

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* indicated as *new* or *revised* below were adopted by the Medical Operations Committee for Healthy Blue members on March 28, 2024. 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. 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 Guidelines](#) subsidiary website.

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

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Criteria Number	Criteria Title	New or Revised
	<i>Hyperbilirubinemia</i>	
CG-DME-13	<i>Lower Limb Prosthesis</i>	
CG-DME-25	<i>Seat Lift Mechanisms</i>	
CG-DME-26	<i>Back-Up Ventilators in the Home Setting</i>	
CG-DME-30	<i>Prothrombin Time Self-Monitoring Devices</i>	
CG-DME-31	<i>Powered Wheeled Mobility Devices</i>	
CG-DME-37	<i>Air Conduction Hearing Aids</i>	
CG-DME-39	<i>Dynamic Low-Load Prolonged-Duration Stretch Devices</i>	
CG-DME-40	<i>Noninvasive Electrical Bone Growth Stimulation of the Appendicular Skeleton</i>	
CG-DME-42	<i>Continuous Glucose Monitoring Devices</i>	Revised
CG-DME-44	<i>Electric Tumor Treatment Field (TTF)</i>	
CG-DME-45	<i>Ultrasound Bone Growth Stimulation</i>	
CG-DME-46	<i>Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting</i>	
CG-DME-47	<i>Noninvasive Home Ventilator Therapy for Respiratory Failure</i>	
CG-DME-48	<i>Vacuum Assisted Wound Therapy in the Outpatient Setting</i>	
CG-DME-49	<i>Standing Frames</i>	
CG-DME-50	<i>Automated Insulin Delivery Systems</i>	Revised
CG-DME-51	<i>External Insulin Pumps</i>	
CG-DME-52	<i>Continuous Passive Motion Devices in the Home Setting</i>	
CG-DME-53	<i>Biomechanical Footwear Therapy</i>	New
CG-LAB-03	<i>Tropism Testing for HIV Management</i>	
CG-LAB-09	<i>Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain</i>	
CG-LAB-10	<i>Zika Virus Testing</i>	
CG-LAB-11	<i>Screening for Vitamin D Deficiency in Average Risk Individuals</i>	
CG-LAB-12	<i>Testing for Oral and Esophageal Cancer</i>	
CG-LAB-13	<i>Skin Nerve Fiber Density Testing</i>	
CG-LAB-14	<i>Respiratory Viral Panel Testing in the Outpatient Setting</i>	
CG-LAB-15	<i>Red Blood Cell Folic Acid Testing</i>	
CG-LAB-16	<i>Serum Amylase Testing</i>	
CG-LAB-17	<i>Molecular Gastrointestinal Pathogen Panel (GIPP) Testing for Infectious Diarrhea in the Outpatient Setting</i>	

Criteria Number	Criteria Title	New or Revised
CG-LAB-20	<i>Thyroid Testing</i>	
CG-LAB-21	<i>Serum Iron Testing</i>	
CG-LAB-22	<i>Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis</i>	
CG-LAB-24	<i>Outpatient Urine Culture</i>	
CG-LAB-25	<i>Outpatient Glycated Hemoglobin and Protein Testing</i>	
CG-LAB-26	<i>Outpatient Alpha-Fetoprotein Testing</i>	
CG-LAB-27	<i>Human Chorionic Gonadotropin Testing</i>	
CG-LAB-28	<i>Prostate Specific Antigen Testing</i>	
CG-LAB-29	<i>Gamma Glutamyl Transferase Testing</i>	
CG-LAB-30	<i>Outpatient Laboratory-based Blood Glucose Testing</i>	
CG-LAB-32	<i>Cancer Antigen 125 Testing</i>	New
CG-MED-02	<i>Esophageal pH Monitoring</i>	
CG-MED-05	<i>Ketogenic Diet for Treatment of Intractable Seizures</i>	
CG-MED-21	<i>Anesthesia Services and Moderate (“Conscious”) Sedation</i>	
CG-MED-23	<i>Home Health</i>	
CG-MED-24	<i>Electromyography and Nerve Conduction Studies</i>	
CG-MED-26	<i>Neonatal Levels of Care</i>	
CG-MED-28	<i>Iontophoresis</i>	
CG-MED-34	<i>Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures</i>	
CG-MED-35	<i>Retinal Telescreening Systems</i>	
CG-MED-40	<i>External Ambulatory Cardiac Monitors</i>	
CG-MED-41	<i>Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting</i>	
CG-MED-45	<i>Transrectal Ultrasonography</i>	

