

## **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 members of your practice and office staff.

The publish date is an internal version control for tracking purpose only. These guidelines take effect July 17, 2022. Please see the explanation/definition for each category of Clinical Criteria below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number

### **Medical Policies**

The Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies and/or Clinical UM Guidelines* applicable to Healthy Blue.

To view a guideline, visit

<https://provider.healthybluela.com/louisiana-provider/medical-policies-and-clinical-guidelines>

<b>Publish date</b>	<b>Policy/UM Guideline</b>	<b>Medical Policy/Clinical Guideline Title</b>	<b>New or revised</b>
[12/29/2021	<b>CG-DME-06</b>	<b>Compression Devices for Lymphedema</b>	Revised
12/29/2021	<b>CG-DME-13</b>	<b>Lower limb prosthesis</b>	Revised
07/08/2020	<b>CG-DME-46</b>	<b>Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting</b>	Revised
07/07/2021	<b>CG-GENE-11</b>	<b>Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status</b>	Revised
12/29/2021	<b>CG-MED-28</b>	<b>Iontophoresis</b>	Revised
12/29/2021	<b>CG-MED-53</b>	<b>Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing</b>	Revised
12/29/2021	<b>CG-MED-81</b>	<b>Ultrasound Ablation for Oncologic Indications</b>	Revised
12/29/2021	<b>CG-SURG-78</b>	<b>Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies</b>	Revised
07/07/2021	<b>DME.00012</b>	<b>Intrapulmonary percussive ventilation devices</b>	Revised

<https://provider.healthybluela.com>

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07/07/2021	<b>DME.00024</b>	<b>Transtympanic micropressure</b>	Revised
12/29/2021	<b>DME.00044</b>	<b>Wheelchair mounted robotic arm</b>	New
12/29/2021	<b>GENE.00049</b>	<b>Circulating tumor dna panel testing (liquid biopsy)</b>	Revised
07/07/2021	<b>GENE.00057</b>	<b>Gene Expression Profiling for Idiopathic Pulmonary Fibrosis</b>	Revised
12/29/2021	<b>LAB.00026</b>	<b>Systems Pathology Testing for Prostate Cancer</b>	Revised
07/07/2021	<b>MED.00090</b>	<b>Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders</b>	Revised
12/29/2021	<b>MED.00099</b>	<b>Navigational bronchoscopy</b>	Revised
12/29/2021	<b>MED.00138</b>	<b>Wearable Devices for Stress Relief and Management</b>	New
12/29/2021	<b>SURG.00011</b>	<b>Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting</b>	Revised
12/29/2021	<b>SURG.00023</b>	<b>Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures</b>	Revised
12/29/2021	<b>SURG.00037</b>	<b>Treatment of Varicose Veins (Lower Extremities)</b>	Revised
12/29/2021	<b>TRANS.00024</b>	<b>Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome</b>	Revised
07/07/2021	<b>TRANS.00025</b>	<b>Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection</b>	Revised
12/29/2021]	<b>TRANS.00035</b>	<b>Therapeutic use of Stem Cells, Blood and Bone Marrow Products</b>	Revised



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