biomagnetic Therapy</b>	
ANC.00007	<b>Cosmetic and Reconstructive Services: Skin Related</b>	
ANC.00008	<b>Cosmetic and Reconstructive Services of the Head and Neck</b>	
ANC.00009	<b>Cosmetic and Reconstructive Services of the Trunk and Groin</b>	
DME.00011	<b>Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices</b>	
DME.00012	<b>Intrapulmonary Percussive Ventilation Devices for Airway Clearance</b>	
DME.00022	<b>Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)</b>	
DME.00025	<b>Self-Operated Spinal Unloading Devices</b>	
DME.00030	<b>Altered Auditory Feedback Devices for the Treatment of Stuttering</b>	
DME.00032	<b>Automated External Defibrillators for Home Use</b>	
DME.00037	<b>Cooling Devices and Combined Cooling/Heating Devices</b>	
DME.00038	<b>Static Progressive Stretch (SPS) and Patient-Actuated Serial Stretch (PASS) Devices</b>	
DME.00041	<b>Low Intensity Therapeutic Ultrasound</b>	
DME.00042	<b>Electronic Positional Devices for the Treatment of Obstructive Sleep Apnea</b>	
DME.00043	<b>Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring</b>	
<b>DME.00046</b>	<b>Intermittent Abdominal Pressure Ventilation Devices</b>	<b>New</b>
<b>DME.00047</b>	<b>Rehabilitative Devices with Remote Monitoring</b>	<b>New</b>
<b>DME.00048</b>	<b>Virtual Reality-Assisted Therapy Systems</b>	<b>New</b>
<b>DME.00049</b>	<b>External Upper Limb Stimulation for the Treatment of Tremors</b>	<b>New</b>
<b>DME.00050</b>	<b>Remote Devices for Intermittent Monitoring of Intraocular Pressure</b>	<b>New</b>
GENE.00003	<b>Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease</b>	
GENE.00009	<b>Gene Expression Profiling and Genomic Biomarker Tests for Prostate Cancer</b>	
GENE.00010	<b>Panel and other Multi-Gene Testing for Polymorphisms to Determine Drug-Metabolizer Status</b>	

Criteria Number	Criteria Title	New And Revised Item
GENE.00016	Gene Expression Profiling for Colorectal Cancer	
GENE.00018	Gene Expression Profiling for Cancers of Unknown Primary Site	
GENE.00020	Gene Expression Profile Tests for Multiple Myeloma	
<b>GENE.00023</b>	<b>Gene Expression Profiling of Melanomas</b>	<b>Revised</b>
GENE.00025	Proteogenomic Testing for the Evaluation of Malignancies	
GENE.00033	Genetic Testing for Inherited Peripheral Neuropathies	
GENE.00036	Genetic Testing for Hereditary Pancreatitis	
GENE.00037	Genetic Testing for Macular Degeneration	
GENE.00038	Genetic Testing for Statin-Induced Myopathy	
GENE.00039	Genetic Testing for Frontotemporal Dementia (FTD)	
GENE.00041	Genetic Testing to Confirm the Identity of Laboratory Specimens	
GENE.00047	Methylenetetrahydrofolate Reductase Mutation Testing	
GENE.00049	Circulating Tumor DNA Panel Testing for Cancer (Liquid Biopsy)	
GENE.00050	Gene Expression Profiling for Coronary Artery Disease	
GENE.00051	Bronchial Gene Expression Classification for the Diagnostic Evaluation of Lung Cancer	
GENE.00052	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	
GENE.00053	Metagenomic Sequencing for Infectious Disease in the Outpatient Setting	
GENE.00054	Paired DNA and Messenger RNA (mRNA) Genetic Testing to Detect, Diagnose and Manage Cancer	
GENE.00055	Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity	
GENE.00056	Gene Expression Profiling for Bladder Cancer	
GENE.00057	Gene Expression Profiling for Idiopathic Pulmonary Fibrosis	
GENE.00058	TruGraf Blood Gene Expression Test for Transplant Monitoring	
<b>GENE.00059</b>	<b>Hybrid Personalized Molecular Residual Disease Testing for Cancer</b>	<b>New</b>
LAB.00003	In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays	
LAB.00011	Analysis of Proteomic Patterns	
LAB.00015	Detection of Circulating Tumor Cells	
LAB.00016	Fecal Analysis in the Diagnosis of Intestinal Disorders	
LAB.00019	Proprietary Algorithms for Liver Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease	
LAB.00024	Immune Cell Function Assay	