Criteria Number	Criteria Title	New or Revised
CG-MED-46	<i>Electroencephalography and Video Electroencephalographic Monitoring</i>	
CG-MED-47	<i>Fundus Photography</i>	
CG-MED-49	<i>Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders</i>	
CG-MED-50	<i>Visual, Somatosensory and Motor Evoked Potentials</i>	
CG-MED-51	<i>Three-Dimensional (3-D) Rendering of Imaging Studies</i>	
CG-MED-52	<i>Allergy Immunotherapy (Subcutaneous)</i>	
CG-MED-53	<i>Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing</i>	
CG-MED-54	<i>Strapping</i>	
CG-MED-59	<i>Upper Gastrointestinal Endoscopy in Adults</i>	
CG-MED-61	<i>Preoperative Testing for Low-Risk Invasive Procedures and Surgeries</i>	
CG-MED-62	<i>Resting Electrocardiogram Screening in Adults</i>	
CG-MED-64	<i>Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins</i>	
CG-MED-65	<i>Manipulation Under Anesthesia</i>	
CG-MED-66	<i>Cryopreservation of Oocytes or Ovarian Tissue</i>	
CG-MED-68	<i>Therapeutic Apheresis</i>	Revised
CG-MED-69	<i>Inhaled Nitric Oxide</i>	
CG-MED-70	<i>Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule</i>	
CG-MED-71	<i>Chronic Wound Care in the Home or Outpatient Setting</i>	
CG-MED-73	<i>Hyperbaric Oxygen Therapy (Systemic/Topical)</i>	
CG-MED-74	<i>Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry</i>	
CG-MED-79	<i>Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems</i>	
CG-MED-81	<i>Ultrasound Ablation for Oncologic Indications</i>	
CG-MED-86	<i>Enhanced External Counterpulsation in the Outpatient Setting</i>	
CG-MED-88	<i>Preimplantation Embryo Biopsy</i>	Revised
CG-MED-89	<i>Home Parenteral Nutrition</i>	
CG-MED-90	<i>Chelation Therapy</i>	
CG-MED-91	<i>Remote Therapeutic and Physiologic Monitoring Services</i>	
CG-MED-92	<i>Foot Care Services</i>	

Criteria Number	Criteria Title	New or Revised
CG-MED-93	<i>Navigational Bronchoscopy</i>	
CG-MED-94	<i>Vestibular Function Testing</i>	Revised
CG-MED-95	<i>Transanal Irrigation</i>	
CG-MED-96	<i>Prefabricated External Infant Ear Molding Systems</i>	New
CG-OR-PR-02	<i>Prefabricated and Prophylactic Knee Braces</i>	
CG-OR-PR-03	<i>Custom-made Knee Braces</i>	
CG-OR-PR-05	<i>Myoelectric Upper Extremity Prosthetic Devices</i>	
CG-OR-PR-06	<i>Spinal Orthoses: Thoracic-Lumbar-Sacral (TLSO), Lumbar- Sacral (LSO), and Lumbar</i>	
CG-OR-PR-08	<i>Microprocessor Controlled Lower Limb Prosthesis</i>	
CG-OR-PR-09	<i>Microprocessor Controlled Knee-Ankle-Foot Orthosis</i>	
CG-REHAB-07	<i>Skilled Nursing and Skilled Rehabilitation Services (Outpatient)</i>	
CG-REHAB-12	<i>Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology</i>	
CG-SURG-01	<i>Colonoscopy</i>	
CG-SURG-03	<i>Blepharoplasty, Blepharoptosis Repair, and Brow Lift</i>	
CG-SURG-05	<i>Maze Procedure</i>	
CG-SURG-07	<i>Vertical Expandable Prosthetic Titanium Rib</i>	
CG-SURG-08	<i>Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury</i>	
CG-SURG-09	<i>Temporomandibular Disorders</i>	

