



Adopted *Clinical Guidelines* as of January 1, 2025

Maryland | Commercial

Note: Any *Clinical Guideline* not included in this standard adopted list that is needed to complete an ASO group-specific review requirement will be considered **adopted** for that ASO 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 the Medical Policy and Technology Assessment Committee (MPTAC) but not included in this standard adopted list may be used to review a provider's claims when a provider's billing practices are not consistent with other providers in terms of frequency or in some other manner or for provider education and are **adopted** for those purposes.

State	Clinical Guideline number	Clinical Guideline name	Type of service	Original implementation date by state*	Special notes
MD	CG-ANC-04	Ambulance Services: Air and Water	Ancillary/Miscellaneous	January 1, 2025	
MD	CG-ANC-06	Ambulance Services: Ground; Non-Emergent	Ancillary/Miscellaneous	January 1, 2025	
MD	CG-ANC-07	Inpatient Interfacility Transfers	Ancillary/Miscellaneous	January 1, 2025	

Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.

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State	<i>Clinical Guideline</i> number	<i>Clinical Guideline</i> name	Type of service	Original implementation date by state*	Special notes
MD	CG-BEH-14	Intensive In-Home Behavioral Health Services	Behavioral Health	January 1, 2025	
MD	CG-BEH-15	Activity Therapy for Autism Spectrum Disorders and Rett Syndrome	Behavioral Health	January 1, 2025	
MD	CG-DME-06	Compression Devices for Lymphedema	Durable Medical Equipment	January 1, 2025	
MD	CG-DME-07	Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output	Durable Medical Equipment	January 1, 2025	
MD	CG-DME-10	Durable Medical Equipment	Durable Medical Equipment	January 1, 2025	
MD	CG-DME-31	Powered Wheeled Mobility Devices	Durable Medical Equipment	January 1, 2025	

State	<i>Clinical Guideline</i> number	<i>Clinical Guideline</i> name	Type of service	Original implementation date by state*	Special notes
MD	CG-DME-43	High Frequency Chest Compression Devices for Airway Clearance	Durable Medical Equipment	January 1, 2025	
MD	CG-DME-44	Electric Tumor Treatment Field (TTF)	Durable Medical Equipment	January 1, 2025	
MD	CG-DME-45	Ultrasound Bone Growth Stimulation	Durable Medical Equipment	January 1, 2025	
MD	CG-DME-46	Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting	Durable Medical Equipment	January 1, 2025	
MD	CG-DME-49	Standing Frames	Durable Medical Equipment	January 1, 2025	
MD	CG-LAB-13	Skin Nerve Fiber Density Testing	Laboratory	January 1, 2025	
MD	CG-MED-26	Neonatal Levels of Care	Medicine	January 1, 2025	

State	<i>Clinical Guideline</i> number	<i>Clinical Guideline</i> name	Type of service	Original implementation date by state*	Special notes
MD	CG-MED-37	Intensive Programs for Pediatric Feeding Disorders	Medicine	January 1, 2025	
MD	CG-MED-41	Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting	Medicine	January 1, 2025	
MD	CG-MED-64	Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins	Medicine	January 1, 2025	
MD	CG-MED-66	Cryopreservation of Oocytes or Ovarian Tissue	Medicine	January 1, 2025	
MD	CG-MED-68	Therapeutic Apheresis	Medicine	January 1, 2025	
MD	CG-MED-69	Inhaled Nitric Oxide	Medicine	January 1, 2025	
MD	CG-MED-73	Hyperbaric Oxygen Therapy (Systemic/Topical)	Medicine	January 1, 2025	

State	<i>Clinical Guideline</i> number	<i>Clinical Guideline</i> name	Type of service	Original implementation date by state*	Special notes
MD	CG-MED-74	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	Medicine	January 1, 2025	
MD	CG-MED-79	Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems	Medicine	January 1, 2025	
MD	CG-MED-81	Ultrasound Ablation for Oncologic Indications	Medicine	January 1, 2025	
MD	CG-MED-83	Site of Care: Specialty Pharmaceuticals	Medicine	January 1, 2025	
MD	CG-MED-88	Preimplantation Embryo Biopsy and Genetic Testing	Medicine	January 1, 2025	
MD	CG-MED-89	Home Parenteral Nutrition	Medicine	January 1, 2025	

State	<i>Clinical Guideline</i> number	<i>Clinical Guideline</i> name	Type of service	Original implementation date by state*	Special notes
MD	CG-OR-PR-04	Cranial Remodeling Bands and Helmets (Cranial Orthotics)	Orthotics/Prosthetics	January 1, 2025	
MD	CG-OR-PR-05	Myoelectric Upper Extremity Prosthetic Devices	Orthotics/Prosthetics	January 1, 2025	
MD	CG-REHAB-03	Pulmonary Rehabilitation	Rehabilitation	January 1, 2025	
MD	CG-REHAB-07	Skilled Nursing and Skilled Rehabilitation Services (Outpatient)	Rehabilitation	January 1, 2025	
MD	CG-REHAB-08	Private Duty Nursing in the Home Setting	Rehabilitation	January 1, 2025	
MD	CG-SURG-03	Blepharoplasty, Blepharoptosis Repair, and Brow Lift	Surgery	January 1, 2025	

