

Medical Policies and Clinical Utilization Management Guidelines Update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

Please share this notice with other providers in your practice and office staff.

To view a guideline, visit provider.healthybluemo.com/missouri-provider/medical-policies-and-clinical-guidelines.

Notes/updates:

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- MED.00145 - Digital Therapy Devices for Treatment of Amblyopia
 - Digital therapy devices for treatment of amblyopia are considered Investigational & Not Medically Necessary
- CG-LAB-26 - Outpatient Alpha-Fetoprotein Testing
 - Outlines the Medically Necessary and Not Medically Necessary criteria for outpatient alpha-fetoprotein testing
- CG-LAB-27 - Human Chorionic Gonadotropin Testing
 - Outlines the Medically Necessary and Not Medically Necessary criteria for laboratory testing of human chorionic gonadotropin (hCG)
- CG-LAB-28 - Prostate Specific Antigen Testing
 - Outlines the Medically Necessary and Not Medically Necessary criteria for prostate specific antigen (PSA) testing
- CG-SURG-18 – Septoplasty
 - Re-formatted hierarchy in Clinical Indications section
 - Revised Medically Necessary criteria related to conservative management
 - Revised “chronic recurrent sinusitis” to “chronic or recurrent acute sinusitis”
 - Revised Not Medically Necessary statement to remove bulleted list below statement

Carelon Medical Benefits Management, Inc.* updates

Effective for dates of service on and after August 1, 2023, MRI of the Breast – RAD.00036 is transitioning to **Carelon Medical Benefits Management** criteria in the following two guidelines:

- Imaging of the Chest
- Oncologic Imaging

Medical Policies

On February 16, 2023, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Healthy Blue. These guidelines take effect August 2, 2023.

* Carelon Medical Benefits Management, Inc. is an independent company providing [service] on behalf of the health plan.

Publish Date	Medical Policy Number	Medical Policy Title	New or Revised
2/23/2023	GENE.00049	Circulating Tumor DNA Panel Testing (Liquid Biopsy)	Revised
4/12/2023	*MED.00145	Digital Therapy Devices for Treatment of Amblyopia	New
3/29/2023	SURG.00011	Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
4/12/2023	SURG.00103	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	Revised

Clinical UM Guidelines

On February 16, 2023, the MPTAC approved the following *Clinical UM Guidelines* applicable to Healthy Blue. These guidelines were adopted by the medical operations committee for Medicare Advantage members on March 23, 2023. These guidelines take effect August 2, 2023.

Publish Date	Clinical UM Guideline Number	Clinical UM Guideline Title	New or Revised
4/12/2023	*CG-LAB-26	Outpatient Alpha-Fetoprotein Testing	New
4/12/2023	*CG-LAB-27	Human Chorionic Gonadotropin Testing	New
4/12/2023	*CG-LAB-28	Prostate Specific Antigen Testing	New
2/23/2023	CG-SURG-106	Venous Angioplasty with or without Stent Placement or Venous Stenting Alone	Revised
2/23/2023	CG-SURG-115	Mechanical Embolectomy for Treatment of Stroke	Revised
4/12/2023	CG-SURG-117	Balloon Dilation of the Eustachian Tubes	New
4/12/2023	*CG-SURG-18	Septoplasty	Revised
4/12/2023	CG-SURG-46	Myringotomy and Tympanostomy Tube Insertion	Revised