

Georgia | Anthem Blue Cross and Blue Shield | Commercial

## Anthem Blue Cross and Blue Shield Georgia Medical Policy and Clinical Guideline Updates 6/30/2025

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 and all the Medical Policies are available at the Anthem 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 to Friday from 8 a.m. to 7 p.m. or send written requests (specifying Medical Policy or Clinical 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 Medical Policy and Technology Assessment Committee (MPTAC) notification is only effective for Georgia 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 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 care 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  NEW MEDICAL POLICIES AND CLINICAL UM GUIDELINES	
	NEW			
7/1/2025	New	CG-RAD-29	X-rays for Low Back Pain	
11/1/2025	New	CG-MED-99	Intradialytic Parenteral Nutrition	
11/1/2025	New	CG-SURG-126	Tibial Nerve Stimulation	
11/1/2025	New	DME.00054	Gait Modulation Systems Using Rhythmic Auditory Stimulation	
11/1/2025	New	MED.00153	Encapsulated Cell Therapy for Degenerative Ocular Disease	
11/1/2025	New	MED.00155	Allogeneic Bone Marrow-Derived Mesenchymal Stromal Cell Therapy	
11/1/2025	New	SURG.00163	Autologous Cell Sheet-Based Gene Therapy for Treatment of Dystrophic Epidermolysis Bullosa	
	REVISED		REVISIONS TO EXISTING MEDICAL POLICIES OR CLINICAL UM GUIDELINES	
7/1/2025	Revised	CG-DME-05	Cervical Traction Devices for Home Use	
7/1/2025	Revised	CG-DME-39	Dynamic Low-Load Prolonged-Duration Stretch Devices	
7/1/2025	Revised	CG-DME-45	Ultrasound Bone Growth Stimulation	
5/22/2025	Revised	CG-DME-50	Automated Insulin Delivery Systems	
7/1/2025	Revised	CG-LAB-25	Outpatient Glycated Hemoglobin and Protein Testing	
5/22/2025	Revised	CG-MED-102	Dichoptic Digital Therapy for Amblyopia	
11/1/2025	Revised	CG-MED-26	Neonatal Levels of Care	
7/1/2025	Revised	CG-MED-59	Upper Gastrointestinal Endoscopy in Adults	
7/1/2025	Revised	CG-MED-66	Cryopreservation of Oocytes or Ovarian Tissue	
5/22/2025	Revised	CG-MED-74	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	
7/1/2025	Revised	CG-OR-PR-05	Myoelectric Upper Extremity Prosthetic Devices	