Criteria Number	Criteria Title	New And Revised Item
LAB.00025	Topographic Genotyping	
LAB.00026	Systems Pathology Testing for Predicting Risk of Prostate Cancer Progression and Recurrence	
LAB.00027	Selected Blood, Serum and Cellular Allergy and Toxicity Tests	
LAB.00028	Serum Biomarker Tests for Multiple Sclerosis	
LAB.00029	Rupture of Membranes Testing in Pregnancy	
LAB.00030	Measurement of Serum Concentrations of Monoclonal Antibody Drugs and Antibodies to Monoclonal Antibody Drugs	
LAB.00031	Advanced Lipoprotein Testing	
LAB.00033	Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer	
LAB.00034	Serological Antibody Testing For Helicobacter Pylori	
LAB.00035	Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis	
LAB.00036	Multiplex Autoantigen Microarray Testing for Systemic Lupus Erythematosus	
LAB.00037	Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)	
LAB.00038	Cell-free DNA Testing to Aid in the Monitoring of Kidney Transplants for Rejection	
LAB.00039	Pooled Antibiotic Sensitivity Testing	
LAB.00040	Serum Biomarker Tests for Risk of Preeclampsia	
LAB.00042	Molecular Signature Test for Predicting Response to Tumor Necrosis Factor Inhibitor Therapy	
LAB.00043	Immune Biomarker Tests for Cancer	New
LAB.00044	Saliva-based Testing to Determine Drug-Metabolizer Status	New
LAB.00045	Selected Tests for the Evaluation and Management of Infertility	New
LAB.00046	Testing for Biochemical Markers for Alzheimer's Disease	New
LAB.00048	Pain Management Biomarker Analysis	New
LAB.00049	Artificial Intelligence-Based Software for Prostate Cancer Detection	New
MED.00002	Selected Sleep Testing Services	
MED.00004	Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)	
MED.00011	Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State	
MED.00013	Parenteral Antibiotics for the Treatment of Lyme Disease	

Criteria Number	Criteria Title	New And Revised Item
MED.00024	Adoptive Immunotherapy and Cellular Therapy	
MED.00053	Non-Invasive Measurement of Left Ventricular End Diastolic Pressure in the Outpatient Setting	
MED.00055	Wearable Cardioverter Defibrillators	
<b>MED.00057</b>	<b>MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications</b>	<b>Revised</b>
MED.00059	Idiopathic Environmental Illness (IEI)	
MED.00065	Hepatic Activation Therapy	
MED.00082	Quantitative Sensory Testing	
MED.00087	Optical Detection for Screening and Identification of Cervical Cancer	
MED.00089	Quantitative Muscle Testing Devices	
MED.00090	Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders	
MED.00091	Rhinophototherapy	
MED.00092	Automated Nerve Conduction Testing	
MED.00096	Low-Frequency Ultrasound Therapy for Wound Management	
MED.00097	Neural Therapy	
MED.00098	Hyperoxemic Reperfusion Therapy	
MED.00099	Electromagnetic Navigational Bronchoscopy	
MED.00101	Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)	
MED.00102	Ultrafiltration in Decompensated Heart Failure	
MED.00103	Automated Evacuation of Meibomian Gland	
MED.00104	Non-invasive Measurement of Advanced Glycation Endproducts (AGEs) in the Skin	
MED.00105	Bioimpedance Spectroscopy Devices for the Detection and Management of Lymphedema	
MED.00110	Silver-based Products and Autologous Skin-, Blood- or Bone Marrow-derived Products for Wound and Soft Tissue Applications	
MED.00111	Intracardiac Ischemia Monitoring	
MED.00112	Autonomic Testing	
MED.00115	Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management	
MED.00116	Near-Infrared Spectroscopy Brain Screening for Hematoma Detection	
MED.00117	Autologous Cell Therapy for the Treatment of Damaged Myocardium	
MED.00118	Continuous Monitoring of Intraocular Pressure	