Criteria Number	Criteria Title	New or Revised
CG-SURG-10	<i>Ambulatory or Outpatient Surgery Center Procedures</i>	
CG-SURG-11	<i>Surgical Treatment for Dupuytren's Contracture</i>	
CG-SURG-12	<i>Penile Prosthesis Implantation</i>	
CG-SURG-15	<i>Endometrial Ablation</i>	
CG-SURG-17	<i>Trigger Point Injections</i>	
CG-SURG-24	<i>Functional Endoscopic Sinus Surgery (FESS)</i>	
CG-SURG-25	<i>Injection Treatment for Morton's Neuroma</i>	
CG-SURG-28	<i>Transcatheter Uterine Artery Embolization</i>	
CG-SURG-29	<i>Lumbar Discography</i>	
CG-SURG-30	<i>Tonsillectomy for Children with or without Adenoidectomy</i>	
CG-SURG-31	<i>Treatment of Keloids and Scar Revision</i>	
CG-SURG-34	<i>Diagnostic Hysteroscopy for Infertility</i>	
CG-SURG-36	<i>Adenoidectomy</i>	
CG-SURG-37	<i>Destruction of Pre-Malignant Skin Lesions</i>	
CG-SURG-40	<i>Cataract Removal Surgery for Adults</i>	
CG-SURG-41	<i>Surgical Strabismus Correction</i>	
CG-SURG-46	<i>Myringotomy and Tympanostomy Tube Insertion</i>	
CG-SURG-50	<i>Assistant Surgeons</i>	
CG-SURG-51	<i>Outpatient Cystourethroscopy</i>	
CG-SURG-55	<i>Cardiac Electrophysiological Studies (EPS) and Catheter Ablation</i>	
CG-SURG-56	<i>Diagnostic Fiberoptic Flexible Laryngoscopy</i>	
CG-SURG-57	<i>Diagnostic Nasal Endoscopy</i>	
CG-SURG-58	<i>Radioactive Seed Localization of Nonpalpable Breast Lesions</i>	
CG-SURG-61	<i>Cryosurgical, Radiofrequency, Microwave or Laser Ablation to Treat Solid Tumors Outside the Liver</i>	
CG-SURG-70	<i>Gastric Electrical Stimulation</i>	
CG-SURG-71	<i>Reduction Mammoplasty</i>	
CG-SURG-72	<i>Endothelial Keratoplasty</i>	
CG-SURG-73	<i>Balloon Sinus Ostial Dilation</i>	
CG-SURG-75	<i>Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions</i>	

Criteria Number	Criteria Title	New or Revised
CG-SURG-76	<i>Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty</i>	
CG-SURG-77	<i>Refractive Surgery</i>	
CG-SURG-78	<i>Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies</i>	Revised
CG-SURG-79	<i>Implantable Infusion Pumps</i>	
CG-SURG-81	<i>Cochlear Implants and Auditory Brainstem Implants</i>	
CG-SURG-82	<i>Bone-Anchored and Bone Conduction Hearing Aids</i>	
CG-SURG-83	<i>Bariatric Surgery and Other Treatments for Clinically Severe Obesity</i>	
CG-SURG-84	<i>Mandibular/Maxillary (Orthognathic) Surgery</i>	
CG-SURG-87	<i>Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring</i>	
CG-SURG-88	<i>Mastectomy for Gynecomastia</i>	
CG-SURG-89	<i>Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia</i>	
CG-SURG-90	<i>Mohs Micrographic Surgery</i>	
CG-SURG-91	<i>Minimally Invasive Ablative Procedures for Epilepsy</i>	
CG-SURG-92	<i>Paraesophageal Hernia Repair</i>	
CG-SURG-93	<i>Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction</i>	
CG-SURG-94	<i>Keratoprosthesis</i>	
CG-SURG-95	<i>Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention</i>	
CG-SURG-96	<i>Intraocular Telescope</i>	
CG-SURG-98	<i>Prostate Biopsy using MRI Fusion Techniques</i>	
CG-SURG-99	<i>Panniculectomy and Abdominoplasty</i>	
CG-SURG-100	<i>Laser Trabeculoplasty and Laser Peripheral Iridotomy</i>	
CG-SURG-101	<i>Ablative Techniques as a Treatment for Barrett's Esophagus</i>	
CG-SURG-102	<i>Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy</i>	
CG-SURG-104	<i>Intraoperative Neurophysiological Monitoring</i>	
CG-SURG-105	<i>Corneal Collagen Cross-Linking</i>	
CG-SURG-106	<i>Venous Angioplasty with or without Stent Placement or Venous Stenting Alone</i>	
CG-SURG-111	<i>Open Sacroiliac Joint Fusion</i>	

