

## ***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* are publicly available on the Healthy Blue [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 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 [provider manuals and guides section of our website](#) to view the list of applicable *North Carolina Clinical Coverage Policies*.

Medicaid state contracts, regulatory guidance, CMS requirements and our *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.

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*.

<https://provider.healthybluenc.com>

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## Utilization Management *Clinical Criteria*

The *Clinical Criteria* below, indicated as *new* or *revised*, was adopted by the Medical Operations Committee for Healthy Blue members on September 28, 2023. Note, not all services and codes referenced within these criteria are reimbursed under Medicaid. Please refer to Medicaid guidelines for coverage and reimbursement information. If you are trying to access *Clinical Criteria* noted as revised, please refer to the [Historical Medical Policies and Clinical Utilization Management Guidelines](#) section of the website.

To view the criteria below, select the link in the *Criteria Title* column. For additional information regarding our [Medical Policies and Clinical UM Guidelines](#), visit the [Medical Policy and Clinical UM Guideline subsidiary 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="#">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>	Revised
CG-DME-12	<a href="#">Home Phototherapy Devices for Neonatal Hyperbilirubinemia</a>	Revised

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<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
CG-DME-13	<b>Lower Limb Prosthesis</b>	
CG-DME-25	<b>Seat Lift Mechanisms</b>	
CG-DME-26	<b>Back-Up Ventilators in the Home Setting</b>	Revised
CG-DME-30	<b>Prothrombin Time Self-Monitoring Devices</b>	
CG-DME-37	<b>Air Conduction Hearing Aids</b>	
CG-DME-39	<b>Dynamic Low-Load Prolonged-Duration Stretch Devices</b>	
CG-DME-40	<b>Noninvasive Electrical Bone Growth Stimulation of the Appendicular Skeleton</b>	
CG-DME-42	<b>Continuous Glucose Monitoring Devices</b>	
CG-DME-44	<b>Electric Tumor Treatment Field (TTF)</b>	
CG-DME-45	<b>Ultrasound Bone Growth Stimulation</b>	
CG-DME-46	<b>Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting</b>	
CG-DME-47	<b>Noninvasive Home Ventilator Therapy for Respiratory Failure</b>	
CG-DME-48	<b>Vacuum Assisted Wound Therapy in the Outpatient Setting</b>	
CG-DME-49	<b>Standing Frames</b>	
CG-GENE-04	<b>Molecular Marker Evaluation of Thyroid Nodules</b>	
CG-GENE-10	<b>Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Development Disorder) and Congenital Anomalies</b>	
CG-GENE-11	<b>Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status</b>	
CG-GENE-13	<b>Genetic Testing for Inherited Diseases</b>	
