Blue Cross® and Blue Shield® of North Carolina (Blue Cross NC) | Healthy Blue® | Medicaid

Clinical Utilization Management Criteria

Attached is a list of the Clinical Utilization Management (UM) Criteria Blue Cross NC has adopted.

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

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.

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.

The Clinical Criteria below, indicated as *new* or *revised*, were adopted by the Medical Operations Committee for Healthy Blue members. 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.

https://provider.healthybluenc.com

NCHB-CD-089098-25-CPN88500 September 2025

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

Criteria number	Criteria title	New and revised item
CG-DME-13	Lower Limb Prosthesis	
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-31	Powered Wheeled Mobility 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	Revised
CG-DME-42	Continuous Glucose Monitoring Devices	Revised
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-DME-50	Automated Insulin Delivery Systems	Revised

Criteria number	Criteria title	New and revised item
CG-DME-51	**External Insulin Pumps**	
CG-DME-52	**Continuous Passive Motion Devices in the Home Setting**	
CG-DME-53	**Biomechanical Footwear Therapy**	
CG-DME-54	**Mechanical Insufflation-Exsufflation Devices**	
CG-DME-55	**Automated External Defibrillators for Home Use**	
CG-DME-57	**Lower Extremity Pressure Gradient Compression Stockings**	New
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 (GIPP) Testing for Infectious Diarrhea in the Outpatient Setting**	

Criteria number	Criteria title	New and revised item
CG-LAB-19	**Laboratory Evaluation of Vitamin B12**	
CG-LAB-20	**Thyroid Testing**	
CG-LAB-21	**Serum Iron Testing**	Revised
CG-LAB-22	**Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis**	
CG-LAB-24	**Outpatient Urine Culture**	
CG-LAB-25	**Outpatient Glycated Hemoglobin and Protein Testing**	
CG-LAB-26	**Outpatient Alpha-Fetoprotein Testing**	
CG-LAB-27	**Human Chorionic Gonadotropin Testing**	
CG-LAB-28	**Prostate Specific Antigen Testing**	
CG-LAB-29	**Gamma Glutamyl Transferase Testing**	
CG-LAB-30	**Outpatient Laboratory-based Blood Glucose Testing**	
CG-LAB-32	**Cancer Antigen 125 Testing**	
CG-LAB-33	**Carcinoembryonic Antigen Testing**	
CG-LAB-35	**Cancer Antigen 19-9 Testing**	
CG-MED-02	**Esophageal pH Monitoring**	
CG-MED-05	**Ketogenic Diet for Treatment of Intractable Seizures**	

Criteria number	Criteria title	New and revised item
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**	
CG-MED-34	**Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures**	
CG-MED-35	**Retinal Telescreening Systems**	
CG-MED-40	**External Ambulatory Cardiac Monitors**	Revised
CG-MED-41	**Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting**	
CG-MED-46	**Ambulatory Electroencephalography**	
CG-MED-47	**Fundus Photography**	
CG-MED-49	**Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders**	
CG-MED-50	**Visual, Somatosensory and Motor Evoked Potentials**	
CG-MED-51	**Three-Dimensional (3-D) Rendering of Imaging Studies**	
CG-MED-52	**Allergy Immunotherapy (Subcutaneous)**	

Criteria number	Criteria title	New and revised item
CG-MED-53	**Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing**	
CG-MED-54	**Strapping**	
CG-MED-59	**Upper Gastrointestinal Endoscopy in Adults**	Revised
CG-MED-61	**Preoperative Testing for Low-Risk Invasive Procedures and Surgeries**	
CG-MED-62	**Resting Electrocardiogram Screening in Adults**	
CG-MED-65	**Manipulation Under Anesthesia**	
CG-MED-66	**Cryopreservation of Oocytes or Ovarian Tissue**	
CG-MED-68	**Therapeutic Apheresis**	Revised
CG-MED-69	**Inhaled Nitric Oxide**	
CG-MED-70	**Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule**	
CG-MED-71	**Chronic Wound Care in the Home or Outpatient Setting**	
CG-MED-73	**Hyperbaric Oxygen Therapy (Systemic/Topical)**	
CG-MED-74	**Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry**	
CG-MED-79	**Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems**	
CG-MED-81	**Ultrasound Ablation for Oncologic Indications**	
CG-MED-86	**Enhanced External Counterpulsation in the Outpatient Setting**	