Criteria Number	Criteria Title	New or Revised
CG-SURG-112	<i>Carpel Tunnel Decompression Surgery</i>	
CG-SURG-113	<i>Tonsillectomy with or without Adenoidectomy for Adults</i>	
CG-SURG-114	<i>Ophthalmic use of Nd: YAG Laser for Posterior Capsulotomy</i>	
CG-SURG-115	<i>Mechanical Embolectomy for Treatment of Stroke</i>	
CG-SURG-116	<i>Surgical Treatment of Hyperhidrosis</i>	
CG-SURG-117	<i>Balloon Dilation of the Eustachian Tubes</i>	
CG-SURG-118	<i>Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)</i>	New
CG-SURG-119	<i>Treatment of Varicose Veins (Lower Extremities)</i>	New
CG-SURG-120	<i>Vagus Nerve Stimulation</i>	New
CG-SURG-121	<i>Fetal Surgery for Prenatally Diagnosed Malformations</i>	New
CG-THER-RAD- 07	<i>Intravascular Brachytherapy (Coronary and Non-Coronary)</i>	
CG-TRANS-02	<i>Kidney Transplantation</i>	
CG-TRANS-03	<i>Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation</i>	
ADMIN.00001	<i>Medical Policy Formation</i>	
ADMIN.00002	<i>Preventive Health Guidelines</i>	
ADMIN.00004	<i>Medical Necessity Criteria</i>	
ADMIN.00005	<i>Investigational Criteria</i>	
ADMIN.00006	<i>Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline</i>	
ADMIN.00007	<i>Immunizations</i>	
ANC.00006	<i>Biomagnetic Therapy</i>	
ANC.00007	<i>Cosmetic and Reconstructive Services: Skin Related</i>	
ANC.00008	<i>Cosmetic and Reconstructive Services of the Head and Neck</i>	
ANC.00009	<i>Cosmetic and Reconstructive Services of the Trunk, Groin, and Extremities</i>	
DME.00011	<i>Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices</i>	
DME.00012	<i>Intrapulmonary Percussive Ventilation Devices</i>	
DME.00022	<i>Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)</i>	Revised
DME.00025	<i>Self-Operated Spinal Unloading Devices</i>	

Criteria Number	Criteria Title	New or Revised
DME.00030	<i>Altered Auditory Feedback Devices for Fluency Disorders</i>	
DME.00037	<i>Cooling Devices and Combined Cooling/Heating Devices</i>	
DME.00038	<i>Static Progressive Stretch (SPS) and Patient-Actuated Serial Stretch (PASS) Devices</i>	
DME.00041	<i>Ultrasonic Diathermy Devices</i>	
DME.00042	<i>Electronic Positional Devices for the Treatment of Obstructive Sleep Apnea</i>	
DME.00043	<i>Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring</i>	
DME.00046	<i>Intermittent Abdominal Pressure Ventilation Devices</i>	
DME.00047	<i>Rehabilitative Devices with Remote Monitoring</i>	
DME.00048	<i>Virtual Reality-Assisted Therapy Systems</i>	
DME.00049	<i>External Upper Limb Stimulation for the Treatment of Tremors</i>	
DME.00050	<i>Remote Devices for Intermittent Monitoring of Intraocular Pressure</i>	
LAB.00003	<i>In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays</i>	
LAB.00011	<i>Selected Protein Biomarker Algorithmic Assays</i>	
LAB.00015	<i>Detection of Circulating Tumor Cells</i>	
LAB.00016	<i>Fecal Analysis Panels in the Diagnosis of Intestinal Disorders</i>	
LAB.00019	<i>Proprietary Algorithms for Liver Fibrosis</i>	
LAB.00024	<i>Immune Cell Function Assay</i>	
LAB.00025	<i>Topographic Genotyping</i>	
LAB.00026	<i>Systems Pathology and Multimodal Artificial Intelligence Testing for Prostate Cancer</i>	
LAB.00027	<i>Selected Blood, Serum and Cellular Allergy and Toxicity Tests</i>	
LAB.00028	<i>Blood-based Biomarker Tests for Multiple Sclerosis</i>	
LAB.00029	<i>Rupture of Membranes Testing in Pregnancy</i>	
LAB.00031	<i>Advanced Lipoprotein Testing</i>	
LAB.00033	<i>Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer</i>	
LAB.00034	<i>Serological Antibody Testing for Helicobacter Pylori</i>	
LAB.00035	<i>Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis</i>	
LAB.00036	<i>Multiplex Autoantigen Microarray Testing for</i>	