CG-GENE-14	<b>Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management</b>	Revised
CG-GENE-15	<b>Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis</b>	
CG-GENE-16	<b>BRCA Genetic Testing</b>	
CG-GENE-18	<b>Genetic Testing for TP53 Mutations</b>	
CG-GENE-19	<b>Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers</b>	
CG-GENE-21	<b>Cell-Free Fetal DNA-Based Prenatal Testing</b>	
CG-GENE-22	<b>Gene Expression Profiling for Managing Breast Cancer Treatment</b>	
CG-LAB-03	<b>Tropism Testing for HIV Management</b>	
CG-LAB-09	<b>Drug Testing or Screening in the Context of Substance Use</b>	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
	<b>Disorder and Chronic Pain</b>	
CG-LAB-10	<b>Zika Virus Testing</b>	
CG-LAB-11	<b>Screening for Vitamin D Deficiency in Average Risk Individuals</b>	
CG-LAB-12	<b>Testing for Oral and Esophageal Cancer</b>	
CG-LAB-13	<b>Skin Nerve Fiber Density Testing</b>	
CG-LAB-14	<b>Respiratory Viral Panel Testing in the Outpatient Setting</b>	
CG-LAB-15	<b>Red Blood Cell Folic Acid Testing</b>	
CG-LAB-16	<b>Serum Amylase Testing</b>	
CG-LAB-17	<b>Molecular Gastrointestinal Pathogen Panel (GI PP) Testing for Infectious Diarrhea in the Outpatient Setting</b>	
CG-LAB-20	<b>Thyroid Testing</b>	
CG-LAB-21	<b>Serum Iron Testing</b>	
CG-LAB-22	<b>Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis</b>	
CG-LAB-24	<b>Outpatient Urine Culture</b>	
CG-LAB-25	<b>Outpatient Glycated Hemoglobin and Protein Testing</b>	
CG-LAB-26	<b>Outpatient Alpha-Fetoprotein Testing</b>	
CG-LAB-27	<b>Human Chorionic Gonadotropin Testing</b>	
CG-LAB-28	<b>Prostate Specific Antigen Testing</b>	
CG-LAB-29	<b>Gamma Glutamyl Transferase Testing</b>	
CG-LAB-30	<b>Outpatient Laboratory-based Blood Glucose Testing</b>	
<b>CG-MED-02</b>	<b>Esophageal pH Monitoring</b>	Revised
CG-MED-05	<b>Ketogenic Diet for Treatment of Intractable Seizures</b>	
CG-MED-21	<b>Anesthesia Services and Moderate (“Conscious”) Sedation</b>	
CG-MED-23	<b>Home Health</b>	
CG-MED-24	<b>Electromyography and Nerve Conduction Studies</b>	
CG-MED-26	<b>Neonatal Levels of Care</b>	
CG-MED-28	<b>Iontophoresis</b>	
CG-MED-34	<b>Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures</b>	
CG-MED-35	<b>Retinal Telescreening Systems</b>	
CG-MED-38	<b>Inpatient Admission for Radiation Therapy for Cervical or Thyroid Cancer</b>	
CG-MED-40	<b>External Ambulatory Event Monitors to Detect Cardiac Arrhythmias</b>	
CG-MED-41	<b>Moderate to Deep Anesthesia Services for Dental Surgery in the</b>	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
	<b>Facility Setting</b>	
CG-MED-45	<b>Transrectal Ultrasonography</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-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-79	<b>Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems</b>	
CG-MED-81	<b>Ultrasound Ablation 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 Embryo Biopsy and Genetic Testing</b>	Revised

