

## **Clinical Utilization Management Guidelines**

Attached is a list of the *Clinical UM Guidelines* the health plan has adopted.

The full list of *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* are publicly available on the <u>Medical Policy and Clinical UM Guideline subsidiary website</u>. 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 and behavioral health 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.

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.0004*.

If the request doesn't meet established criteria guidelines, it will be referred to a licensed physician reviewer with the appropriate clinical expertise to make a decision.



## **November 2019 Clinical Utilization Management Guidelines**

The new *Clinical Utilization Management (UM) Guidelines* below were adopted by the medical operations committee for Summit Community Care members on November 25, 2019. For markets with carved-out pharmacy services, the applicable listings below are informational only.

To view a guideline, visit https://provider.summitcommunitycare.com/arkansasprovider/medical-policies-and-clinical-guidelines.

| CUMG Number | CUMG Title   | New Item |
|-------------|--|----------|
|             | Clinical UM Guideline for Prepayment Review Medical  |          |
| CG-ADMIN-01 | Necessity Determinations When No Other Clinical UM<br>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; Nonemergent  |          |
| CG-ANC-07   | Inpatient Interfacility Transfers  |          |
| CG-BEH-01   | Assessment for Autism Spectrum Disorders and Rett Syndrome   |          |
| CG-BEH-02   | Adaptive Behavioral Treatment for Autism Spectrum Disorder   |          |
| CG-BEH-14   | Intensive In-Home Behavioral Health Services   |          |
| CG-BEH-15   | Activity Therapy for Autism Spectrum Disorders and Rett Syndrome   |          |
| CG-DME-01   | External (Portable) Continuous Insulin Infusion Pumps  |          |
| CG-DME-03   | Neuromuscular Stimulation in the Treatment of Muscle<br>Atrophy  |          |
| CG-DME-04   | Electrical Nerve Stimulation, Transcutaneous, Percutaneous   |          |
| CG-DME-05   | Cervical Traction Devices for Home Use   |          |
| CG-DME-06   | Pneumatic Compression Devices for Lymphedema   |          |
| CG-DME-07   | Augmentative and Alternative Communication<br>Devices/Speech-Generating Devices  |          |
| CG-DME-08   | Infant Home Apnea Monitors   |          |
| CG-DME-09   | Continuous Local Delivery of Analgesia to Operative Sites<br>using an Elastomeric Infusion Pump During the Postoperative<br>Period |          |
| CG-DME-10   | Durable Medical Equipment  |          |
| CG-DME-12   | Home Phototherapy Devices for Neonatal Hyperbilirubinemia  |          |
| CG-DME-13   | Lower Limb Prosthesis  |          |
| CG-DME-15   | Hospital Beds and Accessories  |          |
| CG-DME-16   | Pressure Reducing Support Systems Groups 1, 2 and 3  |          |
| CG-DME-18   | Home Oxygen Therapy  |          |
| CG-DME-19   | Therapeutic Shoes, Inserts or Modifications for Individuals with Diabetes  |          |

| CUMG Number | CUMG Title   | New Item |
|-------------|--|----------|
|             |  |          |
| CG-DME-20   | Orthopedic Footwear  |          |
| CG-DME-21   | External Infusion Pumps for the Administration of Drugs in the Home or Residential Care Settings                                     |          |
| CG-DME-22   | Ankle-Foot and Knee-Ankle-Foot Orthotics (Braces)  |          |
| CG-DME-23   | Lifting Devices for Use in the Home  |          |
| CG-DME-24   | Wheeled Mobility Devices: Manual Wheelchairs — Standard,<br>Heavy Duty and Lightweight   |          |
| 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   | Wheeled Mobility Devices: Wheelchairs — Powered,<br>Motorized, With or Without Power Seating Systems, and<br>Power Operated Vehicles |          |
| CG-DME-33   | Wheeled Mobility Devices: Manual Wheelchairs — Ultra Lightweight   |          |
| CG-DME-34   | Wheeled Mobility Devices: Wheelchair Accessories   |          |
| CG-DME-35   | Breastfeeding Pumps  |          |
| CG-DME-36   | Pediatric Gait Trainers  |          |
| CG-DME-37   | Air Conduction Hearing Aids  |          |
| CG-DME-38   | Continuous Interstitial Glucose Monitoring   |          |
| CG-DME-39   | Dynamic Low-Load Prolonged-Duration Stretch  |          |
| CG-DME-41   | Ultraviolet Light Therapy Delivery Devices for Home Use  |          |
| CG-DME-42   | Nonimplantable Insulin Infusion and Blood Glucose Monitoring Devices   |          |
| CG-DME-43   | High Frequency Chest Compression Devices for Airway<br>Clearance   |          |
| 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<br>Thrombosis of the Extremities   |          |
| CG-DME-47   | Noninvasive Home Ventilator Therapy for Respiratory Failure  |          |
| CG-GENE-01  | Janus Kinase 2 (JAK2)V617F and JAK2 exon 12 Gene<br>Mutation Assays  |          |
| CG-GENE-02  | Analysis of KRAS Status  |          |
| CG-GENE-03  | BRAF Mutation Analysis   |          |
| CG-GENE-04  | Molecular Marker Evaluation of Thyroid Nodules   |          |
| CG-GENE-05  | Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy)  |          |
| CG-GENE-06  | Preimplantation Genetic Diagnosis Testing  |          |
| CG-GENE-07  | BCR-ABL Mutation Analysis  |          |
| CG-GENE-08  | Genetic Testing for PTEN Hamartoma Tumor Syndrome  |          |
| CG-GENE-09  | Genetic Testing for CHARGE Syndrome  |          |
| CG-GENE-10  | Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability                     |          |

