



Anthem Blue Cross and Blue Shield GA Medical Policy and Clinical Guideline Updates 05/1/2020

The Medical Policy and Technology Assessment Committee adopted the following new and/or revised Medical Policies and Clinical Guidelines. Some may have expanded rationales, medical necessity indications or criteria and some may involve changes to policy position statements that might result in services that previously were covered being found to be either not medically necessary or investigational/not medically necessary. Clinical Guidelines adopted by Anthem Blue Cross and Blue Shield and all the Medical Policies are available at the Anthem Blue Cross and Blue Shield website (Choose Providers > Medical Policies). Please note our medical policies now include NOC (Not Otherwise Classified) codes to expedite the process of determining services that may require medical review. If you don't have access to the Internet, you may request a hard copy of a specific Medical or Behavioral Health Policy or Clinical UM Guideline by calling Provider Services at (800) 241-7475 Monday - Friday from 8 AM to 7 PM or send written requests (specifying medical policy or guideline of interest, your name and address to where information should be sent) to:

Anthem Blue Cross and Blue Shield
 Attention: Prior Approval, Mail Code GAG009-0002
 3350 Peachtree Road NE
 Atlanta, GA 30326

NOTE: Any Clinical Guideline included in this standard MPTAC notification is only effective for GA if included on the GA Standard Adopted Clinical Guideline List unless there is a group-specific review requirement in which case it will be considered 'Adopted' for that group only and for the specific type of review required. Additionally, as part of the Pre-Payment Review Program for commercial or Federal Employee Health Benefits Program (FEHBP) plans, Clinical Guidelines approved by Medical Policy and Technology Assessment Committee (MPTAC) but not included in the GA Standard Adopted Clinical Guideline List may be used to review a provider's claims when a provider's billing practices are not consistent with other providers in terms of frequency or in some other manner or for provider education and are "Adopted" for those purposes.

Publish Date	Committee Action	Policy or Guideline Number	Policy or Guideline Title
To Be Determined	New	CG-ANC-08	Mobile Device-Based Health Management Applications
To Be Determined	New	DME.00041	Low Intensity Therapeutic Ultrasound for the Treatment of Pain
To Be Determined	New	GENE.00053	Metagenomic Sequencing for Infectious Disease in the Outpatient Setting
To Be Determined	New	GENE.00054	Paired DNA and Messenger RNA (mRNA) Genetic Testing to Detect, Diagnose and
To Be Determined	New	SURG.00154	Microsurgical Procedures for the Treatment of Lymphedema
To Be Determined	New	SURG.00155	Cryoneurolysis for Treatment of Peripheral Nerve Pain
	CONVERSION		
To Be Determined	Conversion New	CG-SURG-107	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)