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
CG-MED-89	<b>Home Parenteral Nutrition</b>	
CG-MED-90	<b>Chelation Therapy</b>	
CG-MED-91	<b>Remote Therapeutic and Physiologic Monitoring Services</b>	
CG-MED-92	<b>Foot Care Services</b>	
CG-MED-93	<b>Navigational Bronchoscopy</b>	
CG-MED-95	<b>Transanal Irrigation</b>	New
CG-OR-PR-02	<b>Prefabricated and Prophylactic Knee Braces</b>	
CG-OR-PR-03	<b>Custom-made Knee Braces</b>	
CG-OR-PR-05	<b>Myoelectric Upper Extremity Prosthetic Devices</b>	Revised
CG-OR-PR-06	<b>Spinal Orthoses: Thoracic-Lumbar-Sacral (TLSO), Lumbar-Sacral (LSO), and Lumbar</b>	
CG-OR-PR-08	<b>Microprocessor Controlled Lower Limb Prosthesis</b>	New
CG-OR-PR-09	<b>Microprocessor Controlled Knee-Ankle-Foot Orthosis</b>	New
CG-REHAB-07	<b>Skilled Nursing and Skilled Rehabilitation Services (Outpatient)</b>	
CG-REHAB-10	<b>Site of Care: Outpatient Physical Therapy, Occupational Therapy, Speech-Language Pathology Services</b>	
CG-REHAB-12	<b>Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology</b>	
CG-SURG-01	<b>Colonoscopy</b>	Revised
CG-SURG-03	<b>Blepharoplasty, Blepharoptosis Repair, and Brow Lift</b>	
CG-SURG-05	<b>Maze Procedure</b>	
CG-SURG-07	<b>Vertical Expandable Prosthetic Titanium Rib</b>	
CG-SURG-08	<b>Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury</b>	
CG-SURG-09	<b>Temporomandibular Disorders</b>	
CG-SURG-10	<b>Ambulatory or Outpatient Surgery Center Procedures</b>	
CG-SURG-11	<b>Surgical Treatment for Dupuytren's Contracture</b>	
CG-SURG-12	<b>Penile Prosthesis Implantation</b>	
CG-SURG-15	<b>Endometrial Ablation</b>	Revised
CG-SURG-17	<b>Trigger Point Injections</b>	
CG-SURG-24	<b>Functional Endoscopic Sinus Surgery (FESS)</b>	
CG-SURG-25	<b>Injection Treatment for Morton's Neuroma</b>	
CG-SURG-28	<b>Transcatheter Uterine Artery Embolization</b>	
CG-SURG-29	<b>Lumbar Discography</b>	
CG-SURG-30	<b>Tonsillectomy for Children with or without Adenoidectomy</b>	
CG-SURG-31	<b>Treatment of Keloids and Scar Revision</b>	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
CG-SURG-34	<b>Diagnostic Hysteroscopy for Infertility</b>	
CG-SURG-36	<b>Adenoidectomy</b>	
CG-SURG-37	<b>Destruction of Pre-Malignant Skin Lesions</b>	
<b>CG-SURG-40</b>	<b>Cataract Removal Surgery for Adults</b>	Revised
CG-SURG-41	<b>Surgical Strabismus Correction</b>	
CG-SURG-46	<b>Myringotomy and Tympanostomy Tube Insertion</b>	
CG-SURG-49	<b>Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities</b>	
CG-SURG-50	<b>Assistant Surgeons</b>	
CG-SURG-51	<b>Outpatient Cystourethroscopy</b>	
CG-SURG-52	<b>Site of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services</b>	
CG-SURG-55	<b>Cardiac Electrophysiological Studies (EPS) and Catheter Ablation</b>	
CG-SURG-56	<b>Diagnostic Fiberoptic Flexible Laryngoscopy</b>	
CG-SURG-57	<b>Diagnostic Nasal Endoscopy</b>	
CG-SURG-58	<b>Radioactive Seed Localization of Nonpalpable Breast Lesions</b>	
CG-SURG-59	<b>Vena Cava Filters</b>	
<b>CG-SURG-61</b>	<b>Cryosurgical, Radiofrequency, Microwave or Laser Ablation to Treat Solid Tumors Outside the Liver</b>	Revised
CG-SURG-63	<b>Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure</b>	
CG-SURG-70	<b>Gastric Electrical Stimulation</b>	
CG-SURG-71	<b>Reduction Mammoplasty</b>	
CG-SURG-72	<b>Endothelial Keratoplasty</b>	
CG-SURG-73	<b>Balloon Sinus Ostial Dilation</b>	
CG-SURG-75	<b>Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions</b>	
CG-SURG-76	<b>Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty</b>	
CG-SURG-77	<b>Refractive Surgery</b>	
CG-SURG-78	<b>Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies</b>	
<b>CG-SURG-79</b>	<b>Implantable Infusion Pumps</b>	Revised
CG-SURG-81	<b>Cochlear Implants and Auditory Brainstem Implants</b>	
CG-SURG-82	<b>Bone-Anchored and Bone Conduction Hearing Aids</b>	