Criteria number	Criteria title	New and revised item
CG-MED-88	**Preimplantation Embryo Biopsy**	
CG-MED-89	**Home Parenteral Nutrition**	
CG-MED-90	**Chelation Therapy**	
CG-MED-91	**Remote Therapeutic and Physiologic Monitoring Services**	
CG-MED-92	**Foot Care Services**	
CG-MED-93	**Navigational Bronchoscopy**	
CG-MED-94	**Vestibular Function Testing**	
CG-MED-95	**Transanal Irrigation**	
CG-MED-96	**Prefabricated External Infant Ear Molding Systems**	
CG-MED-97	**Biofeedback and Neurofeedback**	
CG-MED-98	**Parenteral Antibiotics for the Treatment of Lyme Disease**	
CG-MED-99	**Intradialytic Parenteral Nutrition**	New
CG-MED-100	**Surface Electrical Stimulation Devices for Headache and Migraine**	New
CG-MED-101	**Home Hospice**	New
CG-MED-102	**Dichoptic Digital Therapy for Amblyopia**	New
CG-OR-PR-02	**Prefabricated and Prophylactic Knee Braces**	

Criteria number	Criteria title	New and revised item
CG-OR-PR-03	**Custom-made Knee Braces**	
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-OR-PR-08	**Microprocessor Controlled Lower Limb Prosthesis**	
CG-OR-PR-09	**Microprocessor Controlled Knee-Ankle-Foot Orthosis**	
CG-OR-PR-10	**Osseointegrated Limb Prostheses**	New
CG-RAD-26	**Maternity Ultrasound in the Outpatient Setting**	
CG-RAD-27	**Scrotal Ultrasound**	New
CG-RAD-28	**Transrectal Ultrasonography**	New
CG-REHAB-07	**Skilled Nursing and Skilled Rehabilitation Services (Outpatient)**	
CG-REHAB-12	**Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology**	
CG-SURG-01	**Colonoscopy**	
CG-SURG-03	**Blepharoplasty, Blepharoptosis Repair, and Brow Lift**	
CG-SURG-05	**Maze Procedure**	
CG-SURG-07	**Vertical Expandable Prosthetic Titanium Rib**	
CG-SURG-09	**Temporomandibular Disorders**	

Criteria number	Criteria title	New and revised item
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-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 Hysteroscopy for Infertility**	
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-50	**Assistant Surgeons**	
CG-SURG-51	**Outpatient Cystourethroscopy**	
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-61	**Cryosurgical, Radiofrequency, Microwave or Laser Ablation to Treat Solid Tumors Outside the Liver Outside the Liver**	
CG-SURG-70	**Gastric Electrical Stimulation**	
CG-SURG-71	**Reduction Mammaplasty**	
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**	

Criteria number	Criteria title	New and revised item
CG-SURG-81	**Cochlear Implants and Auditory Brainstem Implants**	
CG-SURG-82	**Bone-Anchored and Bone Conduction Hearing Aids**	
CG-SURG-83	**Bariatric Surgery and Other Treatments for Clinically Severe Obesity**	
CG-SURG-84	**Mandibular/Maxillary (Orthognathic) Surgery**	
CG-SURG-87	**Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring**	
CG-SURG-88	**Mastectomy for Gynecomastia**	Revised
CG-SURG-89	**Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia**	
CG-SURG-90	**Mohs Micrographic Surgery**	
CG-SURG-91	**Minimally Invasive Ablative Procedures for Epilepsy**	
CG-SURG-92	**Paraesophageal Hernia Repair**	
CG-SURG-94	**Keratoprosthesis**	
CG-SURG-95	**Sacral Nerve Stimulation for Urinary Retention, Urinary Incontinence, and Fecal Incontinence**	Revised
CG-SURG-96	**Intraocular Telescope**	
CG-SURG-99	**Panniculectomy and Abdominoplasty**	Revised
CG-SURG-100	**Laser Trabeculoplasty and Laser Peripheral Iridotomy**	

