

## ***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 June 27, 2024. 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](#).

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New and Revised Item</b>
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>	
CG-DME-12	<a href="#">Home Phototherapy Devices for Neonatal Hyperbilirubinemia</a>	

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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>	
CG-DME-30	<b>Prothrombin Time Self-Monitoring Devices</b>	
CG-DME-31	<b>Powered Wheeled Mobility 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>	Revised
CG-DME-48	<b>Vacuum Assisted Wound Therapy in the Outpatient Setting</b>	
CG-DME-49	<b>Standing Frames</b>	
CG-DME-50	<b>Automated Insulin Delivery Systems</b>	
CG-DME-51	<b>External Insulin Pumps</b>	
CG-DME-52	<b>Continuous Passive Motion Devices in the Home Setting</b>	
CG-DME-53	<b>Biomechanical Footwear Therapy</b>	
CG-DME-54	<b>Mechanical Insufflation-Exsufflation Devices</b>	New
CG-DME-55	<b>Automated External Defibrillators for Home Use</b>	New
CG-LAB-03	<b>Tropism Testing for HIV Management</b>	
CG-LAB-09	<b>Drug Testing or Screening in the Context of Substance Use 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 (GIPP)</b>	

Criteria Number	Criteria Title	New and Revised Item
	Testing for Infectious Diarrhea in the Outpatient Setting	
CG-LAB-20	Thyroid Testing	
CG-LAB-21	Serum Iron Testing	
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	Revised
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	Revised
CG-LAB-32	Cancer Antigen 125 Testing	
CG-MED-02	Esophageal pH Monitoring	
CG-MED-05	Ketogenic Diet for Treatment of Intractable Seizures	
CG-MED-21	Anesthesia Services and Moderate (“Conscious”) Sedation	
CG-MED-23	Home Health	
CG-MED-24	Electromyography and Nerve Conduction Studies	
CG-MED-26	Neonatal Levels of Care	
CG-MED-28	Iontophoresis	
CG-MED-34	Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures	
CG-MED-35	Retinal Telescreening Systems	
CG-MED-40	External Ambulatory Cardiac Monitors	
CG-MED-41	Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting	Revised
CG-MED-45	Transrectal Ultrasonography	
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)	
CG-MED-53	Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing	

Criteria Number	Criteria Title	New and Revised Item
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-64	Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins	
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	Revised
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	
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	New
CG-OR-PR-02	Prefabricated and Prophylactic Knee Braces	
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	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New and Revised Item</b>
CG-OR-PR-09	<b>Microprocessor Controlled Knee-Ankle-Foot Orthosis</b>	
CG-REHAB-07	<b>Skilled Nursing and Skilled Rehabilitation Services (Outpatient)</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>	
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>	Revised
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>	
CG-SURG-17	<b>Trigger Point Injections</b>	
CG-SURG-24	<b>Functional Endoscopic Sinus Surgery (FESS)</b>	Revised
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>	Revised
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>	
CG-SURG-40	<b>Cataract Removal Surgery for Adults</b>	
CG-SURG-41	<b>Surgical Strabismus Correction</b>	
CG-SURG-46	<b>Myringotomy and Tympanostomy Tube Insertion</b>	
CG-SURG-50	<b>Assistant Surgeons</b>	
CG-SURG-51	<b>Outpatient Cystourethroscopy</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>	

Criteria Number	Criteria Title	New and Revised Item
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 Mammoplasty	
CG-SURG-72	Endothelial Keratoplasty	
CG-SURG-73	Balloon Sinus Ostial Dilation	
CG-SURG-75	Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions	
CG-SURG-76	Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty	
CG-SURG-77	Refractive Surgery	
CG-SURG-78	Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies	
CG-SURG-79	Implantable Infusion Pumps	
CG-SURG-81	Cochlear Implants and Auditory Brainstem Implants	
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	
CG-SURG-89	Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia	Revised
CG-SURG-90	Mohs Micrographic Surgery	
CG-SURG-91	Minimally Invasive Ablative Procedures for Epilepsy	
CG-SURG-92	Paraesophageal Hernia Repair	
CG-SURG-93	Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction	
CG-SURG-94	Keratoprosthesis	
CG-SURG-95	Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention	
CG-SURG-96	Intraocular Telescope	
CG-SURG-98	Prostate Biopsy using MRI Fusion Techniques	Revised
CG-SURG-99	Panniculectomy and Abdominoplasty	
CG-SURG-100	Laser Trabeculoplasty and Laser Peripheral Iridotomy	
CG-SURG-101	Ablative Techniques as a Treatment for Barrett's	