<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
CG-SURG-83	<b>Bariatric Surgery and Other Treatments for Clinically Severe Obesity</b>	Revised
CG-SURG-84	<b>Mandibular/Maxillary (Orthognathic) Surgery</b>	
CG-SURG-86	<b>Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection</b>	
CG-SURG-87	<b>Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring</b>	
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-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>	
CG-SURG-114	<b>Ophthalmic use of Nd: YAG Laser for Posterior Capsulotomy</b>	
CG-SURG-115	<b>Mechanical Embolectomy for Treatment of Stroke</b>	
CG-SURG-116	<b>Surgical Treatment of Hyperhidrosis</b>	
CG-SURG-117	<b>Balloon Dilation of the Eustachian Tubes</b>	



<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</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>	
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, Groin, and Extremities</b>	Revised
DME.00011	<b>Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices</b>	Revised
DME.00012	<b>Intrapulmonary Percussive Ventilation Devices</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 Fluency Disorders</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>Ultrasonic Diathermy Devices</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>	
DME.00046	<b>Intermittent Abdominal Pressure Ventilation Devices</b>	
DME.00047	<b>Rehabilitative Devices with Remote Monitoring</b>	
DME.00048	<b>Virtual Reality-Assisted Therapy Systems</b>	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
DME.00049	<b>External Upper Limb Stimulation for the Treatment of Tremors</b>	
DME.00050	<b>Remote Devices for Intermittent Monitoring of Intraocular Pressure</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>	
GENE.00016	<b>Gene Expression Profiling for Colorectal Cancer</b>	
GENE.00018	<b>Gene Expression Profiling for Cancers of Unknown Primary Site</b>	
GENE.00020	<b>Gene Expression Profile Tests for Multiple Myeloma</b>	
GENE.00023	<b>Gene Expression Profiling of Melanomas and Cutaneous Squamous Cell Carcinoma</b>	
GENE.00025	<b>Proteogenomic Testing for the Evaluation of Malignancies</b>	
GENE.00041	<b>Genetic Testing to Confirm the Identity of Laboratory Specimens</b>	
GENE.00050	<b>Gene Expression Profiling for Coronary Artery Disease</b>	
GENE.00051	<b>Bronchial Gene Expression Classification for the Diagnostic Evaluation of Lung Cancer</b>	
GENE.00052	<b>Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling</b>	
GENE.00053	<b>Metagenomic Sequencing for Infectious Disease in the Outpatient Setting</b>	
GENE.00054	<b>Paired DNA and Messenger RNA (mRNA) Genetic Testing to Detect, Diagnose and Manage Cancer</b>	
GENE.00055	<b>Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity</b>	
GENE.00056	<b>Gene Expression Profiling for Bladder Cancer</b>	
GENE.00057	<b>Gene Expression Profiling for Idiopathic Pulmonary Fibrosis</b>	
GENE.00058	<b>TruGraf Blood Gene Expression Test for Transplant Monitoring</b>	
GENE.00059	<b>Hybrid Personalized Molecular Residual Disease Testing for Cancer</b>	
LAB.00003	<b>In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays</b>	
LAB.00011	<b>Selected Protein Biomarker Algorithmic Assays</b>	Revised
LAB.00015	<b>Detection of Circulating Tumor Cells</b>	
LAB.00016	<b>Fecal Analysis in the Diagnosis of Intestinal Disorders</b>	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
LAB.00019	<b>Proprietary Algorithms for Liver Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease</b>	
LAB.00024	<b>Immune Cell Function Assay</b>	
LAB.00025	<b>Topographic Genotyping</b>	
LAB.00026	<b>Systems Pathology Testing for Predicting Risk of Prostate Cancer Progression and Recurrence</b>	
LAB.00027	<b>Selected Blood, Serum and Cellular Allergy and Toxicity Tests</b>	
LAB.00028	<b>Blood-based Biomarker Tests for Multiple Sclerosis</b>	Revised
LAB.00029	<b>Rupture of Membranes Testing in Pregnancy</b>	
LAB.00031	<b>Advanced Lipoprotein Testing</b>	
LAB.00033	<b>Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer</b>	
LAB.00034	<b>Serological Antibody Testing For Helicobacter Pylori</b>	
LAB.00035	<b>Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis</b>	
LAB.00036	<b>Multiplex Autoantigen Microarray Testing for Systemic Lupus Erythematosus</b>	
LAB.00037	<b>Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)</b>	
LAB.00038	<b>Cell-free DNA Testing to Aid in the Monitoring of Kidney Transplants for Rejection</b>	
LAB.00039	<b>Pooled Antibiotic Sensitivity Testing</b>	
LAB.00040	<b>Serum Biomarker Tests for Risk of Preeclampsia</b>	
LAB.00042	<b>Molecular Signature Test for Predicting Response to Tumor Necrosis Factor Inhibitor Therapy</b>	