Criteria Number	Criteria Title	New And Revised Item
MED.00120	Gene Therapy for Ocular Conditions	
MED.00122	Wilderness Programs	
MED.00125	Biofeedback and Neurofeedback	
MED.00128	Insulin Potentiation Therapy	
<b>MED.00129</b>	<b>Gene Therapy for Spinal Muscular Atrophy</b>	<b>Revised</b>
MED.00130	Surface Electromyography Devices for Seizure Monitoring	
MED.00131	Electronic Home Visual Field Monitoring	
MED.00132	Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures	
MED.00133	Ingestion Event Monitors	
MED.00134	Noninvasive Heart Failure and Arrhythmia Monitoring System	
<b>MED.00139</b>	<b>Electrical Impedance Scanning for Cancer Detection</b>	<b>New</b>
<b>MED.00140</b>	<b>Gene Therapy for Beta Thalassemia</b>	<b>New</b>
<b>MED.00141</b>	<b>High-volume Colonic Irrigation</b>	<b>New</b>
<b>MED.00142</b>	<b>Gene Therapy for Cerebral Adrenoleukodystrophy</b>	<b>New</b>
OR-PR.00003	Microprocessor Controlled Lower Limb Prosthesis	
OR-PR.00004	Partial-Hand Myoelectric Prosthesis	
OR-PR.00005	Upper Extremity Myoelectric Orthoses	
OR-PR.00006	Powered Robotic Lower Body Exoskeleton Devices	
OR-PR.00007	Microprocessor Controlled Knee-Ankle-Foot Orthosis	
RAD.00034	Dynamic Spinal Visualization (Including Digital Motion X-ray and Cineradiography/ Videofluoroscopy)	
RAD.00036	MRI of the Breast	
RAD.00038	Use of 3-D, 4-D or 5-D Ultrasound in Maternity Care	
RAD.00053	Cervical and Thoracic Discography	
RAD.00057	Near-Infrared Coronary Imaging and Near-Infrared Intravascular Ultrasound Coronary Imaging	
RAD.00059	Catheter-based Embolization Procedures for Malignant Lesions Outside the Liver	
RAD.00061	PET/MRI	
RAD.00064	Myocardial Sympathetic Innervation Imaging with or without Single-Photon Emission Computed Tomography (SPECT)	
RAD.00065	Radiostereometric Analysis (RSA)	
<b>RAD.00067</b>	<b>Quantitative Ultrasound for Tissue Characterization</b>	<b>New</b>
SURG.00005	Partial Left Ventriculectomy	
SURG.00007	Vagus Nerve Stimulation	
SURG.00008	Mechanized Spinal Distraction Therapy	
SURG.00010	Treatments for Urinary Incontinence	

Criteria Number	Criteria Title	New And Revised Item
SURG.00011	<b>Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting</b>	
SURG.00019	<b>Transmyocardial Revascularization</b>	
SURG.00023	<b>Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures</b>	
SURG.00026	<b>Deep Brain, Cortical, and Cerebellar Stimulation</b>	
SURG.00032	<b>Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention</b>	
SURG.00036	<b>Fetal Surgery for Prenatally Diagnosed Malformations</b>	
SURG.00037	<b>Treatment of Varicose Veins (Lower Extremities)</b>	
SURG.00043	<b>Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons</b>	
SURG.00044	<b>Breast Ductal Examination and Fluid Cytology Analysis</b>	
SURG.00045	<b>Extracorporeal Shock Wave Therapy</b>	
SURG.00047	<b>Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis</b>	
SURG.00052	<b>Percutaneous Vertebral Disc and Vertebral Endplate Procedures</b>	
SURG.00053	<b>Unicondylar Interpositional Spacer</b>	
SURG.00056	<b>Transanal Radiofrequency Treatment of Fecal Incontinence</b>	
SURG.00061	<b>Presbyopia and Astigmatism-Correcting Intraocular Lenses</b>	
SURG.00062	<b>Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele</b>	
SURG.00070	<b>Photocoagulation of Macular Drusen</b>	
SURG.00071	<b>Percutaneous and Endoscopic Spinal Surgery</b>	
SURG.00072	<b>Lysis of Epidural Adhesions</b>	
SURG.00073	<b>Epiduroscopy</b>	
SURG.00075	<b>Intervertebral Stabilization Devices</b>	
SURG.00076	<b>Nerve Graft after Prostatectomy</b>	
<b>SURG.00079</b>	<b>Nasal Valve Suspension</b>	<b>Revised</b>
SURG.00082	<b>Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures of the Appendicular System</b>	
SURG.00084	<b>Implantable Middle Ear Hearing Aids</b>	
SURG.00088	<b>Coblation® Therapies for Musculoskeletal Conditions</b>	
SURG.00089	<b>Self-Expanding Absorptive Sinus Ostial Dilation</b>	
SURG.00092	<b>Implanted Devices for Spinal Stenosis</b>	
SURG.00095	<b>Viscocalostomy and Canaloplasty</b>	
SURG.00096	<b>Surgical and Ablative Treatments for Chronic Headaches</b>	