7/1/2020	Archived	SURG.00028	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)
4/15/2020	Conversion New	CG-SURG-108	Stereotactic Radiofrequency Pallidotomy
4/15/2020	Archived	SURG.00016	Stereotactic Radiofrequency Pallidotomy
	REVISED		
4/15/2020	Revised	CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules
2/27/2020	Revised	CG-GENE-05	Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy)
4/15/2020	Revised	CG-GENE-09	Genetic Testing for CHARGE Syndrome
4/15/2020	Revised	CG-MED-88	Preimplantation Genetic Diagnosis Testing
2/27/2020	Revised	CG-REHAB-04	Rehabilitative and Habilitative Services: Physical Medicine/Physical Therapy
2/27/2020	Revised	CG-REHAB-05	Rehabilitative and Habilitative Services: Occupational Therapy
2/27/2020	Revised	CG-REHAB-06	Rehabilitative and Habilitative Services: Speech-Language Pathology Previous title: Speech-Language Pathology Services
4/15/2020	Revised	CG-SURG-09	Temporomandibular Disorders
4/15/2020	Revised	CG-SURG-76	Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty
4/15/2020	Revised	CG-SURG-78	Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver
2/27/2020	Revised	CG-SURG-98	Prostate Multiparametric Magnetic Resonance Imaging
4/15/2020	Revised	CG-SURG-104	Intraoperative Neurophysiological Monitoring
To Be Determined	Revised	DME.00011	Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and
2/27/2020	Revised	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment
4/15/2020	Revised	LAB.00011	Analysis of Proteomic Patterns
4/15/2020	Revised	MED.00059	Idiopathic Environmental Illness (IEI)
4/15/2020	Revised	MED.00120	Gene Therapy for Ocular Conditions
To Be Determined	Revised	SURG.00032	Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention
2/27/2020	Revised	SURG.00103	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)
4/15/2020	Revised	SURG.00127	Sacroiliac Joint Fusion
	Reviewed		
4/15/2020	Reviewed	ANC.00008	Cosmetic and Reconstructive Services of the Head and Neck
4/15/2020	Reviewed	CG-DME-06	Pneumatic Compression Devices for Lymphedema
4/15/2020	Reviewed	CG-GENE-01	Janus Kinase 2, CALR, and MPL Gene Mutation Assays
4/15/2020	Reviewed	CG-GENE-07	BCR-ABL Mutation Analysis

4/15/2020	Reviewed	CG-GENE-08	Genetic Testing for PTEN Hamartoma Tumor Syndrome
4/15/2020	Reviewed	CG-LAB-12	Testing for Oral and Esophageal Cancer
4/15/2020	Reviewed	CG-MED-34	Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures
4/15/2020	Reviewed	CG-MED-37	Intensive Programs for Pediatric Feeding Disorders
4/15/2020	Reviewed	CG-MED-45	Transrectal Ultrasonography
4/15/2020	Reviewed	CG-MED-47	Fundus Photography
4/15/2020	Reviewed	CG-MED-48	Scrotal Ultrasound
4/15/2020	Reviewed	CG-MED-50	Visual, Somatosensory and Motor Evoked Potentials
4/15/2020	Reviewed	CG-MED-52	Allergy Immunotherapy (Subcutaneous)
4/15/2020	Reviewed	CG-MED-55	Level of Care: Advanced Radiologic Imaging
4/15/2020	Reviewed	CG-MED-69	Inhaled Nitric Oxide
4/15/2020	Reviewed	CG-MED-70	Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule
4/15/2020	Reviewed	CG-MED-72	Hyperthermia for Cancer Therapy
4/15/2020	Reviewed	CG-OR-PR-02	Prefabricated and Prophylactic Knee Braces
4/15/2020	Reviewed	CG-OR-PR-06	Spinal Orthoses: Thoracic-Lumbar-Sacral (TLSO), Lumbar-Sacral (LSO), and Lumbar
4/15/2020	Reviewed	CG-REHAB-10	Level of Care: Outpatient Physical Therapy, Occupational Therapy, and Speech-
4/15/2020	Reviewed	CG-SURG-18	Septoplasty
4/15/2020	Reviewed	CG-SURG-30	Tonsillectomy for Children with or without Adenoidectomy
4/15/2020	Reviewed	CG-SURG-36	Adenoidectomy
4/15/2020	Reviewed	CG-SURG-46	Myringotomy and Tympanostomy Tube Insertion
4/15/2020	Reviewed	CG-SURG-55	Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation
4/15/2020	Reviewed	CG-SURG-74	Total Ankle Replacement
4/15/2020	Reviewed	CG-SURG-97	Cardioverter Defibrillators
4/15/2020	Reviewed	CG-SURG-99	Panniculectomy and Abdominoplasty
4/15/2020	Reviewed	CG-TRANS-02	Kidney Transplantation
4/15/2020	Reviewed	DME.00009	Vacuum Assisted Wound Therapy in the Outpatient Setting
4/15/2020	Reviewed	DME.00022	Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)
4/15/2020	Reviewed	DME.00032	Automated External Defibrillators for Home Use
4/15/2020	Reviewed	GENE.00003	Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease
4/15/2020	Reviewed	GENE.00007	Cardiac Ion Channel Genetic Testing
4/15/2020	Reviewed	GENE.00009	Gene-Based Tests for Screening, Detection and Management of Prostate Cancer