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|-------------|--|----------|
|             | (Intellectual Developmental Disorder) and Congenital<br>Anomalies  |          |
| CG-GENE-11  | Genotype Testing for Individual Genetic Polymorphisms to<br>Determine Drug-Metabolizer Status                                      |          |
| CG-GENE-12  | PIK3CA Mutation Testing  |          |
| CG-GENE-13  | Genetic Testing for Inherited Diseases   | NEW      |
| CG-GENE-14  | Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management   | NEW      |
| CG-GENE-15  | Genetic Testing for Lynch Syndrome, Familial Adenomatous<br>Polyposis (FAP), Attenuated FAP and MYH-associated<br>Polyposis        | NEW      |
| CG-GENE-16  | BRCA Testing for Breast and/or Ovarian Cancer Syndrome   | NEW      |
| CG-GENE-17  | RET Proto-oncogene Testing for Endocrine Gland Cancer<br>Susceptibility  | NEW      |
| CG-GENE-18  | Genetic Testing for TP53 Mutations   | NEW      |
| CG-GENE-19  | Detection and Quantification of Tumor DNA Using Next<br>Generation Sequencing in Lymphoid Cancers                                  | NEW      |
| CG-GENE-20  | Epidermal Growth Factor Receptor (EGFR) Testing  | 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-MED-02   | Esophageal pH Monitoring   |          |
| CG-MED-05   | Ketogenic Diet for Treatment of Intractable Seizures   |          |
| CG-MED-08   | Home Enteral Nutrition   |          |
| CG-MED-19   | Custodial Care   |          |
| CG-MED-21   | Anesthesia Services and Moderate ("Conscious") Sedation  |          |
| CG-MED-23   | Home Health  |          |
| CG-MED-24   | Electromyography and Nerve Conduction Studies  |          |
| CG-MED-26   | Neonatal Levels of Care  |          |
| CG-MED-28   | Iontophoresis for Medical Indications  |          |
| CG-MED-32   | Ancillary Services for Pregnancy Complications   |          |
| CG-MED-34   | Monitored Anesthesia Care for Gastrointestinal Endoscopic<br>Procedures  |          |
| CG-MED-35   | Retinal Telescreening Systems  |          |
| CG-MED-37   | Intensive Programs for Pediatric Feeding Disorders   |          |
| CG-MED-38   | Inpatient admission for Radiation Therapy for Cervical or Thyroid Cancer   |          |
| CG-MED-39   | Central (Hip or Spine) Bone Density Measurement and<br>Screening for Vertebral Fractures Using Dual Energy X-Ray<br>Absorptiometry |          |