Criteria number	Criteria title	New and revised item
CG-SURG-101	**Ablative Techniques as a Treatment for Barrett's Esophagus**	
CG-SURG-102	**Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy**	
CG-SURG-104	**Intraoperative Neurophysiological Monitoring**	Revised
CG-SURG-105	**Corneal Collagen Cross-Linking**	
CG-SURG-106	**Venous Angioplasty with or without Stent Placement or Venous Stenting Alone**	Revised
CG-SURG-112	**Carpel Tunnel Decompression Surgery**	
CG-SURG-113	**Tonsillectomy with or without Adenoidectomy for Adults**	
CG-SURG-114	**Ophthalmic use of Nd: YAG Laser for Posterior Capsulotomy**	
CG-SURG-115	**Mechanical Embolectomy for Treatment of Stroke**	
CG-SURG-116	**Surgical Treatment of Hyperhidrosis**	
CG-SURG-117	**Balloon Dilation of the Eustachian Tubes**	
CG-SURG-118	**Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)**	Revised
CG-SURG-119	**Treatment of Varicose Veins (Lower Extremities)**	Revised
CG-SURG-120	**Vagus Nerve Stimulation**	
CG-SURG-121	**Fetal Surgery for Prenatally Diagnosed Malformations**	
CG-SURG-122	**Lingual Frenotomy for Ankyloglossia-Related Feeding Difficulties**	

Criteria number	Criteria title	New and revised item
CG-SURG-123	**Autologous Fat Grafting and Injectable Soft Tissue Fillers**	
CG-SURG-124	**Viscocanalostomy**	
CG-SURG-125	**Canaloplasty**	
CG-SURG-126	**Tibial Nerve Stimulation**	New
CG-SURG-127	**Products for Wound Healing and Soft Tissue Grafting: Medically Necessary Uses**	New
CG-SURG-128	**Presbyopia and Astigmatism-Correcting Intraocular Lenses**	New
CG-THER-RAD- 07	**Intravascular Coronary and Non-Coronary Brachytherapy**	
CG-TRANS-02	**Kidney Transplantation**	
CG-TRANS-03	**Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation**	
ADMIN.00001	**Medical Policy Formation**	
ADMIN.00002	**Preventive Health Guidelines**	
ADMIN.00004	**Medical Necessity Criteria**	
ADMIN.00005	**Investigational Criteria**	
ADMIN.00006	**Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline**	
ADMIN.00007	**Immunizations**	
ANC.00006	**Biomagnetic Therapy**	

Criteria number	Criteria title	New and revised item
ANC.00007	**Cosmetic and Reconstructive Services: Skin Related**	
ANC.00008	**Cosmetic and Reconstructive Services of the Head and Neck**	
ANC.00009	**Cosmetic and Reconstructive Services of the Trunk, Groin, and Extremities**	
DME.00011	**Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices**	Revised
DME.00012	**Intrapulmonary Percussive Ventilation Devices**	
DME.00022	**Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)**	
DME.00025	**Self-Operated Spinal Unloading Devices**	
DME.00030	**Altered Auditory Feedback Devices for Fluency Disorders**	
DME.00037	**Cooling Devices and Combined Cooling/Heating Devices**	
DME.00038	**Static Progressive Stretch (SPS) and Patient-Actuated Serial Stretch (PASS) Devices**	
DME.00041	**Ultrasonic Diathermy Devices**	
DME.00046	**Intermittent Abdominal Pressure Ventilation Devices**	
DME.00047	**Rehabilitative Devices with Remote Monitoring**	
DME.00048	**Virtual Reality-Assisted Therapy Systems**	
DME.00049	**External Upper Limb Stimulation for the Treatment of Tremors**	
DME.00050	**Remote Devices for Intermittent Monitoring of Intraocular Pressure**	

Criteria number	Criteria title	New and revised item
DME.00052	**Brain Computer Interface Rehabilitation Devices**	
DME.00053	**Home Video-Assisted Robotic Rehabilitation Systems**	
LAB.00003	**In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays**	
LAB.00011	**Selected Protein Biomarker Algorithmic Assays**	
LAB.00015	**Detection of Circulating Tumor Cells**	
LAB.00016	**Fecal Analysis Panels in the Diagnosis of Intestinal Disorders**	
LAB.00019	**Proprietary Algorithms for Liver Fibrosis**	
LAB.00024	**Immune Cell Function Assay**	
LAB.00025	**Topographic Genotyping**	
LAB.00026	**Systems Pathology and Multimodal Artificial Intelligence Testing for Cancerous and Precancerous Conditions**	
LAB.00027	**Selected Blood, Serum and Cellular Allergy and Toxicity Tests**	
LAB.00028	**Blood-based Biomarker Tests for Multiple Sclerosis**	
LAB.00029	**Rupture of Membranes Testing in Pregnancy**	
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**	