4/15/2020	Reviewed	GENE.00017	Genetic Testing for Diagnosis and Management of Hereditary Cardiomyopathies
4/1/2020	Reviewed	GENE.00026	Cell-Free Fetal DNA-Based Prenatal Testing
4/15/2020	Reviewed	GENE.00038	Genetic Testing for Statin-Induced Myopathy
4/15/2020	Reviewed	GENE.00050	Gene Expression Profiling for Coronary Artery Disease
4/15/2020	Reviewed	LAB.00003	In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays
4/15/2020	Reviewed	LAB.00015	Detection of Circulating Tumor Cells in the Blood as a Prognostic Factor for Cancer
4/15/2020	Reviewed	LAB.00025	Topographic Genotyping
4/15/2020	Reviewed	MED.00004	Technologies for the Evaluation of Skin Lesions (including Dermatoscopy,
4/15/2020	Reviewed	MED.00011	Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State
4/15/2020	Reviewed	MED.00024	Adoptive Immunotherapy and Cellular Therapy
4/15/2020	Reviewed	MED.00053	Non-Invasive Measurement of Left Ventricular End Diastolic Pressure in the Outpatient
4/15/2020	Reviewed	MED.00057	MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications
4/15/2020	Reviewed	MED.00077	In-Vivo Analysis of Gastrointestinal Lesions
4/15/2020	Reviewed	MED.00087	Imaging Techniques for Screening and Identification of Cervical Cancer
4/15/2020	Reviewed	MED.00101	Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)
4/15/2020	Reviewed	MED.00102	Ultrafiltration in Decompensated Heart Failure
4/15/2020	Reviewed	MED.00104	Non-invasive Measurement of Advanced Glycation Endproducts (AGEs) in the Skin
4/15/2020	Reviewed	MED.00105	Bioimpedance Spectroscopy Devices for the Detection and Management of
4/15/2020	Reviewed	MED.00111	Intracardiac Ischemia Monitoring
4/15/2020	Reviewed	MED.00112	Autonomic Testing
4/15/2020	Reviewed	MED.00118	Continuous Monitoring of Intraocular Pressure
4/15/2020	Reviewed	MED.00125	Biofeedback and Neurofeedback
4/15/2020	Reviewed	OR-PR.00004	Partial-Hand Myoelectric Prosthesis
4/15/2020	Reviewed	RAD.00001	Computed Tomography to Detect Coronary Artery Calcification
4/15/2020	Reviewed	RAD.00038	Use of 3-D, 4-D or 5-D Ultrasound in Maternity Care
4/15/2020	Reviewed	RAD.00044	Magnetic Resonance Neurography
4/15/2020	Reviewed	RAD.00052	Positional MRI