11/1/2025	Revised	CG-SURG-127	Products for Wound Healing and Soft Tissue Grafting: Medically Necessary Uses		
7/1/2025	Revised	CG-SURG-35	Intracytoplasmic Sperm Injection (ICSI)		
7/1/2025	Revised	CG-SURG-61	Cryosurgical, Radiofrequency, Microwave or Laser Ablation to Treat Solid Tumors Outside the Liver		
7/25/2025	Revised	CG-SURG-78	Cryosurgical, Radiofrequency, Microwave, or Percutaneous Ethanol Ablation to Treat Solid Tumors in the Liv <b>Previously titled:</b> Locoregional Techniques for Treating Primary and Metastatic Liver Malignancies		
7/25/2025	Revised	CG-SURG-83	Bariatric Surgery and Other Treatments for Clinically Severe Obesity		
5/22/2025	Revised	DME.00012	Intrapulmonary Percussive Ventilation Devices		
7/1/2025	Revised	MED.00140	Gene Therapy for Beta Thalassemia		
7/1/2025	Revised	MED.00142	Gene Therapy for Cerebral Adrenoleukodystrophy		
7/1/2025	Revised	MED.00146	Gene Therapy for Sickle Cell Disease		
7/1/2025	Revised	MED.00148	Gene Therapy for Metachromatic Leukodystrophy		
7/1/2025	Revised	SURG.00010	Treatments for Urinary Incontinence		
11/1/2025	Revised	SURG.00011	Products for Wound Healing and Soft Tissue Grafting: Investigational		
7/1/2025	Revised	SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures		
7/25/2025	Revised	SURG.00071	Percutaneous Spinal Surgery		
7/1/2025	Revised	SURG.00126	Irreversible Electroporation		
TBD	Revised	SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring		
7/25/2025	Revised	SURG.00142	Genicular Procedures for Treatment of Knee Pain		
7/1/2025	Revised	TRANS.00033	Heart Transplantation		
	REVIEWED		REVIEW OF EXISTING MEDICAL POLICIES OR CLINICAL UM GUIDELINES		
7/1/2025	Reviewed	ADMIN.00002	Preventive Health Guidelines		
7/1/2025	Reviewed	ADMIN.00004	Medical Necessity Criteria		
7/1/2025	Reviewed	ADMIN.00005	Investigational Criteria		
7/1/2025	Reviewed	ADMIN.00007	Immunizations		
7/1/2025	Reviewed	ANC.00006	Biomagnetic Therapy		
7/1/2025	Reviewed	ANC.00007	Cosmetic and Reconstructive Services: Skin Related		
7/1/2025	Reviewed	ANC.00009	Cosmetic and Reconstructive Services of the Trunk, Groin, and Extremities		
7/1/2025	Reviewed	CG-ADMIN-01	Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists		
7/1/2025	Reviewed	CG-ANC-06	Ambulance Services: Ground; Non-Emergent		
7/1/2025	Reviewed	CG-DME-03	Neuromuscular Stimulation in the Treatment of Muscle Atrophy		
7/1/2025	Reviewed	CG-DME-08	Infant Home Apnea Monitors		
7/1/2025	Reviewed	CG-DME-20	Orthopedic Footwear		
7/1/2025	Reviewed	CG-DME-35	Electric Breast Pumps		
7/1/2025	Reviewed	CG-DME-36	Pediatric Gait Trainers		
7/1/2025	Reviewed	CG-DME-46	Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home S		
7/1/2025	Reviewed	CG-DME-47	Noninvasive Home Ventilator Therapy for Respiratory Failure		
7/1/2025	Reviewed	CG-DME-49	Standing Frames		
7/1/2025	Reviewed	CG-DME-54	Mechanical Insufflation-Exsufflation Devices		
7/1/2025	Reviewed	CG-LAB-12	Testing for Oral and Esophageal Cancer		
7/1/2025	Reviewed	CG-LAB-22	Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Vaginitis		
7/1/2025	Reviewed	CG-LAB-29	Gamma Glutamyl Transferase Testing		