State	<i>Clinical Guideline</i> number	<i>Clinical Guideline</i> name	Type of service	Original implementation date by state*	Special notes
MD	CG-SURG-08	Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury	Surgery	January 1, 2025	
MD	CG-SURG-09	Temporomandibular Disorders	Surgery	January 1, 2025	
MD	CG-SURG-105	Corneal Collagen Cross-Linking	Surgery	January 1, 2025	
MD	CG-SURG-106	Venous Angioplasty with or without Stent Placement or Venous Stenting Alone	Surgery	January 1, 2025	
MD	CG-SURG-117	Balloon Dilation of the Eustachian Tubes	Surgery	January 1, 2025	

State	<i>Clinical Guideline</i> number	<i>Clinical Guideline</i> name	Type of service	Original implementation date by state*	Special notes
MD	CG-SURG-118	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	Surgery	January 1, 2025	
MD	CG-SURG-119	Cryopreservation of Oocytes or Ovarian Tissue	Surgery	January 1, 2025	
MD	CG-SURG-12	Penile Prosthesis Implantation	Surgery	January 1, 2025	
MD	CG-SURG-120	Vagus Nerve Stimulation	Surgery	January 1, 2025	
MD	CG-SURG-18	Septoplasty	Surgery	January 1, 2025	
MD	CG-SURG-24	Functional Endoscopic Sinus Surgery (FESS)	Surgery	January 1, 2025	
MD	CG-SURG-28	Transcatheter Uterine Artery Embolization	Surgery	January 1, 2025	
MD	CG-SURG-35	Intracytoplasmic Sperm Injection (ICSI)	Surgery	January 1, 2025	

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MD	CG-SURG-55	Cardiac Electrophysiological Studies (EPS) and Catheter Ablation	Surgery	January 1, 2025	
MD	CG-SURG-61	Cryosurgical, Radiofrequency, Microwave or Laser Ablation to Treat Solid Tumors Outside the Liver	Surgery	January 1, 2025	
MD	CG-SURG-70	Gastric Electrical Stimulation	Surgery	January 1, 2025	
MD	CG-SURG-71	Reduction Mammoplasty	Surgery	January 1, 2025	
MD	CG-SURG-73	Balloon Sinus Ostial Dilation	Surgery	January 1, 2025	
MD	CG-SURG-76	Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty	Surgery	January 1, 2025	

State	<i>Clinical Guideline</i> number	<i>Clinical Guideline</i> name	Type of service	Original implementation date by state*	Special notes
MD	CG-SURG-78	Locoregional Techniques for Treating Primary and Metastatic Liver Malignancies	Surgery	January 1, 2025	
MD	CG-SURG-79	Implantable Infusion Pumps	Surgery	January 1, 2025	
MD	CG-SURG-81	Cochlear Implants and Auditory Brainstem Implants	Surgery	January 1, 2025	
MD	CG-SURG-82	Bone-Anchored and Bone Conduction Hearing Aids	Surgery	January 1, 2025	
MD	CG-SURG-83	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Surgery	January 1, 2025	
MD	CG-SURG-84	Mandibular/Maxillary (Orthognathic) Surgery	Surgery	January 1, 2025	
MD	CG-SURG-88	Mastectomy for Gynecomastia	Surgery	January 1, 2025	

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MD	CG-SURG-92	Paraesophageal Hernia Repair	Surgery	January 1, 2025	
MD	CG-SURG-93	Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction	Surgery	January 1, 2025	
MD	CG-SURG-95	Sacral Nerve Stimulation and Percutaneous or Implantable Tibial Nerve Stimulation for Urinary and Fecal Incontinence, Urinary Retention	Surgery	January 1, 2025	
MD	CG-SURG-96	Intraocular Telescope	Surgery	January 1, 2025	
MD	CG-SURG-99	Panniculectomy and Abdominoplasty	Surgery	January 1, 2025	
MD	CG-TRANS-02	Kidney Transplantation	Transplants	January 1, 2025	

State	Clinical Guideline number	Clinical Guideline name	Type of service	Original implementation date by state*	Special notes
MD	CG-TRANS-03	Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation	Transplants	January 1, 2025	

Third party criteria adopted: The health plan may use guidelines developed by third parties to perform utilization management services of some procedures for certain health plan members.

Carelon Medical Benefits Management, Inc.

To view Carelon Guidelines, please visit the Carelon Specialty Health® site that contains links to Wellpoint programs:

<https://guidelines.carelonmedicalbenefitsmanagement.com/>

You may also call Carelon Medical Benefits Management toll-free: **877-291-0366**, 9 am to 7 pm (CST), Monday through Friday.

By accessing the Carelon Medical Benefits Management link above, you will be linked to site/s created and/or maintained by another separate entity (“External Site”). Upon linking you are subject to the terms of use, privacy, copyright, and security policies of the External Sites. We provide these links solely for your information and convenience. We encourage you to review the privacy practices of the External Sites.

* Original implementation date by state — this is the original implementation date by the health plan.

Notes:

For a complete listing of *Clinical UM Guidelines* for Wellpoint, please go to: <https://wellpoint.com/>.