Criteria number	Criteria title	New and revised item
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.00040	**Serum Biomarker Tests for Risk of Preeclampsia**	
LAB.00042	**Molecular Signature Test for Predicting Response to Tumor Necrosis Factor Inhibitor Therapy**	
LAB.00044	**Saliva-based Testing to Determine Drug-Metabolizer Status**	
LAB.00045	**Selected Tests for the Evaluation and Management of Infertility**	Revised
LAB.00046	**Testing for Biochemical Markers for Alzheimer's Disease**	
LAB.00048	**Analysis of Urine Biomarkers for Chronic Pain Management**	
LAB.00049	**Artificial Intelligence-Based Software for Prostate Cancer Detection**	
LAB.00050	**Metagenomic Sequencing for Infectious Disease in the Outpatient Setting**	
LAB.00051	**Per- and Polyfluoroalkyl Substances (PFAS) Testing**	
MED.00002	**Selected Sleep Testing Services**	
MED.00004	**Noninvasive Imaging Technologies for the Evaluation of Skin Lesions**	
MED.00011	**Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State**	
MED.00053	**Non-Invasive Measurement of Left Ventricular End Diastolic Pressure in the Outpatient Setting**	

Criteria number	Criteria title	New and revised item
MED.00057	**MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications**	
MED.00059	**Idiopathic Environmental Illness (IEI)**	
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.00098	**Hyperoxemic Reperfusion Therapy**	
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.00110	**Silver-based Products for Wound and Soft Tissue Applications**	
MED.00111	**Intracardiac Ischemia Monitoring**	
MED.00112	**Autonomic Testing**	

Criteria number	Criteria title	New and revised item
MED.00115	**Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management**	
MED.00116	**Near-Infrared Spectroscopy Scanning for Brain Hematoma Screening**	
MED.00118	**Continuous Monitoring of Intraocular Pressure**	
MED.00120	**Gene Therapy for Ocular Conditions**	
MED.00129	**Gene Therapy for Spinal Muscular Atrophy**	
MED.00130	**Surface Electromyography and Electrodermal Activity Sensor Devices for Seizure Monitoring**	
MED.00131	**Electronic Home Visual Field Monitoring**	
MED.00132	**Autologous Adipose-derived Regenerative Cell Therapy**	
MED.00133	**Ingestion Event Monitors**	
MED.00134	**Non-invasive Heart Failure and Arrhythmia Management and Monitoring Systems**	
MED.00135	**Gene Therapy for Hemophilia**	
MED.00139	**Electrical Impedance Scanning for Cancer Detection**	
MED.00140	**Gene Therapy for Beta Thalassemia**	
MED.00141	**High-volume Colonic Irrigation**	
MED.00142	**Gene Therapy for Cerebral Adrenoleukodystrophy**	
MED.00143	**Ingestible Devices for the Treatment of Constipation**	

Criteria number	Criteria title	New and revised item
MED.00144	**Gene Therapy for Duchenne Muscular Dystrophy**	
MED.00146	**Gene Therapy for Sickle Cell Disease**	
MED.00147	**Cellular Therapy Products for Allogeneic Stem Cell Transplantation**	
MED.00148	**Gene Therapy for Metachromatic Leukodystrophy**	
MED.00150	**Hepzato Kit™ (melphalan hepatic delivery system)**	
MED.00151	**Gene Therapy for Aromatic L-Amino Acid Decarboxylase Deficiency**	
MED.00152	**Outpatient Intravenous Insulin Therapy**	
OR-PR.00005	**Upper Extremity Myoelectric Orthoses**	
OR-PR.00006	**Powered Robotic Lower Body Exoskeleton Devices**	
RAD.00034	**Dynamic Spinal Visualization (Including Digital Motion X-ray and Cineradiography/ Videofluoroscopy)**	
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.00061	**PET/MRI**	
RAD.00064	**Myocardial Sympathetic Innervation Imaging with or without Single-Photon Emission Computed Tomography (SPECT))**	Revised
RAD.00065	**Radiostereometric Analysis (RSA)**	