Criteria Number	Criteria Title	New And Revised Item
<b>SURG.00097</b>	<b>Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents</b>	<b>Revised</b>
SURG.00098	Mechanical Embolectomy for Treatment of Acute Stroke	
SURG.00099	Convection Enhanced Delivery of Therapeutic Agents to the Brain	
SURG.00100	Cryoablation for Plantar Fasciitis and Plantar Fibroma	
SURG.00102	Artificial Anal Sphincter for the Treatment of Severe Fecal Incontinence	
SURG.00103	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	
SURG.00104	Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis	
SURG.00105	Bicompartmental Knee Arthroplasty	
SURG.00107	Prostate Saturation Biopsy	
SURG.00111	Axial Lumbar Interbody Fusion	
SURG.00112	Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures)	
SURG.00113	Artificial Retinal Devices	
SURG.00114	Facet Joint Allograft Implants for Facet Disease	
SURG.00116	High Resolution Anoscopy Screening for Anal Intraepithelial Neoplasia (AIN) and Squamous Cell Cancer of the Anus	
SURG.00118	Bronchial Thermoplasty	
<b>SURG.00119</b>	<b>Endobronchial Valve Devices</b>	<b>Revised</b>
SURG.00120	Internal Rib Fixation Systems	
<b>SURG.00121</b>	<b>Transcatheter Heart Valve Procedures</b>	<b>Revised</b>
SURG.00123	Transmyocardial/Periventricular Device Closure of Ventricular Septal Defects	
SURG.00124	Carotid Sinus Baroreceptor Stimulation Devices	
SURG.00125	Radiofrequency and Pulsed Radiofrequency Treatment of Trigger Point Pain	
SURG.00126	Irreversible Electroporation	
SURG.00128	Implantable Left Atrial Hemodynamic Monitor	
<b>SURG.00129</b>	<b>Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring</b>	<b>Revised</b>
SURG.00130	Annulus Closure After Discectomy	
SURG.00131	Lower Esophageal Sphincter Augmentation Devices for the Treatment of Gastroesophageal Reflux Disease (GERD)	
SURG.00132	Drug-Eluting Devices for Maintaining Sinus Ostial Patency	
SURG.00134	Interspinous Process Fixation Devices	



Criteria Number	Criteria Title	New And Revised Item
SURG.00135	Radiofrequency Ablation of the Renal Sympathetic Nerves	
SURG.00138	Laser Treatment of Onychomycosis	
SURG.00139	Intraoperative Assessment of Surgical Margins During Breast- Conserving Surgery with Radiofrequency Spectroscopy or Optical Coherence Tomography	
SURG.00140	Peripheral Nerve Blocks for Treatment of Neuropathic Pain	
SURG.00141	Doppler-Guided Transanal Hemorrhoidal Dearterialization	
SURG.00142	Genicular Nerve Blocks and Ablation for Chronic Knee Pain	
SURG.00144	Occipital Nerve Block Therapy for the Treatment of Headache and Occipital Neuralgia	
SURG.00146	Extracorporeal Carbon Dioxide Removal	
SURG.00147	Synthetic Cartilage Implant for Metatarsophalangeal Joint Disorders	
SURG.00148	Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy	
SURG.00149	Percutaneous Ultrasonic Ablation of Soft Tissue	
SURG.00150	Leadless Pacemaker	
SURG.00151	Balloon Dilation of Eustachian Tubes	
SURG.00152	Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing	
SURG.00153	Cardiac Contractility Modulation Therapy	
SURG.00154	Microsurgical Procedures for the Treatment of Lymphedema	
SURG.00155	Cryoneurolysis for Treatment of Peripheral Nerve Pain	
SURG.00156	Implanted Artificial Iris Devices	
SURG.00157	Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis	
SURG.00158	Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain	
SURG.00159	Focal Laser Ablation for the Treatment of Prostate Cancer	
<b>SURG.00160</b>	<b>Implanted Port Delivery Systems to Treat Ocular Disease</b>	<b>New</b>
THER- RAD.00008	Neutron Beam Radiotherapy	
THER- RAD.00012	Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radioablation	
TRANS.00004	Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)	
TRANS.00008	Liver Transplantation	
TRANS.00009	Lung and Lobar Transplantation	
TRANS.00010	Autologous and Allogeneic Pancreatic Islet Cell Transplantation	

