

## **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 *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 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.00004*.

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.

ARPEC-0824-20 October 2020



## Clinical Utilization Management Guidelines

The new *Clinical Utilization Management (UM) Guidelines* below were adopted by the medical operations committee for our members on September 9, 2021.

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

| <b>CUMG</b> number | CUMG title   | New item |
|--------------------|--|----------|
| CG-ADMIN-01        | Clinical Utilization Management (UM) Guideline for Pre-<br>Payment Review Medical Necessity Determinations When<br>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; Nonemergent  |          |
| CG-ANC-07          | Inpatient Interfacility Transfers  |          |
| CG-ANC-08          | Mobile Device-Based Health Management Applications   |          |
| CG-BEH-01          | Assessment for Autism Spectrum Disorders and Rett Syndrome   |          |
| CG-BEH-02          | Adaptive Behavioral Treatment  |          |
| CG-BEH-14          | Intensive In-Home Behavioral Health Services   |          |
| 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          | 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 (AAC) Devices with Digitized or Synthesized Speech Output   |          |
| CG-DME-08          | Infant Home Apnea Monitors   |          |
| CG-DME-09          | Continuous Local Delivery of Analgesia to Operative Sites using an Elastomeric Infusion Pump During the Postoperative Period                             |          |
| CG-DME-10          | Durable Medical Equipment  |          |
| CG-DME-12          | Home Phototherapy Devices for Neonatal<br>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  |          |

ARPEC-1233-21 11/24/2021

| CUMG number | CUMG title  | New item |
|-------------|---|----------|
| CG-DME-19   | Therapeutic Shoes, Inserts or Modifications for Individuals with Diabetes   |          |
| 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 & Knee-Ankle-Foot Orthoses   |          |
| CG-DME-23   | Lifting Devices for Use in the Home   |          |
| CG-DME-24   | Wheeled Mobility Devices: Manual Wheelchairs — Standard, 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 (POVs) |          |
| CG-DME-33   | Wheeled Mobility Devices: Manual Wheelchairs — Ultra Lightweight  |          |
| CG-DME-34   | Wheeled Mobility Devices: Wheelchair Accessories  |          |
| CG-DME-35   | Electric Breast Pumps   |          |
| CG-DME-36   | Pediatric Gait Trainers   |          |
| 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   |          |
| CG-DME-41   | Ultraviolet Light Therapy Delivery Devices for Home Use   |          |
| CG-DME-42   | Nonimplantable Insulin Infusion and Blood Glucose<br>Monitoring Devices   |          |
| CG-DME-43   | High Frequency Chest Compression Devices for Airway 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<br>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-GENE-01  | Janus Kinase 2, CALR and MPL Gene Mutation Assays   |          |
| CG-GENE-04  | Molecular Marker Evaluation of Thyroid Nodules  |          |
| 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   |          |

| CUMG number | CUMG title   | New item |
|-------------|--|----------|
| CG-GENE-10  | Chromosomal Microarray Analysis (CMA) for<br>Developmental Delay, Autism Spectrum Disorder,<br>Intellectual Disability (Intellectual Developmental Disorder)<br>and Congenital Anomalies |          |
| CG-GENE-11  | Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status   |          |
| CG-GENE-13  | Genetic Testing for Inherited Diseases   |          |
| CG-GENE-14  | Gene Mutation Testing for Solid Tumor Cancer<br>Susceptibility and Management  |          |
| CG-GENE-15  | Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis  |          |
| CG-GENE-16  | BRCA Testing for Breast and/or Ovarian Cancer Syndrome   |          |
| CG-GENE-17  | RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility   |          |
| CG-GENE-18  | Genetic Testing for TP53 Mutations   |          |
| CG-GENE-19  | Detection and Quantification of Tumor DNA Using Next<br>Generation Sequencing in Lymphoid Cancers  |          |
| CG-GENE-21  | Cell-Free Fetal DNA-Based Prenatal Testing   |          |
| CG-GENE-22  | Gene Expression Profiling for Managing Breast Cancer Treatment   |          |
| CG-GENE-23  | Genetic Testing for Heritable Cardiac Conditions   |          |
| CG-LAB-03   | Tropism Testing for HIV Management   |          |
| CG-LAB-09   | Drug Testing or Screening in the Context of Substance<br>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   |          |
| 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  |          |