Criteria number	Criteria title	New and revised item
RAD.00067	**Quantitative Ultrasound for Tissue Characterization**	
RAD.00068	**Myocardial Strain Imaging**	
SURG.00008	**Mechanized Spinal Distraction Therapy**	
SURG.00010	**Treatments for Urinary Incontinence**	
SURG.00011	**Products for Wound Healing and Soft Tissue Grafting: Investigational**	Revised
SURG.00019	**Transmyocardial Revascularization**	
SURG.00023	**Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures**	
SURG.00026	**Deep Brain, Cortical, and Cerebellar Stimulation**	
SURG.00032	**Patent Foramen Ovale and Left Atrial Appendage Closure Devices**	
SURG.00043	**Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons**	
SURG.00044	**Breast Ductal Examination and Fluid Cytology Analysis**	
SURG.00045	**Extracorporeal Shock Wave Therapy**	
SURG.00047	**Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia or Gastroparesis**	Revised
SURG.00052	**Percutaneous Vertebral Disc Procedures**	
SURG.00056	**Transanal Radiofrequency Treatment of Fecal Incontinence**	
SURG.00071	**Percutaneous and Endoscopic Spinal Surgery**	

Criteria number	Criteria title	New and revised item
SURG.00072	Lysis of Epidural Adhesions	
SURG.00073	Epiduroscopy	
SURG.00075	Intervertebral Stabilization Devices	
SURG.00079	Nasal Valve Repair	
SURG.00084	Implantable Middle Ear Hearing Aids	
SURG.00088	Coblation® Therapies for Musculoskeletal Conditions	
SURG.00089	Self-Expanding Absorptive Sinus Ostial Dilation	
SURG.00092	Implanted Devices for Spinal Stenosis	
SURG.00096	Surgical and Ablative Treatments for Chronic Headaches	
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.00104	Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis	
SURG.00107	Prostate Saturation Biopsy	
SURG.00111	Axial Lumbar Interbody Fusion	

Criteria number	Criteria title	New and revised item
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.00118	**Bronchial Thermoplasty**	
SURG.00121	**Transcatheter Heart Valve Procedures**	
SURG.00123	**Transmyocardial/Perventricular 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**	
SURG.00129	**Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring**	
SURG.00130	**Annulus Closure After Discectomy**	
SURG.00131	**Lower Esophageal Sphincter Augmentation Devices**	
SURG.00132	**Drug-Eluting Devices for Maintaining Sinus Ostial Patency**	
SURG.00134	**Interspinous Process Fixation Devices**	
SURG.00135	**Renal Sympathetic Nerve Ablation**	

Criteria number	Criteria title	New and revised item
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 Procedures for Treatment of Knee Pain**	
SURG.00144	**Occipital and Sphenopalatine Ganglion Nerve Block Therapy for the Treatment of Headache and Neuralgia**	
SURG.00146	**Extracorporeal Carbon Dioxide Removal**	
SURG.00148	**Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy**	
SURG.00149	**Percutaneous Ultrasonic Ablation of Soft Tissue**	
SURG.00153	**Cardiac Contractility Modulation Therapy**	
SURG.00154	**Microsurgical Procedures for the Treatment of Lymphedema**	
SURG.00155	**Cryosurgery of Peripheral Nerves**	Revised
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**	Revised

Criteria number	Criteria title	New and revised item
SURG.00159	Focal Laser Ablation for the Treatment of Prostate Cancer	
SURG.00160	Implanted Port Delivery Systems to Treat Ocular Disease	
SURG.00161	Nanoparticle-Mediated Thermal Ablation	
SURG.00162	Implantable Shock Absorber for Treatment of Knee Osteoarthritis	
SURG.00165	Histotripsy	
THER- RAD.00012	Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radioablation	
TRANS.00004	Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)	
TRANS.00008	Liver Transplantation	Revised
TRANS.00009	Lung and Lobar Transplantation	
TRANS.00010	Autologous and Allogeneic Pancreatic Islet Cell Transplantation	
TRANS.00011	Pancreas Transplantation and Pancreas Kidney Transplantation	Revised
TRANS.00013	Small Bowel, Small Bowel/Liver, and Multivisceral Transplantation	
TRANS.00016	Umbilical Cord Blood Progenitor Cell Collection, Storage and Transplantation	Revised
Criteria number	**Criteria title**	**New and revised item**

