



Adopted *Clinical Guidelines* as of January 1, 2025

Texas | 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 | <i>Clinical Guideline</i> number | <i>Clinical Guideline</i> name | Type of service | Original implementation date by state* | Special notes |
|-------|----------------------------------|--|-------------------------|--|---------------|
| TX | CG-ANC-04 | Ambulance Services: Air and Water | Ancillary/Miscellaneous | January 1, 2025 | |
| TX | CG-ANC-06 | Ambulance Services: Ground; Non-Emergent | Ancillary/Miscellaneous | January 1, 2025 | |
| TX | 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.

<https://provider.wellpoint.com>

Coverage provided by Wellpoint Insurance Company.

TXWP-CM-077196-25-CPN77107 | January 2025

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|-------|----------------------------------|--|---------------------------|--|---------------|
| TX | CG-BEH-14 | Intensive In-Home Behavioral Health Services | Behavioral Health | January 1, 2025 | |
| TX | CG-BEH-15 | Activity Therapy for Autism Spectrum Disorders and Rett Syndrome | Behavioral Health | January 1, 2025 | |
| TX | CG-DME-06 | Compression Devices for Lymphedema | Durable Medical Equipment | January 1, 2025 | |
| TX | CG-DME-07 | Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output | Durable Medical Equipment | January 1, 2025 | |
| TX | CG-DME-10 | Durable Medical Equipment | Durable Medical Equipment | January 1, 2025 | |
| TX | CG-DME-31 | Powered Wheeled Mobility Devices | Durable Medical Equipment | January 1, 2025 | |

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|-------|----------------------------------|---|---------------------------|--|---------------|
| TX | CG-DME-43 | High Frequency Chest Compression Devices for Airway Clearance | Durable Medical Equipment | January 1, 2025 | |
| TX | CG-DME-44 | Electric Tumor Treatment Field (TTF) | Durable Medical Equipment | January 1, 2025 | |
| TX | CG-DME-45 | Ultrasound Bone Growth Stimulation | Durable Medical Equipment | January 1, 2025 | |
| TX | 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 | |
| TX | CG-DME-49 | Standing Frames | Durable Medical Equipment | January 1, 2025 | |
| TX | CG-LAB-13 | Skin Nerve Fiber Density Testing | Laboratory | January 1, 2025 | |
| TX | CG-MED-26 | Neonatal Levels of Care | Medicine | January 1, 2025 | |

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|-------|----------------------------------|---|-----------------|--|---------------|
| TX | CG-MED-37 | Intensive Programs for Pediatric Feeding Disorders | Medicine | January 1, 2025 | |
| TX | CG-MED-41 | Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting | Medicine | January 1, 2025 | |
| TX | CG-MED-64 | Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins | Medicine | January 1, 2025 | |
| TX | CG-MED-66 | Cryopreservation of Oocytes or Ovarian Tissue | Medicine | January 1, 2025 | |
| TX | CG-MED-68 | Therapeutic Apheresis | Medicine | January 1, 2025 | |
| TX | CG-MED-69 | Inhaled Nitric Oxide | Medicine | January 1, 2025 | |
| TX | CG-MED-73 | Hyperbaric Oxygen Therapy (Systemic/Topical) | Medicine | January 1, 2025 | |

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|-------|----------------------------------|--|-----------------|--|---------------|
| TX | CG-MED-74 | Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry | Medicine | January 1, 2025 | |
| TX | CG-MED-79 | Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems | Medicine | January 1, 2025 | |
| TX | CG-MED-81 | Ultrasound Ablation for Oncologic Indications | Medicine | January 1, 2025 | |
| TX | CG-MED-83 | Site of Care: Specialty Pharmaceuticals | Medicine | January 1, 2025 | |
| TX | CG-MED-88 | Preimplantation Embryo Biopsy and Genetic Testing | Medicine | January 1, 2025 | |
| TX | CG-MED-89 | Home Parenteral Nutrition | Medicine | January 1, 2025 | |

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| TX | CG-OR-PR-04 | Cranial Remodeling Bands and Helmets (Cranial Orthotics) | Orthotics/Prosthetics | January 1, 2025 | |
| TX | CG-OR-PR-05 | Myoelectric Upper Extremity Prosthetic Devices | Orthotics/Prosthetics | January 1, 2025 | |
| TX | CG-REHAB-03 | Pulmonary Rehabilitation | Rehabilitation | January 1, 2025 | |
| TX | CG-REHAB-07 | Skilled Nursing and Skilled Rehabilitation Services (Outpatient) | Rehabilitation | January 1, 2025 | |
| TX | CG-REHAB-08 | Private Duty Nursing in the Home Setting | Rehabilitation | January 1, 2025 | |
| TX | CG-SURG-03 | Blepharoplasty, Blepharoptosis Repair, and Brow Lift | Surgery | January 1, 2025 | |

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| TX | CG-SURG-08 | Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury | Surgery | January 1, 2025 | |
| TX | CG-SURG-09 | Temporomandibular Disorders | Surgery | January 1, 2025 | |
| TX | CG-SURG-105 | Corneal Collagen Cross-Linking | Surgery | January 1, 2025 | |
| TX | CG-SURG-106 | Venous Angioplasty with or without Stent Placement or Venous Stenting Alone | Surgery | January 1, 2025 | |
| TX | CG-SURG-117 | Balloon Dilation of the Eustachian Tubes | Surgery | January 1, 2025 | |

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| TX | CG-SURG-118 | Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir) | Surgery | January 1, 2025 | |
| TX | CG-SURG-119 | Cryopreservation of Oocytes or Ovarian Tissue | Surgery | January 1, 2025 | |
| TX | CG-SURG-12 | Penile Prosthesis Implantation | Surgery | January 1, 2025 | |
| TX | CG-SURG-120 | Vagus Nerve Stimulation | Surgery | January 1, 2025 | |
| TX | CG-SURG-18 | Septoplasty | Surgery | January 1, 2025 | |
| TX | CG-SURG-24 | Functional Endoscopic Sinus Surgery (FESS) | Surgery | January 1, 2025 | |
| TX | CG-SURG-28 | Transcatheter Uterine Artery Embolization | Surgery | January 1, 2025 | |
| TX | CG-SURG-35 | Intracytoplasmic Sperm Injection (ICSI) | Surgery | January 1, 2025 | |

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

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| TX | CG-SURG-78 | Locoregional Techniques for Treating Primary and Metastatic Liver Malignancies | Surgery | January 1, 2025 | |
| TX | CG-SURG-79 | Implantable Infusion Pumps | Surgery | January 1, 2025 | |
| TX | CG-SURG-81 | Cochlear Implants and Auditory Brainstem Implants | Surgery | January 1, 2025 | |
| TX | CG-SURG-82 | Bone-Anchored and Bone Conduction Hearing Aids | Surgery | January 1, 2025 | |
| TX | CG-SURG-83 | Bariatric Surgery and Other Treatments for Clinically Severe Obesity | Surgery | January 1, 2025 | |
| TX | CG-SURG-84 | Mandibular/Maxillary (Orthognathic) Surgery | Surgery | January 1, 2025 | |
| TX | CG-SURG-88 | Mastectomy for Gynecomastia | Surgery | January 1, 2025 | |

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

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| TX | 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**, 9am to 7pm (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/>.