Criteria Number	Criteria Title	New And Revised Item
TRANS.00011	Pancreas Transplantation and Pancreas Kidney Transplantation	
TRANS.00013	Small Bowel, Small Bowel/Liver, and Multivisceral Transplantation	
TRANS.00016	Umbilical Cord Blood Progenitor Cell Collection, Storage and Transplantation	
TRANS.00023	Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias	
TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome	
TRANS.00025	Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection	
TRANS.00026	Heart/Lung Transplantation	
TRANS.00027	Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors	
TRANS.00028	Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma	
TRANS.00029	Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias	
TRANS.00030	Hematopoietic Stem Cell Transplantation for Germ Cell Tumors	
TRANS.00031	Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors	
TRANS.00033	Heart Transplantation	
TRANS.00034	Hematopoietic Stem Cell Transplantation for Diabetes Mellitus	
TRANS.00035	Other Stem Cell Therapy	
TRANS.00037	Uterine Transplantation	
<b>TRANS.00038</b>	<b>Thymus Tissue Transplantation</b>	<b>New</b>
<b>TRANS.00039</b>	<b>Portable Normothermic Organ Perfusion Systems</b>	<b>New</b>
<b>TRANS.00040</b>	<b>Hand Transplantation</b>	<b>New</b>
AIM Specialty Health Cardiology	Advanced Imaging of the Heart	
AIM Specialty Health Cardiology	Percutaneous Coronary Intervention	
AIM Specialty Health Cardiology	Diagnostic Coronary Angiography	

Criteria Number	Criteria Title	New And Revised Item
AIM Specialty Health Musculoskeletal	<b>Interventional Pain Management (MSK)</b>	
AIM Specialty Health Musculoskeletal	<b>Joint Surgery (MSK)</b>	
AIM Specialty Health Musculoskeletal	<b>Level of Care for Musculoskeletal Surgery and Procedures (MSK Level of Care)</b>	
AIM Specialty Health Musculoskeletal	<b>Sacroiliac Joint Fusion</b>	
AIM Specialty Health Musculoskeletal	<b>Small Joint Surgery</b>	
AIM Specialty Health Musculoskeletal	<b>Spine Surgery</b>	
<b>AIM Specialty Health Radiation Oncology</b>	<b>Perirectal Hydrogel Spacer</b>	<b>New</b>
AIM Specialty Health Radiation Oncology	<b>Proton Beam Therapy</b>	
AIM Specialty Health Radiology	<b>Abdomen and Pelvis Imaging</b>	
AIM Specialty Health Radiology	<b>Brain Imaging</b>	
AIM Specialty Health Radiology	<b>Chest Imaging</b>	
AIM Specialty Health Radiology	<b>Extremity Imaging</b>	
AIM Specialty Health Radiology	<b>Head and Neck Imaging</b>	

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Criteria Number	Criteria Title	New And Revised Item
AIM Specialty Health Radiology	<b>Spine Imaging</b>	
AIM Specialty Health Radiology	<b>Oncologic Imaging</b>	
AIM Specialty Health Radiology	<b>Vascular Imaging</b>	
AIM Specialty Health Rehabilitative	<b>Rehabilitative and Habilitative Services</b>	
AIM Specialty Health Sleep	<b>Sleep Disorder Diagnostic and Treatment Management</b>	