



Healthy Blue

Clinical Utilization Management Criteria

Kansas | Healthy Blue | Medicaid

Attached is a list of the Clinical Utilization Management (UM) Guidelines Healthy Blue has adopted.

The full list of Medical Policies and Clinical UM Guidelines is publicly available on the [Medical Policy and Clinical UM Guideline subsidiary website](#). Their purpose is to help you provide quality care by reducing inappropriate use of medical resources.

MCG Care Guidelines are used for:

- Medical necessity review for medical and behavioral health inpatient review.
- Inpatient site of service appropriateness.
- Inpatient rehabilitation and skilled nursing facility review.
- Outpatient based service or procedure where there is not an established Medical Policy or Clinical UM Guideline.

If MCG Care Guidelines do not cover a behavioral health service, the following standardized tools for medical necessity determinations are used:

- Adults: Level of Care Utilization System® (LOCUS)
- Children and Adolescents: Child and Adolescent Service Intensity Instrument (CASII)
- Young Children: Early Childhood Service Intensity Instrument (ECSII)

In addition, American Society of Addiction Medicine® (ASAM) criteria are used for substance use disorder services according to state requirements.

Medicaid state contracts, regulatory guidance, CMS requirements, and our Medical Policy/Clinical UM Guidelines, when approved by the Department for Medicaid Services (DMS), supersede MCG Care Guidelines.

Note: We make determinations of medical necessity on a case-by-case basis in accordance with the definition of medical necessity that is contained within the Medicaid state contract, regulatory guidance, CMS requirements, or in our Medical Necessity Criteria Policy ADMIN.0004.

If the request doesn't meet established criteria guidelines, it will be referred to a licensed physician reviewer with the appropriate clinical expertise to make a decision.

The Clinical Utilization Management Criteria below, which are indicated as new, were adopted by the Medical Operations Committee for KanCare members.

To view the criteria below, select the link in the Criteria Title column. For additional information regarding our Medical Policies and Clinical UM Guidelines, visit [Medical Policies and Clinical UM Guidelines](#).

<https://www.healthybluekansas.com/provider>

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Criteria number	Criteria title	New item
CG-ADMIN-01	Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists	
CG-ANC-04	Ambulance Services: Air and Water	
CG-ANC-05	Ambulance Services: Ground; Emergent	
CG-DME-06	Compression Devices for Lymphedema	
CG-DME-18	Home Oxygen Therapy	
CG-DME-20	Orthopedic Footwear	
CG-DME-22	Ankle-Foot & Knee-Ankle-Foot Orthoses	
CG-DME-26	Back-Up Ventilators in the Home Setting	New
CG-DME-31	Powered Wheeled Mobility Devices	
CG-DME-35	Electric Breast Pumps	
CG-DME-37	Air Conduction Hearing Aids	
CG-DME-46	Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting	
CG-DME-49	Standing Frames	
CG-DME-53	Biomechanical Footwear Therapy	New
CG-DME-55	Automated External Defibrillators for Home Use	
CG-LAB-03	Tropism Testing for HIV Management	
CG-LAB-09	Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain	
CG-LAB-10	Zika Virus Testing	
CG-LAB-11	Screening for Vitamin D Deficiency in Average Risk Individuals	
CG-LAB-14	Respiratory Viral Panel Testing in the Outpatient Setting	
CG-LAB-16	Serum Amylase Testing	
CG-LAB-17	Molecular Gastrointestinal Pathogen Panel (GI PP) Testing for Infectious Diarrhea in the Outpatient Setting	
CG-LAB-20	Thyroid Testing	
CG-LAB-21	Serum Iron Testing	
CG-LAB-24	Outpatient Urine Culture	
CG-LAB-25	Outpatient Glycated Hemoglobin and Protein Testing	
CG-LAB-26	Outpatient Alpha-Fetoprotein Testing	
CG-LAB-27	Human Chorionic Gonadotropin Testing	
CG-LAB-28	Prostate Specific Antigen Testing	
CG-LAB-29	Gamma Glutamyl Transferase Testing	
CG-LAB-30	Outpatient Laboratory-based Blood Glucose Testing	
CG-MED-08	Home Enteral Nutrition	New
CG-MED-23	Home Health	
CG-MED-26	Neonatal Levels of Care	New
CG-MED-28	Iontophoresis	New