Criteria Number	Criteria Title	New and Revised Item
	<b>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>	
CG-SURG-118	<b>Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)</b>	
CG-SURG-119	<b>Treatment of Varicose Veins (Lower Extremities)</b>	
CG-SURG-120	<b>Vagus Nerve Stimulation</b>	
CG-SURG-121	<b>Fetal Surgery for Prenatally Diagnosed Malformations</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>	Revised
ANC.00007	<b>Cosmetic and Reconstructive Services: Skin Related</b>	
ANC.00008	<b>Cosmetic and Reconstructive Services of the Head and Neck</b>	



Criteria Number	Criteria Title	New and Revised Item
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>	
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.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>	
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>	
LAB.00003	<b>In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays</b>	
LAB.00011	<b>Selected Protein Biomarker Algorithmic Assays</b>	
LAB.00015	<b>Detection of Circulating Tumor Cells</b>	
LAB.00016	<b>Fecal Analysis Panels in the Diagnosis of Intestinal Disorders</b>	Revised
LAB.00019	<b>Proprietary Algorithms for Liver Fibrosis</b>	
LAB.00024	<b>Immune Cell Function Assay</b>	
LAB.00025	<b>Topographic Genotyping</b>	
LAB.00026	<b>Systems Pathology and Multimodal Artificial Intelligence Testing for Cancerous and</b>	

Criteria Number	Criteria Title	New and Revised Item
	<b>Precancerous Conditions</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>	
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.00039	<b>Combined Pathogen Identification and Drug Resistance 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.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>Analysis of Urine Biomarkers for Chronic Pain Management</b>	Revised
LAB.00049	<b>Artificial Intelligence-Based Software for Prostate Cancer Detection</b>	
LAB.00050	<b>Metagenomic Sequencing for Infectious Disease in the Outpatient Setting</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>	
MED.00013	<b>Parenteral Antibiotics for the Treatment of Lyme</b>	Revised

Criteria Number	Criteria Title	New and Revised Item
	<b>Disease</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>	Revised
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.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>	

Criteria Number	Criteria Title	New and Revised Item
MED.00131	Electronic Home Visual Field Monitoring	
MED.00132	Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures	
MED.00133	Ingestion Event Monitors	
MED.00134	Non-invasive Heart Failure and Arrhythmia Management and Monitoring Systems	
MED.00135	Gene Therapy for Hemophilia	Revised
MED.00139	Electrical Impedance Scanning for Cancer Detection	
MED.00140	Lentiviral Gene Therapy for Beta Thalassemia and Sickle Cell Disease	
MED.00141	High-volume Colonic Irrigation	
MED.00142	Gene Therapy for Cerebral Adrenoleukodystrophy	
MED.00143	Ingestible Devices for the Treatment of Constipation	
MED.00144	Gene Therapy for Duchenne Muscular Dystrophy	
MED.00145	Digital Therapy Devices for Treatment of Amblyopia	
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	New
OR-PR.00005	Upper Extremity Myoelectric Orthoses	
OR-PR.00006	Powered Robotic Lower Body Exoskeleton Devices	
OR-PR.00008	Osseointegrated Limb Prostheses	
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.00059	Catheter-based Embolization Procedures for Malignant Lesions Outside the Liver	
RAD.00061	PET/MRI	
RAD.00064	Myocardial Sympathetic Innervation Imaging with or without Single-Photon Emission Computed Tomography (SPECT)	
RAD.00065	Radiostereometric Analysis (RSA)	
RAD.00067	Quantitative Ultrasound for Tissue Characterization	
RAD.00068	Myocardial Strain Imaging	
RAD.00069	Absolute Quantitation of Myocardial Blood Flow Measurement	New
SURG.00005	Partial Left Ventriculectomy	
SURG.00008	Mechanized Spinal Distraction Therapy	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New and Revised Item</b>
SURG.00010	Treatments for Urinary Incontinence	
SURG.00011	Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
SURG.00019	Transmyocardial Revascularization	Revised
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	
SURG.00052	Percutaneous Vertebral Disc Procedures	Revised
SURG.00056	Transanal Radiofrequency Treatment of Fecal Incontinence	
SURG.00061	Presbyopia and Astigmatism-Correcting Intraocular Lenses	
SURG.00062	Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele	
SURG.00071	Percutaneous and Endoscopic Spinal Surgery	
SURG.00072	Lysis of Epidural Adhesions	
SURG.00073	Epiduroscopy	
SURG.00075	Intervertebral Stabilization Devices	
SURG.00076	Nerve Graft after Prostatectomy	
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.00095	Viscocanalostomy and Canaloplasty	
SURG.00096	Surgical and Ablative Treatments for Chronic Headaches	
SURG.00097	Scoliosis Surgery	
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	