LAB.00043	<b>Immune Biomarker Tests for Cancer</b>	
LAB.00044	<b>Saliva-based Testing to Determine Drug-Metabolizer Status</b>	
LAB.00045	<b>Selected Tests for the Evaluation and Management of Infertility</b>	
LAB.00046	<b>Testing for Biochemical Markers for Alzheimer's Disease</b>	
LAB.00048	<b>Pain Management Biomarker Analysis</b>	
LAB.00049	<b>Artificial Intelligence-Based Software for Prostate Cancer Detection</b>	
MED.00002	<b>Selected Sleep Testing Services</b>	
MED.00004	<b>Noninvasive Imaging Technologies for the Evaluation of Skin Lesions</b>	
MED.00011	<b>Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State</b>	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
MED.00013	<b>Parenteral Antibiotics for the Treatment of Lyme Disease</b>	
MED.00024	<b>Adoptive Immunotherapy and Cellular Therapy</b>	
MED.00053	<b>Non-Invasive Measurement of Left Ventricular End Diastolic Pressure in the Outpatient Setting</b>	
MED.00055	<b>Wearable Cardioverter Defibrillators</b>	
MED.00057	<b>MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications</b>	
MED.00059	<b>Idiopathic Environmental Illness (IEI)</b>	
MED.00082	<b>Quantitative Sensory Testing</b>	
MED.00087	<b>Optical Detection for Screening and Identification of Cervical Cancer</b>	
MED.00089	<b>Quantitative Muscle Testing Devices</b>	
MED.00090	<b>Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders</b>	
MED.00091	<b>Rhinophototherapy</b>	
MED.00092	<b>Automated Nerve Conduction Testing</b>	
MED.00096	<b>Low-Frequency Ultrasound Therapy for Wound Management</b>	
MED.00097	<b>Neural Therapy</b>	
MED.00098	<b>Hyperoxemic Reperfusion Therapy</b>	
MED.00101	<b>Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)</b>	
MED.00102	<b>Ultrafiltration in Decompensated Heart Failure</b>	
MED.00103	<b>Automated Evacuation of Meibomian Gland</b>	
MED.00104	<b>Non-invasive Measurement of Advanced Glycation Endproducts (AGEs) in the Skin</b>	
MED.00105	<b>Bioimpedance Spectroscopy Devices for the Detection and Management of Lymphedema</b>	
MED.00110	<b>Silver-based Products for Wound and Soft Tissue Applications</b>	
MED.00111	<b>Intracardiac Ischemia Monitoring</b>	
MED.00112	<b>Autonomic Testing</b>	
MED.00115	<b>Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management</b>	
MED.00116	<b>Near-Infrared Spectroscopy Scanning for Brain Hematoma Screening</b>	
MED.00118	<b>Continuous Monitoring of Intraocular Pressure</b>	
MED.00120	<b>Gene Therapy for Ocular Conditions</b>	
MED.00125	<b>Biofeedback and Neurofeedback</b>	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
MED.00128	<b>Insulin Potentiation Therapy</b>	
MED.00129	<b>Gene Therapy for Spinal Muscular Atrophy</b>	
MED.00130	<b>Surface Electromyography and Electrodermal Activity Sensor Devices for Seizure Monitoring</b>	
MED.00131	<b>Electronic Home Visual Field Monitoring</b>	
MED.00132	<b>Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures</b>	
MED.00133	<b>Ingestion Event Monitors</b>	
MED.00134	<b>Non-invasive Heart Failure and Arrhythmia Management and Monitoring System</b>	
MED.00135	<b>Gene Therapy for Hemophilia</b>	
MED.00139	<b>Electrical Impedance Scanning for Cancer Detection</b>	
MED.00140	<b>Lentiviral Gene Therapy for Beta Thalassemia and Sickle Cell Disease</b>	Revised
MED.00141	<b>High-volume Colonic Irrigation</b>	
MED.00142	<b>Gene Therapy for Cerebral Adrenoleukodystrophy</b>	
MED.00143	<b>Ingestible Devices for the Treatment of Constipation</b>	
MED.00144	<b>Gene Therapy for Duchenne Muscular Dystrophy</b>	New
MED.00145	<b>Digital Therapy Devices for Treatment of Amblyopia</b>	
MED.00147	<b>Cellular Therapy Products for Allogeneic Stem Cell Transplantation</b>	New
OR-PR.00005	<b>Upper Extremity Myoelectric Orthoses</b>	
OR-PR.00006	<b>Powered Robotic Lower Body Exoskeleton Devices</b>	
RAD.00034	<b>Dynamic Spinal Visualization (Including Digital Motion X-ray and Cineradiography/ Videofluoroscopy)</b>	
RAD.00038	<b>Use of 3-D, 4-D or 5-D Ultrasound in Maternity Care</b>	
RAD.00053	<b>Cervical and Thoracic Discography</b>	
RAD.00057	<b>Near-Infrared Coronary Imaging and Near-Infrared Intravascular Ultrasound Coronary Imaging</b>	
RAD.00059	<b>Catheter-based Embolization Procedures for Malignant Lesions Outside the Liver</b>	
RAD.00061	<b>PET/MRI</b>	
RAD.00064	<b>Myocardial Sympathetic Innervation Imaging with or without Single-Photon Emission Computed Tomography (SPECT)</b>	
RAD.00065	<b>Radiostereometric Analysis (RSA)</b>	
RAD.00067	<b>Quantitative Ultrasound for Tissue Characterization</b>	
SURG.00005	<b>Partial Left Ventriculectomy</b>	
SURG.00007	<b>Vagus Nerve Stimulation</b>	Revised