4/15/2020	Reviewed	RAD.00059	Catheter-based Embolization Procedures for Malignant Lesions Outside the Liver Previous title: Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE) for Malignant Lesions Outside the Liver except Central Nervous System (CNS) and Spinal Cord
4/15/2020	Reviewed	SURG.00022	Lung Volume Reduction Surgery
4/15/2020	Reviewed	SURG.00026	Deep Brain, Cortical, and Cerebellar Stimulation
4/15/2020	Reviewed	SURG.00043	Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons
4/15/2020	Reviewed	SURG.00053	Unicondylar Interpositional Spacer
4/15/2020	Reviewed	SURG.00056	Transanal Radiofrequency Treatment of Fecal Incontinence
4/15/2020	Reviewed	SURG.00061	Presbyopia and Astigmatism-Correcting Intraocular Lenses
4/15/2020	Reviewed	SURG.00062	Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion
4/15/2020	Reviewed	SURG.00070	Photocoagulation of Macular Drusen
4/15/2020	Reviewed	SURG.00072	Lysis of Epidural Adhesions
4/15/2020	Reviewed	SURG.00075	Intervertebral Stabilization Devices
4/15/2020	Reviewed	SURG.00089	Self-Expanding Absorptive Sinus Ostial Dilatation
To Be Determined	Reviewed	SURG.00096	Surgical and Ablative Treatments for Chronic Headaches
4/15/2020	Reviewed	SURG.00107	Prostate Saturation Biopsy
4/15/2020	Reviewed	SURG.00113	Artificial Retinal Devices
4/15/2020	Reviewed	SURG.00124	Carotid Sinus Baroreceptor Stimulation Devices
4/15/2020	Reviewed	SURG.00132	Drug-Eluting Devices for Maintaining Sinus Ostial Patency
4/15/2020	Reviewed	SURG.00137	Focused Microwave Thermotherapy for Breast Cancer
4/15/2020	Reviewed	SURG.00139	Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery with Radiofrequency Spectroscopy or Optical Coherence Tomography
4/15/2020	Reviewed	SURG.00143	Perirectal Spacers for Use During Prostate Radiotherapy
4/15/2020	Reviewed	SURG.00148	Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy
4/15/2020	Reviewed	SURG.00149	Percutaneous Ultrasonic Ablation of Soft Tissue
4/15/2020	Reviewed	SURG.00150	Leadless Pacemaker
4/15/2020	Reviewed	SURG.00151	Balloon Dilatation of Eustachian Tube
4/15/2020	Reviewed	SURG.00152	Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing
4/15/2020	Reviewed	TRANS.00011	Pancreas Transplantation and Pancreas Kidney Transplantation
4/15/2020	Reviewed	TRANS.00013	Small Bowel, Small Bowel/Liver, and Multivisceral Transplantation
4/15/2020	Reviewed	TRANS.00016	Umbilical Cord Blood Progenitor Cell Collection, Storage and Transplantation
4/15/2020	Reviewed	TRANS.00025	Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection

4/15/2020	Reviewed	TRANS.00028	Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin
4/15/2020	Reviewed	TRANS.00031	Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous
			MCG
			MCG GUIDELINES 24th EDITION
			MCG GUIDELINES 24th EDITION - LICENSED MODULES
6/26/2020	MCG - New Edition	MCG	Inpatient & Surgical Care (ISC) General Recovery Care (GRG) Recovery Facility Care (RFC) Chronic Care (CCG) Behavioral Health Care (BHG)
7/1/2020	MCG - New Edition	(See Column E)	ISC and BHG Goal Length of Stay (GLOS) Changes
6/26/2020	MCG - New Edition	(See Column E)	ISC and BHG Goal Length of Stay (GLOS) Changes
6/26/2020	MCG - New Edition	(See Column E)	ISC Goal Length of Stay (GLOS) Changes
7/1/2020	New MCG - Customization	W0165	Carotid Artery Stenting
7/1/2020	New MCG Guideline	P-35 P-25	Appendectomy, with Abscess or Peritonitis, Pediatric Appendectomy, without Abscess or Peritonitis, Pediatric
7/1/2020	New MCG - Customization	W0164	Deep Brain Stimulation (DBS): Behavioral Health Care
6/26/2020	New MCG - Customization	B-820-T	Trigeminal Nerve Stimulation, Transcutaneous: Behavioral Health Care
7/1/2020	New MCG - Customization	W0166	Vagus Nerve Stimulation, Implantable: Behavioral Health Care
7/1/2020	New MCG Guideline	B-003-HC B-012-HC	Attention-Deficit and Disruptive Behavior Disorders Autism Spectrum Disorders