Criteria Number	Criteria Title	New and Revised Item
	<b>Fecal Incontinence</b>	
SURG.00104	<b>Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis</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>	Revised
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>	
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>Renal Sympathetic Nerve Ablation</b>	
SURG.00138	<b>Laser Treatment of Onychomycosis</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 Procedures for Treatment of Knee Pain</b>	

Criteria Number	Criteria Title	New and Revised Item
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.00152	Wireless Left Ventricular Pacing for Cardiac Resynchronization Therapy	
SURG.00153	Cardiac Contractility Modulation Therapy	
SURG.00154	Microsurgical Procedures for the Treatment of Lymphedema	
SURG.00155	Cryoneurolysis	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	
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	
THER-RAD.00008	Neutron Beam Radiotherapy	
THER-RAD.00012	Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radioablation	
TRANS.00004	Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)	
TRANS.00008	Liver Transplantation	
TRANS.00009	Lung and Lobar Transplantation	
TRANS.00010	Autologous and Allogeneic Pancreatic Islet Cell Transplantation	
TRANS.00011	Pancreas Transplantation and Pancreas Kidney Transplantation	
TRANS.00013	Small Bowel, Small Bowel/Liver, and Multivisceral Transplantation	
TRANS.00016	Umbilical Cord Blood Progenitor Cell Collection, Storage and Transplantation	
TRANS.00023	Hematopoietic Stem Cell Transplantation for Multiple Myeloma	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New and Revised Item</b>
	<b>and Other Plasma Cell Dyscrasias</b>	
TRANS.00024	<b>Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome</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>	
TRANS.00040	<b>Hand Transplantation</b>	
Carelon MBM Cardiovascular	<b>Imaging of the Heart</b>	
Carelon MBM Cardiovascular	<b>Percutaneous Coronary Intervention</b>	
Carelon MBM Cardiovascular	<b>Diagnostic Coronary Angiography</b>	
Carelon MBM Cardiovascular	<b>Cardiac Resynchronization Therapy</b>	
Carelon MBM Cardiovascular	<b>Endovascular Revascularization</b>	
Carelon MBM Cardiovascular	<b>Implantable Cardioverter Defibrillators</b>	
Carelon MBM Cardiovascular	<b>Permanent Implantable Pacemakers</b>	
Carelon MBM Musculoskeletal	<b>Interventional Pain Management (MSK)</b>	
Carelon MBM Musculoskeletal	<b>Joint Surgery (MSK)</b>	



<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New and Revised Item</b>
Carelon MBM Musculoskeletal	<b>Level of Care for Musculoskeletal Surgery and Procedures</b> <a href="https://aimspecialtyhealth.com/anthem185/musculoskeletal/">https://aimspecialtyhealth.com/anthem185/musculoskeletal/</a>	
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>Radiation Therapy (excludes Proton)</b>	
Carelon MBM Radiation Oncology	<b>Perirectal Hydrogel Spacer for Prostate Radiotherapy</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 Radiology	<b>Site of Care for Advanced Imaging</b>	New
Carelon MBM Rehabilitation	<b>Physical Therapy, Occupational Therapy, Speech Therapy</b>	
Carelon MBM Rehabilitation	<b>Site of Care for Physical, Occupational, and Speech Therapies</b>	New
Carelon MBM Sleep	<b>Sleep Disorder Management</b>	

Criteria Number	Criteria Title	New and Revised Item
Carelon MBM Genetic Testing	<b>Carrier Screening in the Reproductive Setting</b>	
Carelon MBM Genetic Testing	<b>Cell-free DNA Testing for the Management of Cancer</b>	
Carelon MBM Genetic Testing	<b>Chromosomal Microarray Analysis</b>	
Carelon MBM Genetic Testing	<b>Genetic Testing for Inherited Conditions</b>	
Carelon MBM Genetic Testing	<b>Hereditary Cancer Testing</b>	
Carelon MBM Genetic Testing	<b>Pharmacogenomic Testing</b>	
Carelon MBM Genetic Testing	<b>Predictive and Prognostic Polygenic Testing</b>	
Carelon MBM Genetic Testing	<b>Prenatal Testing using cell-free DNA</b>	
Carelon MBM Genetic Testing	<b>Somatic Tumor Testing</b>	
Carelon MBM Genetic Testing	<b>Whole Exome Sequencing and Whole Genome Sequencing</b>	
Carelon MBM Surgical Procedures	<b>Site of Care for Surgical Procedures</b>	New



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