| CUMG Number | CUMG Title   | New Item |
|-------------|--|----------|
| CG-MED-40   | External Ambulatory Event Monitors to Detect Cardiac<br>Arrhythmias  |          |
| CG-MED-41   | Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting  |          |
| CG-MED-42   | Maternity Ultrasound in the Outpatient Setting   |          |
| CG-MED-44   | Holter Monitors  |          |
| CG-MED-45   | Transrectal Ultrasonography  |          |
| CG-MED-46   | Electroencephalography and Video Electroencephalographic<br>Monitoring   |          |
| CG-MED-47   | Fundus Photography   |          |
| CG-MED-48   | Scrotal Ultrasound   |          |
| CG-MED-49   | Auditory Brainstem Responses and Evoked Otoacoustic<br>Emissions for Hearing Disorders   |          |
| CG-MED-50   | Visual, Somatosensory and Motor Evoked Potentials  |          |
| CG-MED-51   | Three-Dimensional Rendering of Imaging Studies   |          |
| CG-MED-52   | Allergy Immunotherapy (Subcutaneous)   |          |
| CG-MED-53   | Cervical Cancer Screening Using Cytology and Human<br>Papillomavirus Testing   |          |
| CG-MED-54   | Strapping  |          |
| CG-MED-55   | Level of Care: Advanced Radiologic Imaging   |          |
| CG-MED-56   | Non-Obstetrical Transvaginal Ultrasonography   |          |
| CG-MED-57   | Cardiac Stress Testing with Electrocardiogram  |          |
| CG-MED-59   | Upper Gastrointestinal Endoscopy   |          |
| CG-MED-60   | Monitored Anesthesia Care and General Anesthesia for<br>Cataract Surgery   |          |
| CG-MED-61   | Preoperative Testing for Low Risk Invasive Procedures and<br>Surgeries   |          |
| CG-MED-62   | Resting Electrocardiogram Screening in Adults  |          |
| CG-MED-63   | Treatment of Hyperhidrosis   |          |
| CG-MED-64   | Transcatheter Ablation of Arrhythmogenic Foci in the<br>Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial<br>Flutter (Radiofrequency and Cryoablation) |          |
| CG-MED-66   | Cryopreservation of Oocytes or Ovarian Tissue  |          |
| CG-MED-68   | Therapeutic Apheresis  |          |
| CG-MED-69   | Inhaled Nitric Oxide   |          |
| CG-MED-70   | Wireless Capsule Endoscopy for Gastrointestinal Imagine and the Patency Capsule  |          |
| CG-MED-71   | Wound Care in the Home Setting   |          |
| CG-MED-72   | Hyperthermia for Cancer Therapy  |          |
| CG-MED-73   | Hyperbaric Oxygen Therapy (Systemic/Topical)   |          |
| CG-MED-74   | Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry   |          |
| CG-MED-75   | Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome   |          |
| CG-MED-76   | Magnetic Source Imaging and Magnetoencephalography   |          |
| CG-MED-77   | SPECT/CT Fusion Imaging  |          |

| CUMG Number | CUMG Title  | New Item |
|-------------|---|----------|
| CG-MED-78   | Anesthesia Services for Interventional Pain Management<br>Procedures                                    |          |
| CG-MED-79   | Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm<br>Pacing Systems                                 |          |
| CG-MED-80   | Positron Emission Tomography (PET) and PET/CT Fusion  |          |
| CG-MED-81   | High Intensity Focused Ultrasound (HIFU) for Oncologic<br>Indications                                   |          |
| CG-MED-82   | Intravenous versus Oral Drug Administration in the Outpatient and Home Setting                          |          |
| CG-MED-83   | Level of Care: Specialty Pharmaceuticals  |          |
| CG-MED-84   | Non-Obstetric Gynecologic Duplex Ultrasonography of the<br>Abdomen and Pelvis in the Outpatient Setting |          |
| CG-MED-85   | Posterior Segment Optical Coherence Tomography  | NEW      |
| CG-MED-86   | Enhanced External Counterpulsation in the Outpatient Setting  | NEW      |
| CG-MED-87   | Single Photon Emission Computed Tomography Scans for<br>Noncardiovascular Indications                   | NEW      |
| CG-OR-PR-02 | Prefabricated and Prophylactic Knee Braces  |          |
| CG-OR-PR-03 | Custom-made Knee Braces   |          |
| CG-OR-PR-04 | Cranial Remodeling Bands and Helmets (Cranial Orthotics)  |          |
| CG-OR-PR-05 | Myoelectric Upper Extremity Prosthesis Devices  |          |
| CG-OR-PR-06 | Spinal Orthoses: Thoracic-Lumber-Sacral (TLSO), Lumbar-<br>Sacral (LSO), and Lumber                     |          |
| CG-REHAB-02 | Outpatient Cardiac Rehabilitation   |          |
| CG-REHAB-03 | Pulmonary Rehabilitation  |          |
| CG-REHAB-04 | Physical Therapy  |          |
| CG-REHAB-05 | Occupational Therapy  |          |
| CG-REHAB-06 | Speech-Language Pathology Services  |          |
| CG-REHAB-07 | Skilled Nursing and Skilled Rehabilitation Services (Outpatient)  |          |
| CG-REHAB-08 | Private Duty Nursing in the Home Setting  |          |
| CG-REHAB-10 | Level of Care: Outpatient Physical Therapy, Occupational Therapy and                                    |          |
| CG-REHAB-11 | Cognitive Rehabilitation  |          |
| 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-08  | Sacral Nerve Stimulation as a Treatment of Neurogenic<br>Bladder Secondary to Spinal Cord Injury        |          |
| CG-SURG-09  | Temporomandibular Disorders   |          |
| CG-SURG-10  | Ambulatory or Outpatient Surgery Center Procedures  |          |
| CG-SURG-11  | Surgical Treatment for Dupuytren's Contracture  |          |
| CG-SURG-12  | Penile Prosthesis Implantation  |          |
| CG-SURG-15  | Endometrial Ablation  |          |
| CG-SURG-17  | Trigger Point Injections  |          |