6/26/2020	MCG - Customization	W0130	Preoperative Days: Common Complications and Conditions
6/26/2020	MCG - Customization	W0106 W0107 W0108	Newborn Care, Term, with Severe Illness or Abnormality Sepsis, Neonatal, Confirmed Sepsis, Neonatal, Suspected, Not Confirmed
7/1/2020	MCG Guideline	B-801-T	Transcranial Magnetic Stimulation
Not to be used on or after date listed	Archived		MEDICAL POLICIES OR CLINICAL UM GUIDELINES TO ARCHIVE
7/1/2020	Archived	BEH.00002	Transcranial Magnetic Stimulation
4/15/2020	Archived	CG-MED-82	Intravenous versus Oral Drug Administration in the Outpatient and Home Setting
4/15/2020	Archived	MED.00007	Prolotherapy for Joint and Ligamentous Conditions
4/15/2020	Archived	MED.00074	Computer Analysis and Probability Assessment of Electrocardiographic-Derived Data
4/15/2020	Archived	RAD.00012	Ultrasound for the Evaluation of Paranasal Sinuses
5/17/2020	Archived	SURG.00067	Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty
4/15/2020	Archived	THER-RAD.00009	Intraocular Epiretinal Brachytherapy
			<p align="center">MCG GUIDELINES</p> <p align="center">ANNUAL REVIEW – CUSTOMIZATION TO MCG GUIDELINES from the 23rd Edition to the 24th Edition</p> <p align="center">See summary of customization to MCG Care Guidelines on Pulse for detail https://pulse.antheminc.com/webcenter/portal/medpolicy/pages_topic?contentID=PULSE_0494</p> <p align="center">32</p>
INPATIENT & SURGICAL CARE (ISC)			
Cardiology			

6/26/2020	MCG - Annual Review	W0120	Angioplasty, Percutaneous Coronary Intervention
6/26/2020	MCG - Annual Review	W0114	Atrial Fibrillation
6/26/2020	MCG - Annual Review	W0011	Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion
6/26/2020	MCG - Annual Review	W0012	Electrophysiologic Study and Intracardiac Catheter Ablation
6/26/2020	MCG - Annual Review	W0157	Left Atrial Appendage Closure, Percutaneous
Cardiovascular Surgery			
6/26/2020	MCG - Annual Review	W0084	Abdominal Aortic Aneurysm, Endovascular Repair
6/26/2020	MCG - Annual Review	W0133	Aortic Valve Replacement, Transcatheter
6/26/2020	MCG - Annual Review	W0016	Cardiac Septal Defect: Atrial, Transcatheter Closure
6/26/2020	MCG - Annual Review	W0093	Cardiac Septal Defect: Ventricular, Repair
6/26/2020	MCG - Annual Review	W0089	Cardiac Valve Replacement or Repair
6/26/2020	MCG - Annual Review	W0017	Heart Transplant
6/26/2020	MCG - Annual Review	W0121	Percutaneous Revascularization, Lower Extremity
6/26/2020	MCG - Annual Review	W0044	Sympathectomy by Thoracoscopy or Laparoscopy
Common Complication and Conditions			
6/26/2020	MCG - Annual Review	W0136	Venous Thrombosis and Pulmonary Embolism: Common Complications and Conditions
General Surgery			
6/26/2020	MCG - Annual Review	W0158	Fundoplasty, Esophagogastric, by Laparoscopy
6/26/2020	MCG - Annual Review	W0054	Gastric Restrictive Procedure with Gastric Bypass <i>Anthem Title Change to: Gastric Restrictive Procedure with or without Gastric Bypass</i>
6/26/2020	MCG - Annual Review	W0014	Gastric Restrictive Procedure with Gastric Bypass by Laparoscopy

