



## Clinical Utilization Management Guidelines

Iowa | Wellpoint | Iowa Health Link • Hawki

Attached is a list of the *Clinical UM Guidelines* that Wellpoint 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*.

In addition, American Society of Addiction Medicine® criteria is used for substance abuse services according to state requirements.

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.



## Clinical Utilization Management Guidelines

Iowa | Medicaid • Children’s Health Insurance Program

The *Clinical Utilization Management Guidelines (CUMG)* below, that are indicated as *new*, were adopted by the Medical Operations Committee for Medicaid members on December 21, 2023.

To view a guideline, visit [Medical Policies and Clinical Guidelines | Wellpoint](#).

| CUMG Number | CUMG Title                                                                                                                                        | New Item |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| CG-ADMIN-01 | Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists |          |
| CG-ANC-03   | Acupuncture                                                                                                                                       |          |
| CG-ANC-04   | Ambulance Services: Air and Water                                                                                                                 |          |
| CG-ANC-05   | Ambulance Services: Ground; Emergent                                                                                                              |          |
| CG-ANC-06   | Ambulance Services: Ground; Nonemergent                                                                                                           |          |
| CG-ANC-07   | Inpatient Interfacility Transfers                                                                                                                 |          |
| CG-ANC-08   | Mobile Device-Based Health Management Applications                                                                                                |          |
| 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   | 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 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                                                                         |          |
| CG-DME-20   | Orthopedic Footwear                                                                                                                               |          |

| <i>CUMG</i> Number | <i>CUMG</i> Title                                                                                           | New Item |
|--------------------|-------------------------------------------------------------------------------------------------------------|----------|
| 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          | Powered Wheeled Mobility Devices                                                                            |          |
| 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 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 Vein Thrombosis of the Extremities in the Home Setting |          |
| CG-DME-47          | Noninvasive Home Ventilator Therapy for Respiratory Failure                                                 |          |
| CG-DME-48          | Vacuum Assisted Wound Therapy in the Outpatient Setting                                                     |          |
| CG-DME-49          | Standing Frames                                                                                             |          |
| CG-DME-50          | Automated Insulin Delivery Systems                                                                          | New      |
| CG-DME-51          | External Insulin Pumps                                                                                      | New      |
| CG-DME-52          | Continuous Passive Motion Devices in the Home Setting                                                       | 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                                                                      |          |

| <i>CUMG</i> Number | <i>CUMG</i> Title                                                                                          | New Item |
|--------------------|------------------------------------------------------------------------------------------------------------|----------|
| 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-LAB-19          | Laboratory Evaluation of Vitamin B12                                                                       |          |
| 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                                                         |          |
| CG-LAB-26          | Outpatient Alpha-Fetoprotein Testing                                                                       |          |
| CG-LAB-27          | Human Chorionic Gonadotropin Testing                                                                       |          |
| CG-LAB-28          | Prostate Specific Antigen Testing                                                                          |          |
| CG-LAB-29          | Gamma Glutamyl Transferase Testing                                                                         |          |
| CG-LAB-30          | Outpatient Laboratory-based Blood Glucose Testing                                                          |          |
| CG-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                                                                                              |          |
| CG-MED-34          | Monitored Anesthesia Care for Gastrointestinal 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-45          | Transrectal Ultrasonography                                                                                |          |

| <i>CUMG</i> Number | <i>CUMG</i> Title                                                                                 | New Item |
|--------------------|---------------------------------------------------------------------------------------------------|----------|
| 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-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                                                                              |          |
| 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-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-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                                                           |          |

| <i>CUMG</i> Number | <i>CUMG</i> Title                                                                                                                                    | New Item |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 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-88          | Preimplantation Genetic Diagnosis Testing                                                                                                            |          |
| 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                                                                                                                          | New      |
| CG-MED-95          | Transanal Irrigation                                                                                                                                 |          |
| 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-Sacral (LSO), and Lumber                                                                      |          |
| CG-OR-PR-08        | Microprocessor Controlled Lower Limb Prosthesis                                                                                                      |          |
| CG-OR-PR-09        | Microprocessor Controlled Knee-Ankle-Foot Orthosis                                                                                                   |          |
| 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                                                                                                  |          |
| 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                                                                                                                                 |          |

| <i>CUMG</i> Number | <i>CUMG</i> Title                                                                           | New Item |
|--------------------|---------------------------------------------------------------------------------------------|----------|
| 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-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-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                                           |          |

| <i>CUMG</i> Number | <i>CUMG</i> Title                                                                                                        | New Item |
|--------------------|--------------------------------------------------------------------------------------------------------------------------|----------|
| 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-86         | Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection        |          |
| 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                                     |          |
| 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                                                                              |          |
| 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 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-108        | Stereotactic Radiofrequency Pallidotomy                                                                                  |          |
| CG-SURG-111        | Open Sacroiliac Joint Fusion                                                                                             |          |
| CG-SURG-112        | Carpal Tunnel Decompression Surgery                                                                                      |          |
| CG-SURG-113        | Tonsillectomy with or without Adenoidectomy for Adults                                                                   |          |
| CG-SURG-114        | Ophthalmic use of Nd: YAG Laser for Posterior Capsulotomy                                                                |          |
| CG-SURG-115        | Mechanical Embolectomy for Treatment of Stroke                                                                           |          |
| CG-SURG-116        | Surgical Treatment of Hyperhidrosis                                                                                      |          |
| CG-SURG-117        | Balloon Dilation of the Eustachian Tubes                                                                                 |          |



| <i>CUMG</i> Number | <i>CUMG</i> Title                                                                                                     | New Item |
|--------------------|-----------------------------------------------------------------------------------------------------------------------|----------|
| CG-THER-RAD-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 |          |