7/1/2025	Reviewed	CG-LAB-30	Outpatient Laboratory-based Blood Glucose Testing			
7/1/2025	Reviewed	CG-MED-05	Ketogenic Diet for Treatment of Intractable Seizures			
7/1/2025	Reviewed	CG-MED-41	Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting			
7/1/2025	Reviewed	CG-MED-49	Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders			
7/1/2025	Reviewed	CG-MED-57	Cardiac Stress Testing with Electrocardiogram			
7/1/2025	Reviewed	CG-MED-70	Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule			
7/1/2025	Reviewed	CG-MED-73	Hyperbaric Oxygen Therapy (Systemic/Topical)			
7/1/2025	Reviewed	CG-MED-76	Magnetic Source Imaging and Magnetoencephalography			
7/1/2025	Reviewed	CG-MED-89	Home Parenteral Nutrition			
7/1/2025	Reviewed	CG-MED-90	Chelation Therapy			
7/1/2025	Reviewed	CG-MED-97	Biofeedback and Neurofeedback			
7/1/2025	Reviewed	CG-REHAB-03	Pulmonary Rehabilitation			
7/1/2025	Reviewed	CG-SURG-05	Maze Procedure			
7/1/2025	Reviewed	CG-SURG-07	Vertical Expandable Prosthetic Titanium Rib			
7/1/2025	Reviewed	CG-SURG-101	Ablative Techniques as a Treatment for Barrett's Esophagus			
7/1/2025	Reviewed	CG-SURG-102	Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy			
7/1/2025	Reviewed	CG-SURG-11	Surgical Treatment for Dupuytren's Contracture			
7/1/2025	Reviewed	CG-SURG-12	Penile Prosthesis Implantation			
7/1/2025	Reviewed	CG-SURG-17	Trigger Point Injections			
7/1/2025	Reviewed	CG-SURG-24	Functional Endoscopic Sinus Surgery (FESS)			
7/1/2025	Reviewed	CG-SURG-25	Injection Treatment for Morton's Neuroma			
7/1/2025	Reviewed	CG-SURG-31	Treatment of Keloids and Scar Revision			
7/1/2025	Reviewed	CG-SURG-50	Assistant Surgeons			
7/1/2025	Reviewed	CG-SURG-51	Outpatient Cystourethroscopy			
7/1/2025	Reviewed	CG-SURG-56	Diagnostic Fiberoptic Flexible Laryngoscopy			
7/1/2025	Reviewed	CG-SURG-71	Reduction Mammaplasty			
7/1/2025	Reviewed	CG-SURG-73	Balloon Sinus Ostial Dilation			
7/1/2025	Reviewed	CG-SURG-81	Cochlear Implants and Auditory Brainstem Implants			
7/1/2025	Reviewed	CG-SURG-82	Bone-Anchored and Bone Conduction Hearing Aids			
7/1/2025	Reviewed	CG-SURG-84	Mandibular/Maxillary (Orthognathic) Surgery			
7/1/2025	Reviewed	CG-SURG-89	Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia			
7/1/2025	Reviewed	CG-TRANS-03	Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation			
7/1/2025	Reviewed	DME.00030	Altered Auditory Feedback Devices for Fluency Disorders			
7/1/2025	Reviewed	DME.00037	Cooling Devices and Combined Cooling/Heating Devices			
7/1/2025	Reviewed	DME.00038	Static Progressive Stretch (SPS) and Patient-Actuated Serial Stretch (PASS) Devices			
7/1/2025	Reviewed	DME.00046	Intermittent Abdominal Pressure Ventilation Devices			
7/1/2025	Reviewed	DME.00047	Rehabilitative Devices with Remote Monitoring			
7/1/2025	Reviewed	DME.00048	Virtual Reality-Assisted Therapy Systems			
7/1/2025	Reviewed	DME.00049	External Upper Limb Stimulation for the Treatment of Tremors			
7/1/2025	Reviewed	LAB.00016	Fecal Analysis Panels in the Diagnosis of Intestinal Disorders			
7/1/2025	Reviewed	LAB.00027	Selected Blood, Serum and Cellular Allergy and Toxicity Tests			
7/1/2025	Reviewed	LAB.00031	Advanced Lipoprotein Testing			
7/1/2025	Reviewed	LAB.00035	Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis			
7/1/2025	Reviewed	LAB.00041	Machine Learning Derived Probability Score for Rapid Kidney Function Decline			
7/1/2025	Reviewed	LAB.00048	Analysis of Urine Biomarkers for Chronic Pain Management			