6/26/2020	MCG - Annual Review	W0033	Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy
6/26/2020	MCG - Annual Review	W0102	Gastric Restrictive Procedure, Sleeve Gastrectomy, by Laparoscopy
6/26/2020	MCG - Annual Review	W0159	Hiatal Hernia Repair, Abdominal
6/26/2020	MCG - Annual Review	W0160	Hiatal Hernia Repair, Transthoracic
6/26/2020	MCG - Annual Review	W0034	Liver Transplant
6/26/2020	MCG - Annual Review	W0002	Mastectomy, Complete
6/26/2020	MCG - Annual Review	W0022	Mastectomy, Complete, with Insertion of Breast Prosthesis or Tissue Expander
6/26/2020	MCG - Annual Review	W0023	Mastectomy, Complete, with Tissue Flap Reconstruction
6/26/2020	MCG - Annual Review	W0008	Mastectomy, Partial (Lumpectomy)
Hematology - Oncology			
6/26/2020	MCG - Annual Review	W0162	Chemotherapy
Neonatology			
6/26/2020	MCG - Annual Review	W0087	Newborn Care, Routine
Neurology			
6/26/2020	MCG - Annual Review	W0115	EEG, Video Monitoring
Obstetrics and Gynecology			
6/26/2020	MCG - Annual Review	W0045	Cesarean Delivery
6/26/2020	MCG - Annual Review	W0109	Hysterectomy, Abdominal
6/26/2020	MCG - Annual Review	W0010	Hysterectomy, Laparoscopic <i>Anthem Title Change to: Hysterectomy, Laparoscopic; Hysterectomy, Vaginal, Laparoscopically-Assisted</i>
6/26/2020	MCG - Annual Review	W0110	Hysterectomy, Vaginal

6/26/2020	MCG - Annual Review	W0026	Laparoscopic Gynecologic Surgery Including Myomectomy, Oophorectomy, and Salpingectomy
6/26/2020	MCG - Annual Review	W0025	Laparotomy for Gynecologic Surgery Including Myomectomy, Oophorectomy, and Salpingectomy
6/26/2020	MCG - Annual Review	W0047	Vaginal Delivery
6/26/2020	MCG - Annual Review	W0048	Vaginal Delivery, Operative
Orthopedics			
6/26/2020	MCG - Annual Review	W0139	Acromioplasty and Rotator Cuff Repair
6/26/2020	MCG - Annual Review	W0155	Ankle Arthroscopy
6/26/2020	MCG - Annual Review	W0071	Cervical Discectomy or Microdiscectomy, Foraminotomy, Laminotomy
6/26/2020	MCG - Annual Review	W0111	Cervical Fusion, Anterior
6/26/2020	MCG - Annual Review	W0112	Cervical Fusion, Posterior
6/26/2020	MCG - Annual Review	W0097	Cervical Laminectomy
6/26/2020	MCG - Annual Review	W0105	Hip Arthroplasty
6/26/2020	MCG - Annual Review	W0096	Hip Arthroscopy
6/26/2020	MCG - Annual Review	W0098	Hip Resurfacing
6/26/2020	MCG - Annual Review	W0081	Knee Arthroplasty, Total
6/26/2020	MCG - Annual Review	W0113	Knee Arthroscopy
6/26/2020	MCG - Annual Review	W0140	Knee Arthrotomy
6/26/2020	MCG - Annual Review	W0091	Lumbar Discectomy, Foraminotomy, or Laminotomy
6/26/2020	MCG - Annual Review	W0072	Lumbar Fusion
6/26/2020	MCG - Annual Review	W0100	Lumbar Laminectomy