Criteria Number	Criteria Title	New or Revised
	<i>Systemic Lupus Erythematosus</i>	
LAB.00037	<i>Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)</i>	
LAB.00039	<i>Combined Pathogen Identification and Drug Resistance Testing</i>	Revised
LAB.00040	<i>Serum Biomarker Tests for Risk of Preeclampsia</i>	
LAB.00042	<i>Molecular Signature Test for Predicting Response to Tumor Necrosis Factor Inhibitor Therapy</i>	
LAB.00044	<i>Saliva-based Testing to Determine Drug-Metabolizer Status</i>	
LAB.00045	<i>Selected Tests for the Evaluation and Management of Infertility</i>	Revised
LAB.00046	<i>Testing for Biochemical Markers for Alzheimer's Disease</i>	
LAB.00048	<i>Analysis of Urine Biomarkers for Chronic Pain Management</i>	

Criteria Number	Criteria Title	New or Revised
LAB.00049	<i>Artificial Intelligence-Based Software for Prostate Cancer Detection</i>	
LAB.00050	<i>Metagenomic Sequencing for Infectious Disease in the Outpatient Setting</i>	
MED.00002	<i>Selected Sleep Testing Services</i>	
MED.00004	<i>Noninvasive Imaging Technologies for the Evaluation of Skin Lesions</i>	
MED.00011	<i>Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State</i>	
MED.00013	<i>Parenteral Antibiotics for the Treatment of Lyme Disease</i>	
MED.00053	<i>Non-Invasive Measurement of Left Ventricular End Diastolic Pressure in the Outpatient Setting</i>	
MED.00055	<i>Wearable Cardioverter Defibrillators</i>	
MED.00057	<i>MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications</i>	
MED.00059	<i>Idiopathic Environmental Illness (IEI)</i>	
MED.00082	<i>Quantitative Sensory Testing</i>	
MED.00087	<i>Optical Detection for Screening and Identification of Cervical Cancer</i>	
MED.00089	<i>Quantitative Muscle Testing Devices</i>	
MED.00090	<i>Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders</i>	
MED.00091	<i>Rhinophototherapy</i>	
MED.00092	<i>Automated Nerve Conduction Testing</i>	
MED.00096	<i>Low-Frequency Ultrasound Therapy for Wound Management</i>	
MED.00097	<i>Neural Therapy</i>	
MED.00098	<i>Hyperoxemic Reperfusion Therapy</i>	
MED.00101	<i>Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)</i>	
MED.00102	<i>Ultrafiltration in Decompensated Heart Failure</i>	
MED.00103	<i>Automated Evacuation of Meibomian Gland</i>	
MED.00104	<i>Non-invasive Measurement of Advanced Glycation End Products (AGEs) in the Skin</i>	

Criteria Number	Criteria Title	New or Revised
MED.00105	<i>Bioimpedance Spectroscopy Devices for the Detection and Management of Lymphedema</i>	
MED.00110	<i>Silver-based Products for Wound and Soft Tissue Applications</i>	
MED.00111	<i>Intracardiac Ischemia Monitoring</i>	
MED.00112	<i>Autonomic Testing</i>	
MED.00115	<i>Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management</i>	
MED.00116	<i>Near-Infrared Spectroscopy Scanning for Brain Hematoma Screening</i>	
MED.00118	<i>Continuous Monitoring of Intraocular Pressure</i>	
MED.00120	<i>Gene Therapy for Ocular Conditions</i>	
MED.00128	<i>Insulin Potentiation Therapy</i>	
MED.00129	<i>Gene Therapy for Spinal Muscular Atrophy</i>	
MED.00130	<i>Surface Electromyography and Electrodermal Activity Sensor Devices for Seizure Monitoring</i>	
MED.00131	<i>Electronic Home Visual Field Monitoring</i>	
MED.00132	<i>Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures</i>	
MED.00133	<i>Ingestion Event Monitors</i>	
MED.00134	<i>Non-invasive Heart Failure and Arrhythmia Management and Monitoring System</i>	
MED.00135	<i>Gene Therapy for Hemophilia</i>	
MED.00139	<i>Electrical Impedance Scanning for Cancer Detection</i>	
MED.00140	<i>Lentiviral Gene Therapy for Beta Thalassemia and Sickle Cell Disease</i>	Revised
MED.00141	<i>High-volume Colonic Irrigation</i>	
MED.00142	<i>Gene Therapy for Cerebral Adrenoleukodystrophy</i>	
MED.00143	<i>Ingestible Devices for the Treatment of Constipation</i>	
MED.00144	<i>Gene Therapy for Duchenne Muscular Dystrophy</i>	
MED.00145	<i>Digital Therapy Devices for Treatment of Amblyopia</i>	
MED.00146	<i>Gene Therapy for Sickle Cell Disease</i>	
MED.00147	<i>Cellular Therapy Products for Allogeneic Stem Cell Transplantation</i>	
OR-PR.00005	<i>Upper Extremity Myoelectric Orthoses</i>	
OR-PR.00006	<i>Powered Robotic Lower Body Exoskeleton Devices</i>	
OR-PR.00008	<i>Osseointegrated Limb Prostheses</i>	New
RAD.00034	<i>Dynamic Spinal Visualization (Including Digital</i>	