Criteria number	Criteria title	New and revised item
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.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	**Therapeutic use of Stem Cells, Blood and Bone Marrow Products**	
TRANS.00037	**Uterine Transplantation**	
TRANS.00038	**Thymus Tissue Transplantation**	
TRANS.00039	**Portable Normothermic Organ Perfusion Systems**	

Criteria number	Criteria title	New and revised item
TRANS.00040	**Hand Transplantation**	
Carelon MBM Cardiovascular	**Imaging of the Heart**	
Carelon MBM Cardiovascular	**Ambulatory Cardiac Rhythm Monitoring**	
Carelon MBM Cardiovascular	**Cardiac Resynchronization Therapy**	
Carelon MBM Cardiovascular	**Diagnostic Coronary Angiography**	
Carelon MBM Cardiovascular	**Dialysis Access Evaluations**	
Carelon MBM Cardiovascular	**Electrophysiological Studies**	
Carelon MBM Cardiovascular	**Endovascular Revascularization**	
Carelon MBM Cardiovascular	**Implantable Cardioverter Defibrillators**	
Carelon MBM Cardiovascular	**Percutaneous Coronary Intervention**	
Carelon MBM Cardiovascular	**Permanent Implantable Pacemakers**	
Carelon MBM Cardiovascular	**Transcatheter Ablation for Management of Atrial Fibrillation**	New
Carelon MBM Cardiovascular	**Transcatheter Ablation for Management of Supraventricular and Ventricular Arrhythmias**	New
Carelon MBM Cardiovascular	**Vascular Embolization and Occlusion Procedures**	
Carelon MBM Musculoskeletal	**Interventional Pain Management (MSK)**	

Criteria number	Criteria title	New and revised item
Carelon MBM Musculoskeletal	**Joint Surgery (MSK)**	
Carelon MBM Musculoskeletal	**Level of Care for Musculoskeletal Surgery and Procedures**	
Carelon MBM Musculoskeletal	**Sacroiliac Joint Fusion**	
Carelon MBM Musculoskeletal	**Small Joint Surgery**	
Carelon MBM Musculoskeletal	**Spine Surgery**	
Carelon MBM Radiation Oncology	**Radiation Therapy (excludes Proton)**	
Carelon MBM Radiation Oncology	**Perirectal Hydrogel Spacer for Prostate Radiotherapy**	
Carelon MBM Radiation Oncology	**Proton Beam Therapy**	
Carelon MBM Radiology	**Imaging of the Abdomen and Pelvis**	
Carelon MBM Radiology	**Imaging of the Brain**	
Carelon MBM Radiology	**Imaging of the Chest**	
Carelon MBM Radiology	**Imaging of the Extremities**	
Carelon MBM Radiology	**Imaging of the Head and Neck**	
Carelon MBM Radiology	**Imaging of the Spine**	
Carelon MBM Radiology	**Oncologic Imaging**	

Criteria number	Criteria title	New and revised item
Carelon MBM Radiology	**Vascular Imaging**	
Carelon MBM Radiology	**Site of Care for Advanced Imaging**	
Carelon MBM Rehabilitation	**Physical Therapy, Occupational Therapy, Speech Therapy**	
Carelon MBM Rehabilitation	**Site of Care for Physical, Occupational, and Speech Therapies**	
Carelon MBM Sleep	**Sleep Disorder Management**	
Carelon MBM Genetic Testing	**Carrier Screening in the Reproductive Setting**	
Carelon MBM Genetic Testing	**Cell-free DNA Testing for the Management of Cancer**	
Carelon MBM Genetic Testing	**Chromosomal Microarray Analysis**	
Carelon MBM Genetic Testing	**Genetic Testing for Inherited Conditions**	
Carelon MBM Genetic Testing	**Hereditary Cancer Testing**	
Carelon MBM Genetic Testing	**Pharmacogenomic Testing**	
Carelon MBM Genetic Testing	**Predictive and Prognostic Polygenic Testing**	
Carelon MBM Genetic Testing	**Prenatal Testing using cell-free DNA**	
Carelon MBM Genetic Testing	**Somatic Tumor Testing**	
Carelon MBM Genetic Testing	**Whole Exome Sequencing and Whole Genome Sequencing**	

Criteria number	Criteria title	New and revised item
Carelon MBM Surgical Procedures	**Site of Care for Surgical Procedures**	