6/26/2020	MCG - Annual Review	W0137	Shoulder Arthroplasty
6/26/2020	MCG - Annual Review	W0138	Shoulder Hemiarthroplasty
6/26/2020	MCG - Annual Review	W0116	Spine, Scoliosis, Posterior Instrumentation
Pediatrics			
6/26/2020	MCG - Annual Review	W0117	Diabetes, Pediatric
6/26/2020	MCG - Annual Review	W0122	EEG, Video Monitoring, Pediatric
6/26/2020	MCG - Annual Review	W0161	Fundoplasty, Esophagogastric, by Laparoscopy, Pediatric
6/26/2020	MCG - Annual Review	W0123	Heart Transplant, Pediatric
6/26/2020	MCG - Annual Review	W0124	Liver Transplant, Pediatric
6/26/2020	MCG - Annual Review	W0125	Lung Transplant, Pediatric
6/26/2020	MCG - Annual Review	W0126	Renal Transplant, Pediatric
6/26/2020	MCG - Annual Review	W0156	Spine, Scoliosis, Posterior Instrumentation, Pediatric
Thoracic Surgery and Pulmonary Disease			
6/26/2020	MCG - Annual Review	W0135	Deep Venous Thrombosis of Lower Extremities
6/26/2020	MCG - Annual Review	W0076	Lung Transplant
6/26/2020	MCG - Annual Review	W0134	Pulmonary Embolism
Urology			
6/26/2020	MCG - Annual Review	W0029	Prostatectomy, Transurethral, Alternatives to Standard Resection
6/26/2020	MCG - Annual Review	W0027	Renal Transplant
Other Guidelines			
6/26/2020	MCG - Annual Review		Neonatal Facility Levels and Intensity of Care Criteria
6/26/2020	MCG - Annual Review		Assistant Surgeon Guidelines

GENERAL RECOVERY CARE (GRG)

Body System GRG

6/26/2020	MCG - Annual Review	W0099	Cardiovascular Surgery or Procedure GRG
6/26/2020	MCG - Annual Review	W0142	General Surgery or Procedure GRG
6/26/2020	MCG - Annual Review	W0118	Musculoskeletal Surgery or Procedure GRG
6/26/2020	MCG - Annual Review	W0119	Neurosurgery or Procedure GRG
6/26/2020	MCG - Annual Review	W0143	Obstetric and Gynecologic Surgery or Procedure GRG
6/26/2020	MCG - Annual Review	W0141	Urologic Surgery or Procedure GRG

General Recovery Guidelines Tools Section

6/26/2020	MCG - Annual Review	W0086	Inpatient Palliative Care Criteria
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Problem Oriented GRG

6/26/2020	MCG - Annual Review	W0074	Medical Oncology GRG
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BEHAVIORAL HEALTH CARE (BHG)

Testing Procedures

6/26/2020	MCG - Annual Review	W0150	Urine Toxicology Testing
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Therapeutic Services

6/26/2020	MCG - Annual Review	W0153	Applied Behavioral Analysis
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Medications

6/26/2020	MCG - Annual Review		<p>Medications:</p> <ul style="list-style-type: none"> • Buprenorphine Extended-Release Injection • Buprenorphine Implant • Buprenorphine-Naloxone • Long-Acting Opioids • Naltrexone Extended-Release Injection • Naltrexone Implant
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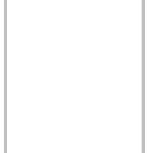
	CODING		CODING UPDATES OF EXISTING MEDICAL POLICIES OR CLINICAL UM GUIDELINES PUBLISHED 04/01/2020 Codes Effective 04/01/2020 (These documents were not reviewed at the quarterly committee meeting)
4/1/2020	Coding Updates of Existing Documents	CG-GENE-12	PIK3CA Mutation Testing for Malignant Conditions
4/1/2020	Coding Updates of Existing Documents	CG-LAB-09	Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain
4/1/2020	Coding Updates of Existing Documents	CG-MED-42	Ultrasound in the Outpatient Setting
4/1/2020	Coding Updates of Existing Documents	SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures
	Interim Upload		
2/5/2020	Interim Upload	GENE.00010	Panel Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status
2/27/2020	Interim Upload	CG-GENE-13	Genetic Testing for Inherited Diseases
2/27/2020	Interim Upload	CG-GENE-16	BRCA Testing for Breast and/or Ovarian Cancer Syndrome

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