7/1/2025	Reviewed	MED.00090	Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders			
7/1/2025	Reviewed	MED.00098	Hyperoxemic Reperfusion Therapy			
7/1/2025	Reviewed	MED.00133	Ingestion Event Monitors			
7/1/2025	Reviewed	MED.00135	Gene Therapy for Hemophilia			
7/1/2025	Reviewed	MED.00137	Eye Movement Analysis Using Non-spatial Calibration for the Diagnosis of Concussion			
7/1/2025	Reviewed	MED.00139	Electrical Impedance Scanning for Cancer Detection			
7/1/2025	Reviewed	MED.00144	Gene Therapy for Duchenne Muscular Dystrophy			
7/1/2025	Reviewed	OR-PR.00005	Upper Extremity Myoelectric Orthoses			
7/1/2025	Reviewed	OR-PR.00006	Powered Robotic Lower Body Exoskeleton Devices			
7/1/2025	Reviewed	RAD.00034	Dynamic Spinal Visualization (Including Digital Motion X-ray and Cineradiography/ Videofluoroscopy)			
7/1/2025	Reviewed	SURG.00019	Transmyocardial Revascularization			
7/1/2025	Reviewed	SURG.00045	Extracorporeal Shock Wave Therapy			
7/1/2025	Reviewed	SURG.00052	Percutaneous Vertebral Disc Procedures			
7/1/2025	Reviewed	SURG.00084	Implantable Middle Ear Hearing Aids			
7/1/2025	Reviewed	SURG.00111	Axial Lumbar Interbody Fusion			
7/1/2025	Reviewed	SURG.00118	Bronchial Thermoplasty			
7/1/2025	Reviewed	SURG.00125	Radiofrequency and Pulsed Radiofrequency Treatment of Trigger Point Pain			
7/1/2025	Reviewed	SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring			
7/1/2025	Reviewed	SURG.00134	Interspinous Process Fixation Devices			
7/1/2025	Reviewed	SURG.00141	Doppler-Guided Transanal Hemorrhoidal Dearterialization			
7/1/2025	Reviewed	SURG.00158	Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain			
7/1/2025	Reviewed	SURG.00161	Nanoparticle-Mediated Thermal Ablation			
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7/1/2025	Reviewed	THER-RAD.00012	Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radioablation			
7/1/2025 7/1/2025	Reviewed Reviewed	THER-RAD.00012 TRANS.00028	Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radioablation  Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma			
	Reviewed Reviewed		Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma Therapeutic use of Stem Cells, Blood and Bone Marrow Products			
7/1/2025	Reviewed	TRANS.00028	Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma			
7/1/2025	Reviewed Reviewed	TRANS.00028	Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma Therapeutic use of Stem Cells, Blood and Bone Marrow Products  CODING UPDATES OF EXISTING MEDICAL POLICIES OR CLINICAL UM GUIDELINES PUBLISHED 07/01/2025 Code Changes Effective 07/01/2025			
7/1/2025 7/1/2025	Reviewed Reviewed CODING  Coding Updates of Existing	TRANS.00028 TRANS.00035	Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma Therapeutic use of Stem Cells, Blood and Bone Marrow Products  CODING UPDATES OF EXISTING MEDICAL POLICIES OR CLINICAL UM GUIDELINES PUBLISHED 07/01/2025 Code Changes Effective 07/01/2025 (These documents were not reviewed at the MPTAC meeting.)			
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7/1/2025 7/1/2025 7/1/2025 7/1/2025 7/1/2025	Reviewed Reviewed CODING  Coding Updates of Existing Documents Coding Updates of Existing Documents Coding Updates of Existing Documents Coding Updates of Existing Coding Updates of Existing Documents Coding Updates of Existing	TRANS.00028 TRANS.00035  CG-LAB-14  LAB.00046  SURG.00153	Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma Therapeutic use of Stem Cells, Blood and Bone Marrow Products  CODING UPDATES OF EXISTING MEDICAL POLICIES OR CLINICAL UM GUIDELINES PUBLISHED 07/01/2025 Code Changes Effective 07/01/2025 (These documents were not reviewed at the MPTAC meeting.)  Respiratory Viral Panel Testing in the Outpatient Setting  Testing for Biochemical Markers for Alzheimer's Disease  Cardiac Contractility Modulation Therapy			
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7/1/2025 7/1/2025 7/1/2025 7/1/2025 7/1/2025 7/1/2025	Reviewed Reviewed CODING  Coding Updates of Existing Documents ARCHIVED/TRANSITIONED Conversion New Transitioned Archived	TRANS.00028 TRANS.00035  CG-LAB-14  LAB.00046  SURG.00153  TRANS.00024  CG-SURG-129	Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma Therapeutic use of Stem Cells, Blood and Bone Marrow Products  CODING UPDATES OF EXISTING MEDICAL POLICIES OR CLINICAL UM GUIDELINES PUBLISHED 07/01/2025 Code Changes Effective 07/01/2025 (These documents were not reviewed at the MPTAC meeting.)  Respiratory Viral Panel Testing in the Outpatient Setting  Testing for Biochemical Markers for Alzheimer's Disease  Cardiac Contractility Modulation Therapy  Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome  Internal Rib Fixation Systems  Transcatheter Uterine Artery Embolization			
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7/1/2025	Archived	RAD.00063	Magnetization-Prepared Rapid Acquisition Gradient Echo Magnetic Resonance Imaging (MPRAGE MRI)		
7/1/2025	Archived	RAD.00069	Absolute Quantitation of Myocardial Blood Flow Measurement		
7/1/2025	Archived	SURG.00005	Partial Left Ventriculectomy		
7/25/2025	Transitioned Archived	SURG.00062	Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele		
7/1/2025	Archived	SURG.00076	Nerve Graft after Prostatectomy		
7/1/2025	Transitioned Archived	SURG.00097	Scoliosis Surgery		
7/1/2025	Transitioned Archived	SURG.00120	Internal Rib Fixation Systems		

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