| CUMG number | CUMG title  | New item |
|-------------|---|----------|
| CG-MED-28   | Iontophoresis for Medical Indications   |          |
| CG-MED-32   | Ancillary Services for Pregnancy Complications  |          |
| CG-MED-34   | Monitored Anesthesia Care for Gastrointestinal<br>Endoscopic 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   | Bone Mineral Density Testing Measurement  |          |
| CG-MED-40   | External Ambulatory Event Monitors to Detect Cardiac 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 Monitoring                               |          |
| CG-MED-47   | Fundus Photography  |          |
| CG-MED-48   | Scrotal Ultrasound  |          |
| 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                         |          |
| CG-MED-54   | Strapping   |          |
| CG-MED-55   | Site 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 in Adults  |          |
| CG-MED-61   | Preoperative Testing for Low Risk Invasive Procedures and 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 Pulmonary Veins                              |          |
| CG-MED-65   | Manipulation Under Anesthesia   |          |
| CG-MED-66   | Cryopreservation of Oocytes or Ovarian Tissue   |          |
| CG-MED-68   | Therapeutic Apheresis   |          |
| CG-MED-69   | Inhaled Nitric Oxide  |          |

| CUMG number | CUMG title   | New item |
|-------------|--|----------|
| CG-MED-70   | Wireless Capsule Endoscopy for Gastrointestinal Imagine and the Patency Capsule  |          |
| CG-MED-71   | Chronic Wound Care in the Home or Outpatient 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-76   | Magnetic Source Imaging and Magnetoencephalography   |          |
| CG-MED-77   | SPECT/CT Fusion Imaging  |          |
| CG-MED-78   | Anesthesia Services for Interventional Pain Management Procedures  |          |
| CG-MED-79   | Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems   |          |
| CG-MED-81   | High Intensity Focused Ultrasound (HIFU) for Oncologic Indications   |          |
| CG-MED-83   | Site of Care: Specialty Pharmaceuticals  |          |
| CG-MED-84   | Non-Obstetric Gynecologic Duplex Ultrasonography of the Abdomen and Pelvis in the Outpatient Setting   |          |
| CG-MED-85   | Posterior Segment Optical Coherence Tomography   |          |
| CG-MED-86   | Enhanced External Counterpulsation in the Outpatient Setting   |          |
| CG-MED-87   | Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications   |          |
| CG-MED-88   | Preimplantation Genetic Diagnosis Testing  |          |
| CG-MED-89   | Home Parenteral Nutrition  |          |
| 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),<br>Lumbar-Sacral (LSO), and Lumber   |          |
| CG-REHAB-02 | Outpatient Cardiac Rehabilitation  |          |
| CG-REHAB-03 | Pulmonary Rehabilitation   |          |
| 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 Speech-Language Pathology Services  |          |
| 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  |          |

| CUMG number | CUMG title   | New item |
|-------------|--|----------|
| CG-SURG-05  | Maze Procedure   |          |
| CG-SURG-07  | Vertical Expandable Prosthetic Titanium Rib  |          |
| CG-SURG-08  | Sacral Nerve Stimulation as a Treatment of Neurogenic 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   |          |
| CG-SURG-18  | Septoplasty  |          |
| CG-SURG-24  | Functional Endoscopic Sinus Surgery (FESS)   |          |
| CG-SURG-25  | Injection Treatment for Morton's Neuroma   |          |
| CG-SURG-28  | Transcatheter Uterine Artery Embolization  |          |
| 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 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  | Site of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services  |          |
| 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-59  | Vena Cava Filters  |          |
| CG-SURG-61  | Cryosurgical or Radiofrequency Ablation to Treat Solid Tumors Outside the Liver  |          |
| CG-SURG-63  | Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure |          |

| CUMG number | CUMG title   | New item |
|-------------|--|----------|
| 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   |          |
| 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-85  | Hip Resurfacing  |          |
| CG-SURG-86  | Endovascular/Endoluminal Repair of Aortic Aneurysms,<br>Aortoiliac Disease, Aortic Dissection and Aortic<br>Transection  |          |
| CG-SURG-87  | Nasal Surgery for the Treatment of Obstructive Sleep<br>Apnea 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 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-97  | Cardioverter Defibrillators  |          |
| CG-SURG-98  | Prostate Biopsy using MRI Fusion Techniques  |          |
| 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   |          |

| CUMG number        | CUMG title  | New item |
|--------------------|---|----------|
| CG-SURG-102        | Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy  |          |
| CG-SURG-103        | Penile Circumcision   |          |
| CG-SURG-104        | Intraoperative Neurophysiological Monitoring  |          |
| CG-SURG-105        | Corneal Collagen Cross-Linking  |          |
| CG-SURG-106        | Venous Angioplasty with or without Stent Placement or Venous Stenting Alone   |          |
| CG-SURG-107        | Surgical and Minimally Invasive Treatments for Benign<br>Prostatic Hyperplasia (BPH)                                  |          |
| CG-SURG-108        | Stereotactic Radiofrequency Pallidotomy   |          |
| CG-SURG-110        | Lung Volume Reduction Surgery   |          |
| CG-SURG-111        | Open Sacroiliac Joint Fusion  |          |
| CG-SURG-112        | Carpal Tunnel Decompression Surgery   | NEW      |
| CG-SURG-113        | Tonsillectomy with or without Adenoidectomy for Adults  | 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 after Allogeneic Hematopoietic Progenitor Cell Transplantation |          |



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