

## ***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

<https://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:

- **CG-DME-31 - Powered Wheeled Mobility Devices:**
  - Added Not Medically Necessary statement for powered wheeled mobility devices using computerized systems to assist with functions such as seat elevation and navigation over curbs, stairs, or uneven terrain (for example, the iBOT Personal Mobility Device) for all indications
- **CG-LAB-24 - Outpatient Urine Culture:**
  - Outlines the Medically Necessary and Not Medically Necessary criteria for outpatient urine culture testing for bacteria
- **CG-LAB-25 - Outpatient Glycated Hemoglobin and Protein Testing:**
  - Outlines the Medically Necessary and Not Medically Necessary criteria for outpatient glycated hemoglobin (HbA1c) and total glycated serum proteins (GSPs) testing
- **CG-MED-92 - Foot Care Services:**
  - Outlines the Medically Necessary and Not Medically Necessary criteria for foot care services
- **CG-MED-93 - Navigational Bronchoscopy:**
  - Moved content from MED.00099 Navigational Bronchoscopy to a new clinical UM guideline document with the same title
  - Added Medically Necessary criteria for navigational bronchoscopy
  - Revised Investigational & Not Medically Necessary statement to Not Medically Necessary when criteria not met
- **CG-SURG-115 - Mechanical Embolectomy for Treatment of Stroke:**
  - Moved content from SURG.00098 Mechanical Embolectomy for Treatment of Acute Stroke to new clinical UM guideline document with a similar title
  - Investigational & Not Medically Necessary changed to Not Medically Necessary as a result of MP to CUMG transition
- **CG-SURG-116 - Surgical Treatment of Hyperhidrosis:**
  - Moved content from CG-MED-63 Treatment of Hyperhidrosis to new clinical UM guideline document
  - Change of category and addition of *surgical* to title
  - Moved content related to iontophoresis to CG-MED-28 Iontophoresis
- **GENE.00052 - Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling:**

<https://medicareprovider.healthybluemo.com>

- Moved content from GENE.00037 Genetic Testing for Macular Degeneration and CG-GENE-23 Genetic Testing for Heritable Cardiac Conditions into this document
- Added chromosome conformation signatures to scope of document and Investigational & Not Medically Necessary statement
- MED.00130 - Surface Electromyography and Electrodermal Activity Sensor Devices for Seizure Monitoring; Previously titled: Surface Electromyography Devices for Seizure Monitoring:
  - Revised title
  - Revised Position Statement by adding electrodermal activity sensor devices
- MED.00135 - Gene Therapy for Hemophilia:
  - Outlines the Medically Necessary and Investigational & Not Medically Necessary criteria for a one-time infusion of etranacogene dezaparvovec-drlb for select individuals with hemophilia B
- MED.00143 - Ingestible Devices for the Treatment of Constipation:
  - Outlines the Investigational & Not Medically Necessary criteria for Ingestible devices for the treatment of constipation
- SURG.00097 - Scoliosis Surgery:
  - Added magnetically controlled growing rods to scope of document in Investigational & Not Medically Necessary statement

**Medical Policies**

On November 10, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Healthy Blue. These guidelines take effect April 30, 2023.

<b>Publish date</b>	<b>Medical Policy #</b>	<b>Medical Policy title</b>	<b>New or revised</b>
12/28/2022	*GENE.00052	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Revised
1/4/2023	*MED.00130	Surface Electromyography and Electrodermal Activity Sensor Devices for Seizure Monitoring  Previously titled: Surface Electromyography Devices for Seizure Monitoring	Revised
12/6/2022	*MED.00135	Gene Therapy for Hemophilia	New
1/4/2023	*MED.00143	Ingestible Devices for the Treatment of Constipation	New
1/4/2023	*SURG.00097	Scoliosis Surgery	Revised
1/4/2023	TRANS.00029	Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias	Revised

**Clinical UM Guidelines**

On November 10, 2022, the MPTAC approved the following *Clinical UM Guidelines* applicable to Healthy Blue. These guidelines were adopted by the medical operations committee for Healthy Blue members on December 15, 2022. These guidelines take effect April 30, 2023.

<b>Publish date</b>	<b><i>Clinical UM Guideline #</i></b>	<b><i>Clinical UM Guideline title</i></b>	<b>New or revised</b>
1/4/2023	*CG-DME-31	Powered Wheeled Mobility Devices	Revised
11/17/2022	CG-DME-44	Electric Tumor Treatment Field (TTF)	Revised
1/4/2023	*CG-LAB-24	Outpatient Urine Culture	New
1/4/2023	*CG-LAB-25	Outpatient Glycated Hemoglobin and Protein Testing	New
1/4/2023	*CG-MED-92	Foot Care Services	New
1/4/2023	CG-MED-93	Navigational Bronchoscopy	Conversion New
1/4/2023	CG-SURG-115	Mechanical Embolectomy for Treatment of Stroke	Conversion New
11/17/2022	CG-SURG-116	Surgical Treatment of Hyperhidrosis	Conversion New