Criteria Number	Criteria Title	New or Revised
	<i>Motion X-ray and Cineradiography/ Videofluoroscopy)</i>	
RAD.00038	<i>Use of 3-D, 4-D or 5-D Ultrasound in Maternity Care</i>	
RAD.00053	<i>Cervical and Thoracic Discography</i>	
RAD.00057	<i>Near-Infrared Coronary Imaging and Near-Infrared Intravascular Ultrasound Coronary Imaging</i>	
RAD.00059	<i>Catheter-based Embolization Procedures for Malignant Lesions Outside the Liver</i>	
RAD.00061	<i>PET/MRI</i>	
RAD.00064	<i>Myocardial Sympathetic Innervation Imaging with or without Single-Photon Emission Computed Tomography (SPECT)</i>	
RAD.00065	<i>Radiostereometric Analysis (RSA)</i>	
RAD.00067	<i>Quantitative Ultrasound for Tissue Characterization</i>	
RAD.00068	<i>Myocardial Strain Imaging</i>	
SURG.00005	<i>Partial Left Ventriculectomy</i>	
SURG.00008	<i>Mechanized Spinal Distraction Therapy</i>	
SURG.00010	<i>Treatments for Urinary Incontinence</i>	
SURG.00011	<i>Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting</i>	Revised
SURG.00019	<i>Transmyocardial Revascularization</i>	
SURG.00023	<i>Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures</i>	
SURG.00026	<i>Deep Brain, Cortical, and Cerebellar Stimulation</i>	
SURG.00032	<i>Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention</i>	

Criteria Number	Criteria Title	New or Revised
SURG.00043	<i>Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons</i>	
SURG.00044	<i>Breast Ductal Examination and Fluid Cytology Analysis</i>	
SURG.00045	<i>Extracorporeal Shock Wave Therapy</i>	
SURG.00047	<i>Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis</i>	
SURG.00052	<i>Percutaneous Vertebral Disc Procedures</i>	Revised
SURG.00056	<i>Transanal Radiofrequency Treatment of Fecal Incontinence</i>	
SURG.00061	<i>Presbyopia and Astigmatism-Correcting Intraocular Lenses</i>	
SURG.00062	<i>Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele</i>	
SURG.00071	<i>Percutaneous and Endoscopic Spinal Surgery</i>	
SURG.00072	<i>Lysis of Epidural Adhesions</i>	
SURG.00073	<i>Epiduroscopy</i>	
SURG.00075	<i>Intervertebral Stabilization Devices</i>	
SURG.00076	<i>Nerve Graft after Prostatectomy</i>	
SURG.00079	<i>Nasal Valve Repair</i>	
SURG.00084	<i>Implantable Middle Ear Hearing Aids</i>	
SURG.00088	<i>Coblation® Therapies for Musculoskeletal Conditions</i>	
SURG.00089	<i>Self-Expanding Absorptive Sinus Ostial Dilation</i>	
SURG.00092	<i>Implanted Devices for Spinal Stenosis</i>	
SURG.00095	<i>Viscocanalostomy and Canaloplasty</i>	
SURG.00096	<i>Surgical and Ablative Treatments for Chronic Headaches</i>	
SURG.00097	<i>Scoliosis Surgery</i>	
SURG.00099	<i>Convection Enhanced Delivery of Therapeutic Agents to the Brain</i>	
SURG.00100	<i>Cryoablation for Plantar Fasciitis and Plantar Fibroma</i>	
SURG.00102	<i>Artificial Anal Sphincter for the Treatment of Severe Fecal Incontinence</i>	
SURG.00104	<i>Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis</i>	
SURG.00107	<i>Prostate Saturation Biopsy</i>	
SURG.00111	<i>Axial Lumbar Interbody Fusion</i>	
SURG.00112	<i>Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures)</i>	