| CUMG Number | CUMG Title   | New Item |
|-------------|--|----------|
| CG-SURG-18  | Septoplasty  |          |
| CG-SURG-24  | Functional Endoscopic Sinus Surgery  |          |
| CG-SURG-25  | Injection Treatment for Morton's Neuroma   |          |
| CG-SURG-27  | Sex Reassignment Surgery   |          |
| CG-SURG-28  | Transcatheter Uterine Artery Embolization  |          |
| CG-SURG-29  | Lumbar Discography   |          |
| CG-SURG-30  | Tonsillectomy with or without Adenoidectomy for Children   |          |
| CG-SURG-31  | Treatment of Keloids and Scar Revision   |          |
| CG-SURG-34  | Diagnostic Infertility Surgery   |          |
| CG-SURG-35  | Intracytoplasmic Sperm Injection (ICSI)  |          |
| 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  |          |
| CG-SURG-49  | Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities                                      |          |
| CG-SURG-50  | Assistant Surgeons   |          |
| CG-SURG-51  | Outpatient Cystourethroscopy   |          |
| CG-SURG-52  | Level of Care: Hospital-Based Ambulatory Surgical<br>Procedures, including Endoscopic Procedures   |          |
| CG-SURG-55  | Intracardiac Electrophysiological Studies and Catheter<br>Ablation   |          |
| CG-SURG-56  | Diagnostic Fiberoptic Flexible Laryngoscopy  |          |
| CG-SURG-57  | Diagnostic Nasal Endoscopy   |          |
| CG-SURG-58  | Radioactive Seed Localization of Nonpalpable Breast Lesions  |          |
| CG-SURG-59  | Vena Cava Filters  |          |
| CG-SURG-61  | Cryosurgical Ablation of Solid Tumors Outside the Liver  |          |
| CG-SURG-63  | Cardiac Resynchronization Therapy (CRT) with or without an<br>Implantable Cardioverter Defibrillator (CRT/ICD) for the<br>Treatment of Heart Failure |          |
| 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-74  | Total Ankle Replacement  |          |
| CG-SURG-75  | Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions  |          |
| CG-SURG-76  | Carotid, Vertebral and Intracranial Artery Stent Placement with<br>or without Angioplasty  |          |
| CG-SURG-77  | Refractive Surgery   |          |
| CG-SURG-78  | Locally Ablative Techniques for Treating Primary and<br>Metastatic Liver Malignancies  |          |
| CG-SURG-79  | Implantable Infusion Pumps   |          |

| CUMG Number        | CUMG Title   | New 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<br>Obesity  |          |
| CG-SURG-84         | Mandibular/Maxillary (Orthognathic) Surgery  |          |
| CG-SURG-85         | Hip Resurfacing  |          |
| CG-SURG-86         | Endovascular/Endoluminal Repair of Aortic Aneurysms,<br>Aortoiliac Disease, Aortic Dissection and Aortic Transection           |          |
| CG-SURG-87         | Nasal Surgery for the Treatment of Obstructive Sleep Apnea<br>and Snoring  |          |
| CG-SURG-88         | Mastectomy for Gynecomastia  |          |
| CG-SURG-89         | Radiofrequency Neurolysis and Pulsed Radiofrequency<br>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-93         | Angiographic Evaluation and Endovascular Intervention for<br>Dialysis Access Circuit Dysfunction                               |          |
| CG-SURG-94         | Keratoprosthesis   |          |
| CG-SURG-95         | Sacral Nerve Stimulation and Percutaneous Tibial Nerve<br>Stimulation for Urinary and Fecal Incontinence; Urinary<br>Retention |          |
| CG-SURG-96         | Intraocular Telescope  |          |
| CG-SURG-97         | Cardioverter Defibrillators  |          |
| CG-SURG-98         | Prostate Multiparametric Magnetic Resonance Imaging  |          |
| 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 Esophagus   |          |
| CG-SURG-102        | Alcohol Septal Ablation for Treatment of Hypertrophic<br>Cardiomyopathy  |          |
| CG-SURG-103        | Male Circumcision  |          |
| CG-SURG-104        | Intraoperative Neurophysiological Monitoring   | NEW      |
| CG-SURG-105        | Corneal Collagen Cross-Linking   | NEW      |
| CG-SURG-106        | Venous Angioplasty with or without Stent Placement or<br>Venous Stenting Alone   | NEW      |
| CG-THER-RAD-<br>07 | Intravascular Brachytherapy (Coronary and Non-Coronary)  |          |
| CG-TRANS-02        | Kidney Transplantation   |          |
| CG-TRANS-03        | Donor Lymphocyte Infusion for Hematologic Malignancies<br>after Allogeneic Hematopoietic Progenitor Cell Transplantation       |          |