Criteria number	Criteria title	New item
CG-MED-37	Intensive Programs for Pediatric Feeding Disorders	
CG-MED-39	Bone Mineral Density Testing Measurement	
CG-MED-53	Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing	
CG-MED-61	Preoperative Testing for Low Risk Invasive Procedures and Surgeries	
CG-MED-62	Resting Electrocardiogram Screening in Adults	
CG-MED-66	Cryopreservation of Oocytes or Ovarian Tissue	
CG-MED-69	Inhaled Nitric Oxide	
CG-MED-78	Anesthesia Services for Interventional Pain Management Procedures	
CG-MED-90	Chelation Therapy	
CG-MED-92	Foot Care Services	
CG-MED-94	Vestibular Function Testing	
CG-MED-95	Transanal Irrigation	
CG-OR-PR-02	Prefabricated and Prophylactic Knee Braces	
CG-OR-PR-05	Myoelectric Upper Extremity Prosthetic Devices	
CG-OR-PR-06	Spinal Orthoses: Thoracic-Lumbar-Sacral (TLSO), Lumbar-Sacral (LSO), and Lumbar	
CG-REHAB-02	Outpatient Cardiac Rehabilitation	
CG-REHAB-03	Pulmonary Rehabilitation	
CG-REHAB-12	Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology	
CG-SURG-03	Blepharoplasty, Blepharoptosis Repair, and Brow Lift	
CG-SURG-24	Functional Endoscopic Sinus Surgery (FESS)	
CG-SURG-40	Cataract Removal Surgery for Adults	
CG-SURG-70	Gastric Electrical Stimulation	
CG-SURG-78	Locoregional Techniques for Treating Primary and Metastatic Liver Malignancies	
CG-SURG-79	Implantable Infusion Pumps	
CG-SURG-82	Bone-Anchored and Bone Conduction Hearing Aids	
CG-SURG-84	Mandibular/Maxillary (Orthognathic) Surgery	
CG-SURG-94	Keratoprosthesis	
CG-SURG-99	Panniculectomy and Abdominoplasty	
CG-THER-RAD-07	Intravascular Coronary and Non-Coronary Brachytherapy	
CG-TRANS-02	Kidney Transplantation	
CG-TRANS-03	Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation	
ADMIN.00007	Immunizations	

Criteria number	Criteria title	New item
DME.00011	Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	
DME.00037	Cooling Devices and Combined Cooling/Heating Devices	
DME.00042	Electronic Positional Devices for the Treatment of Obstructive Sleep Apnea	
DME.00043	Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring	
DME.00046	Intermittent Abdominal Pressure Ventilation Devices	
DME.00049	External Upper Limb Stimulation for the Treatment of Tremors	
LAB.00003	In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays	
LAB.00011	Selected Protein Biomarker Algorithmic Assays	
LAB.00015	Detection of Circulating Tumor Cells	
LAB.00019	Proprietary Algorithms for Liver Fibrosis	
LAB.00024	Immune Cell Function Assay	
LAB.00026	Systems Pathology and Multimodal Artificial Intelligence Testing for Cancerous and Precancerous Conditions	
LAB.00027	Selected Blood, Serum and Cellular Allergy and Toxicity Tests	
LAB.00029	Rupture of Membranes Testing in Pregnancy	
LAB.00035	Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis	
LAB.00036	Multiplex Autoantigen Microarray Testing for Systemic Lupus Erythematosus	
LAB.00037	Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)	
LAB.00041	Machine Learning Derived Probability Score for Rapid Kidney Function Decline	
LAB.00050	Metagenomic Sequencing for Infectious Disease in the Outpatient Setting	
MED.00011	Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State	
MED.00053	Non-Invasive Measurement of Left Ventricular End Diastolic Pressure in the Outpatient Setting	
MED.00059	Idiopathic Environmental Illness (IEI)	
MED.00089	Quantitative Muscle Testing Devices	
MED.00135	Gene Therapy for Hemophilia	
MED.00140	Gene Therapy for Beta Thalassemia	
MED.00142	Gene Therapy for Cerebral Adrenoleukodystrophy	
MED.00144	Gene Therapy for Duchenne Muscular Dystrophy	
MED.00146	Gene Therapy for Sickle Cell Disease	
MED.00147	Cellular Therapy Products for Allogeneic Stem Cell Transplantation	
MED.00148	Gene Therapy for Metachromatic Leukodystrophy	

Criteria number	Criteria title	New item
MED.00150	Hepzato Kit™ (melphalan hepatic delivery system)	
RAD.00059	Catheter-based Embolization Procedures for Malignant Lesions Outside the Liver	
RAD.00061	PET/MRI	
SURG.00011	Products for Wound Healing and Soft Tissue Grafting: Investigational	
SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	
SURG.00077	Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Image Guided Techniques	
SURG.00084	Implantable Middle Ear Hearing Aids	
SURG.00113	Artificial Retinal Devices	
SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	
SURG.00140	Peripheral Nerve Blocks for Treatment of Neuropathic Pain	
SURG.00142	Genicular Procedures for Treatment of Knee Pain	
SURG.00157	Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis	
SURG.00158	Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain	
SURG.00161	Nanoparticle-Mediated Thermal Ablation	