Criteria Number	Criteria Title	New or Revised
SURG.00113	<i>Artificial Retinal Devices</i>	
SURG.00114	<i>Facet Joint Allograft Implants for Facet Disease</i>	
SURG.00116	<i>High Resolution Anoscopy Screening for Anal Intraepithelial Neoplasia (AIN) and Squamous Cell Cancer of the Anus</i>	
SURG.00118	<i>Bronchial Thermoplasty</i>	
SURG.00120	<i>Internal Rib Fixation Systems</i>	
SURG.00121	<i>Transcatheter Heart Valve Procedures</i>	
SURG.00123	<i>Transmyocardial/Periventricular Device Closure of Ventricular Septal Defects</i>	
SURG.00124	<i>Carotid Sinus Baroreceptor Stimulation Devices</i>	
SURG.00125	<i>Radiofrequency and Pulsed Radiofrequency Treatment of Trigger Point Pain</i>	
SURG.00126	<i>Irreversible Electroporation</i>	
SURG.00128	<i>Implantable Left Atrial Hemodynamic Monitor</i>	
SURG.00129	<i>Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring</i>	
SURG.00130	<i>Annulus Closure After Discectomy</i>	
SURG.00131	<i>Lower Esophageal Sphincter Augmentation Devices for the Treatment of Gastroesophageal Reflux Disease (GERD)</i>	
SURG.00132	<i>Drug-Eluting Devices for Maintaining Sinus Ostial Patency</i>	
SURG.00134	<i>Interspinous Process Fixation Devices</i>	
SURG.00135	<i>Renal Sympathetic Nerve Ablation</i>	Revised
SURG.00138	<i>Laser Treatment of Onychomycosis</i>	
SURG.00139	<i>Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery with Radiofrequency Spectroscopy or Optical Coherence Tomography</i>	
SURG.00140	<i>Peripheral Nerve Blocks for Treatment of Neuropathic Pain</i>	
SURG.00141	<i>Doppler-Guided Transanal Hemorrhoidal Dearterialization</i>	
SURG.00142	<i>Genicular Procedures for Treatment of Knee Pain</i>	
SURG.00144	<i>Occipital and Sphenopalatine Ganglion Nerve Block Therapy for the Treatment of Headache and Neuralgia</i>	
SURG.00146	<i>Extracorporeal Carbon Dioxide Removal</i>	
SURG.00148	<i>Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy</i>	

Criteria Number	Criteria Title	New or Revised
SURG.00149	<i>Percutaneous Ultrasonic Ablation of Soft Tissue</i>	
SURG.00152	<i>Wireless Left Ventricular Pacing for Cardiac Resynchronization Therapy</i>	Revised
SURG.00153	<i>Cardiac Contractility Modulation Therapy</i>	
SURG.00154	<i>Microsurgical Procedures for the Treatment of Lymphedema</i>	
SURG.00155	<i>Cryoneurolysis</i>	
SURG.00156	<i>Implanted Artificial Iris Devices</i>	
SURG.00157	<i>Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis</i>	
SURG.00158	<i>Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain</i>	
SURG.00159	<i>Focal Laser Ablation for the Treatment of Prostate Cancer</i>	
SURG.00160	<i>Implanted Port Delivery Systems to Treat Ocular Disease</i>	
SURG.00161	<i>Nanoparticle-Mediated Thermal Ablation</i>	
SURG.00162	<i>Implantable Shock Absorber for Treatment of Knee Osteoarthritis</i>	New
THER- RAD.00008	<i>Neutron Beam Radiotherapy</i>	
THER- RAD.00012	<i>Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radioablation</i>	
TRANS.00004	<i>Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)</i>	
TRANS.00008	<i>Liver Transplantation</i>	
TRANS.00009	<i>Lung and Lobar Transplantation</i>	
TRANS.00010	<i>Autologous and Allogeneic Pancreatic Islet Cell Transplantation</i>	
TRANS.00011	<i>Pancreas Transplantation and Pancreas Kidney Transplantation</i>	
TRANS.00013	<i>Small Bowel, Small Bowel/Liver, and Multivisceral Transplantation</i>	
TRANS.00016	<i>Umbilical Cord Blood Progenitor Cell Collection, Storage and Transplantation</i>	Revised
TRANS.00023	<i>Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias</i>	
TRANS.00024	<i>Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome</i>	
TRANS.00026	<i>Heart/Lung Transplantation</i>	
TRANS.00027	<i>Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors</i>	