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
SURG.00008	<b>Mechanized Spinal Distraction Therapy</b>	
SURG.00010	<b>Treatments for Urinary Incontinence</b>	
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>	Revised
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>	Revised
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>	
SURG.00079	<b>Nasal Valve Repair</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>Viscocanalostomy and Canaloplasty</b>	
SURG.00096	<b>Surgical and Ablative Treatments for Chronic Headaches</b>	
SURG.00097	<b>Scoliosis Surgery</b>	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
SURG.00099	<b>Convection Enhanced Delivery of Therapeutic Agents to the Brain</b>	
SURG.00100	<b>Cryoablation for Plantar Fasciitis and Plantar Fibroma</b>	
SURG.00102	<b>Artificial Anal Sphincter for the Treatment of Severe Fecal Incontinence</b>	
SURG.00103	<b>Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)</b>	
SURG.00104	<b>Extrasosseous Subtalar Joint Implantation and Subtalar Arthroereisis</b>	
SURG.00105	<b>Bicompartmental Knee Arthroplasty</b>	
SURG.00107	<b>Prostate Saturation Biopsy</b>	
SURG.00111	<b>Axial Lumbar Interbody Fusion</b>	
SURG.00112	<b>Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures)</b>	
SURG.00113	<b>Artificial Retinal Devices</b>	
SURG.00114	<b>Facet Joint Allograft Implants for Facet Disease</b>	
SURG.00116	<b>High Resolution Anoscopy Screening for Anal Intraepithelial Neoplasia (AIN) and Squamous Cell Cancer of the Anus</b>	
SURG.00118	<b>Bronchial Thermoplasty</b>	
SURG.00120	<b>Internal Rib Fixation Systems</b>	
SURG.00121	<b>Transcatheter Heart Valve Procedures</b>	
SURG.00123	<b>Transmyocardial/Periventricular Device Closure of Ventricular Septal Defects</b>	
SURG.00124	<b>Carotid Sinus Baroreceptor Stimulation Devices</b>	
SURG.00125	<b>Radiofrequency and Pulsed Radiofrequency Treatment of Trigger Point Pain</b>	
SURG.00126	<b>Irreversible Electroporation</b>	
SURG.00128	<b>Implantable Left Atrial Hemodynamic Monitor</b>	
SURG.00129	<b>Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring</b>	Revised
SURG.00130	<b>Annulus Closure After Discectomy</b>	
SURG.00131	<b>Lower Esophageal Sphincter Augmentation Devices for the Treatment of Gastroesophageal Reflux Disease (GERD)</b>	
SURG.00132	<b>Drug-Eluting Devices for Maintaining Sinus Ostial Patency</b>	
SURG.00134	<b>Interspinous Process Fixation Devices</b>	
SURG.00135	<b>Radiofrequency Ablation of the Renal Sympathetic Nerves</b>	
SURG.00138	<b>Laser Treatment of Onychomycosis</b>	