Criteria Number	Criteria Title	New or Revised
TRANS.00028	<i>Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma</i>	Revised
TRANS.00029	<i>Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias</i>	
TRANS.00030	<i>Hematopoietic Stem Cell Transplantation for Germ Cell Tumors</i>	
TRANS.00031	<i>Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors</i>	
TRANS.00033	<i>Heart Transplantation</i>	
TRANS.00034	<i>Hematopoietic Stem Cell Transplantation for Diabetes Mellitus</i>	
TRANS.00035	<i>Therapeutic use of Stem Cells, Blood and Bone Marrow Products</i>	
TRANS.00037	<i>Uterine Transplantation</i>	
TRANS.00038	<i>Thymus Tissue Transplantation</i>	
TRANS.00039	<i>Portable Normothermic Organ Perfusion Systems</i>	
TRANS.00040	<i>Hand Transplantation</i>	
Carelon MBM Cardiology	<i>Imaging of the Heart</i>	
Carelon MBM Cardiology	<i>Percutaneous Coronary Intervention</i>	
Carelon MBM Cardiology	<i>Diagnostic Coronary Angiography</i>	
Carelon MBM Cardiology	<i>Cardiac Resynchronization Therapy</i>	
Carelon MBM Cardiology	<i>Endovascular Revascularization</i>	
Carelon MBM Cardiology	<i>Implantable Cardioverter Defibrillators</i>	
Carelon MBM Cardiology	<i>Permanent Implantable Pacemakers</i>	
Carelon MBM Musculoskeletal	<i>Interventional Pain Management (MSK)</i>	
Carelon MBM Musculoskeletal	<i>Joint Surgery (MSK)</i>	
Carelon MBM Musculoskeletal	<i>Level of Care for Musculoskeletal Surgery and Procedures (MSK Level of Care)</i>	
Carelon MBM Musculoskeletal	<i>Sacroiliac Joint Fusion</i>	
Carelon MBM Musculoskeletal	<i>Small Joint Surgery</i>	

Criteria Number	Criteria Title	New or Revised
Carelon MBM Musculoskeletal	<i>Spine Surgery</i>	
Carelon MBM Radiation Oncology	<i>Radiation Therapy</i>	
Carelon MBM Radiation Oncology	<i>Perirectal Hydrogel Spacer for Prostate Radiotherapy</i>	
Carelon MBM Radiation Oncology	<i>Proton Beam Therapy</i>	
Carelon MBM Radiology	<i>Imaging of the Abdomen and Pelvis</i>	
Carelon MBM Radiology	<i>Imaging of the Brain</i>	
Carelon MBM Radiology	<i>Imaging of the Chest</i>	
Carelon MBM Radiology	<i>Imaging of the Extremities</i>	
Carelon MBM Radiology	<i>Imaging of the Head and Neck</i>	
Carelon MBM Radiology	<i>Imaging of the Heart</i>	
Carelon MBM Radiology	<i>Imaging of the Spine</i>	
Carelon MBM Radiology	<i>Oncologic Imaging</i>	
Carelon MBM Radiology	<i>Vascular Imaging</i>	
Carelon MBM Rehabilitative	<i>Physical Occupational and Speech Therapies</i>	
Carelon MBM Sleep	<i>Sleep Disorder Management</i>	
Carelon MBM Genetic Testing	<i>Carrier Screening in the Prenatal Setting and Preimplantation Genetic Testing</i>	
Carelon MBM Genetic Testing	<i>Cell-free DNA Testing for the Management of Cancer</i>	
Carelon MBM Genetic Testing	<i>Chromosomal Microarray Analysis</i>	
Carelon MBM Genetic Testing	<i>Genetic Testing for Inherited Conditions</i>	
Carelon MBM Genetic Testing	<i>Hereditary Cancer Testing</i>	

Criteria Number	Criteria Title	New or Revised
Carelon MBM Genetic Testing	<i>Pharmacogenomic Testing</i>	
Carelon MBM Genetic Testing	<i>Polygenic Risk Scores</i>	
Carelon MBM Genetic Testing	<i>Prenatal Testing using cell-free DNA</i>	
Carelon MBM Genetic Testing	<i>Somatic Tumor Testing</i>	
Carelon MBM Genetic Testing	<i>Whole Exome Sequencing and Whole Genome Sequencing</i>	



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