<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
SURG.00139	<b>Intraoperative Assessment of Surgical Margins During Breast- Conserving Surgery with Radiofrequency Spectroscopy or Optical Coherence Tomography</b>	
SURG.00140	<b>Peripheral Nerve Blocks for Treatment of Neuropathic Pain</b>	
SURG.00141	<b>Doppler-Guided Transanal Hemorrhoidal Dearterialization</b>	
SURG.00142	<b>Genicular Nerve Blocks and Ablation for Chronic Knee Pain</b>	
SURG.00144	<b>Occipital and Sphenopalatine Ganglion Nerve Block Therapy for the Treatment of Headache and Neuralgia</b>	Revised
SURG.00146	<b>Extracorporeal Carbon Dioxide Removal</b>	
SURG.00147	<b>Synthetic Cartilage Implant for Metatarsophalangeal Joint Disorders</b>	
SURG.00148	<b>Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy</b>	
SURG.00149	<b>Percutaneous Ultrasonic Ablation of Soft Tissue</b>	
SURG.00150	<b>Leadless Pacemaker</b>	
SURG.00152	<b>Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing</b>	
SURG.00153	<b>Cardiac Contractility Modulation Therapy</b>	
SURG.00154	<b>Microsurgical Procedures for the Treatment of Lymphedema</b>	
SURG.00155	<b>Cryoneurolysis</b>	
SURG.00156	<b>Implanted Artificial Iris Devices</b>	
SURG.00157	<b>Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis</b>	
SURG.00158	<b>Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain</b>	
SURG.00159	<b>Focal Laser Ablation for the Treatment of Prostate Cancer</b>	
SURG.00160	<b>Implanted Port Delivery Systems to Treat Ocular Disease</b>	
SURG.00161	<b>Nanoparticle-Mediated Thermal Ablation</b>	
THER- RAD.00008	<b>Neutron Beam Radiotherapy</b>	
THER- RAD.00012	<b>Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radioablation</b>	
TRANS.00004	<b>Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)</b>	
TRANS.00008	<b>Liver Transplantation</b>	
TRANS.00009	<b>Lung and Lobar Transplantation</b>	
TRANS.00010	<b>Autologous and Allogeneic Pancreatic Islet Cell Transplantation</b>	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
TRANS.00011	<b>Pancreas Transplantation and Pancreas Kidney Transplantation</b>	
TRANS.00013	<b>Small Bowel, Small Bowel/Liver, and Multivisceral Transplantation</b>	
TRANS.00016	<b>Umbilical Cord Blood Progenitor Cell Collection, Storage and Transplantation</b>	
TRANS.00023	<b>Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias</b>	
TRANS.00024	<b>Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome</b>	
TRANS.00025	<b>Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection</b>	
TRANS.00026	<b>Heart/Lung Transplantation</b>	
TRANS.00027	<b>Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors</b>	
TRANS.00028	<b>Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma</b>	
TRANS.00029	<b>Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias</b>	
TRANS.00030	<b>Hematopoietic Stem Cell Transplantation for Germ Cell Tumors</b>	
TRANS.00031	<b>Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors</b>	
TRANS.00033	<b>Heart Transplantation</b>	
TRANS.00034	<b>Hematopoietic Stem Cell Transplantation for Diabetes Mellitus</b>	
TRANS.00035	<b>Therapeutic use of Stem Cells, Blood and Bone Marrow Products</b>	
TRANS.00037	<b>Uterine Transplantation</b>	
TRANS.00038	<b>Thymus Tissue Transplantation</b>	
TRANS.00039	<b>Portable Normothermic Organ Perfusion Systems</b>	Revised
TRANS.00040	<b>Hand Transplantation</b>	
TRANS.00041	<b>Histological Analysis using Microarray Gene Expression Profiling for Kidney Allograft Injury or Rejection</b>	New
Carelon MBM Cardiology	<b>Imaging of the Heart</b>	
Carelon MBM Cardiology	<b>Percutaneous Coronary Intervention</b>	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New And Revised Item</b>
Carelon MBM Cardiology	<b>Diagnostic Coronary Angiography</b>	
Carelon MBM Musculoskeletal	<b>Interventional Pain Management (MSK)</b>	
Carelon MBM Musculoskeletal	<b>Joint Surgery (MSK)</b>	
Carelon MBM Musculoskeletal	<b>Level of Care for Musculoskeletal Surgery and Procedures (MSK Level of Care)</b>	
Carelon MBM Musculoskeletal	<b>Sacroiliac Joint Fusion</b>	
Carelon MBM Musculoskeletal	<b>Small Joint Surgery</b>	
Carelon MBM Musculoskeletal	<b>Spine Surgery</b>	
Carelon MBM Radiation Oncology	<b>Perirectal Hydrogel Spacer</b>	
Carelon MBM Radiation Oncology	<b>Proton Beam Therapy</b>	
Carelon MBM Radiology	<b>Imaging of the Abdomen and Pelvis</b>	
Carelon MBM Radiology	<b>Imaging of the Brain</b>	
Carelon MBM Radiology	<b>Imaging of the Chest</b>	
Carelon MBM Radiology	<b>Imaging of the Extremities</b>	
Carelon MBM Radiology	<b>Imaging of the Head and Neck</b>	
Carelon MBM Radiology	<b>Imaging of the Spine</b>	
Carelon MBM Radiology	<b>Oncologic Imaging</b>	
Carelon MBM Radiology	<b>Vascular Imaging</b>	
Carelon MBM Rehabilitative	<b>Physical Occupational and Speech Therapies</b>	
Carelon MBM Sleep	<b>Sleep Disorder Management</b>	

Criteria Number	Criteria Title	New And Revised Item
Carelon MBM Genetic Testing	<b>Genetic Testing</b>	

If you have any questions, contact Healthy Blue Provider Services at **844-594-5072**.



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