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# CUSTOMIZATION TO CARE GUIDELINES

## 28th EDITION

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**Issue Date:**  
**February 14, 2025**

**Original Date:**  
**February 15, 2024**

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This document provides a high-level summary of customizations and modifications to MCG Care Guidelines, collectively, “customized guidelines.”<sup>1234</sup> The five (5) MCG products licensed include the following:

- Behavioral Health Care (BHG)
- Chronic Care (CCG)
- General Recovery Care (GRG)
- Inpatient & Surgical Care (ISC)
- Recovery Facility Care (RFC)

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#### **CUSTOMIZATION HISTORY**

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<sup>1</sup> Benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the customized guidelines. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, as well as applicable state and/or federal law. The customized guidelines do not constitute plan authorization or a guarantee of payment, nor are they an explanation of benefits.

<sup>2</sup> We reserve the right to review and modify the MCG care guidelines or customized guidelines at any time.

<sup>3</sup> No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

<sup>4</sup> Original Issue Date: February 15, 2024 for MCG care guidelines 28th edition and corresponding customized guidelines.

**CUSTOMIZATIONS – BACKGROUND INFORMATION**

Types of Customizations

Customizations are most often done to align with existing medical policy documents. Original MCG criteria may be customized when a separate medical policy document is not appropriate.

In addition to customization in clinical criteria, other changes may be made to MCG care guidelines such as adding references, revising coding, or noting length of stay based on mandates.

Review and Approval of Customizations

The Medical Policy & Technology Assessment Committee (MPTAC) reviews and approves new editions of MCG care guidelines and customizations to revise MCG clinical indications.

Disclaimer

Customized guidelines include a disclaimer at the top of the guideline after the guideline title indicating: *This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.*

Guideline History

Customized guidelines include a “Guideline History” section that provides (1) the date of the Medical Policy & Technology Assessment Committee (MPTAC) meeting review and approval of the customization, and (2) a summary of the customization to the MCG care guidelines.

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**CUSTOMIZATIONS TO MCG CRITERIA**

| CUSTOMIZATIONS TO MCG CRITERIA<br>Inpatient & Surgical Care (ISC) |   |   |
|---|---|---|
|   | MCG Guideline   | Customization   |
| 1.  | <b>ISC General Surgery – Mastectomy, Complete (W0002)</b>   | <ul style="list-style-type: none"> <li>Clinical Indications for Procedure: For risk-reduction mastectomy and significantly elevated risk of breast cancer, added indications</li> <li>Goal Length of Stay: Revised Goal Length of Stay (GLOS) to indicate 2 days postoperative</li> <li>Added information regarding Federal or State mandates will supersede the guideline Length of Stay when applicable</li> <li>References: Added</li> </ul> |
| 2.  | <b>ISC General Surgery - Mastectomy, Complete, with Insertion of Breast Prosthesis or Tissue Expander (W0022)</b> | <ul style="list-style-type: none"> <li>Clinical Indications for Procedure: For risk-reduction mastectomy and significantly elevated risk of breast cancer, added indications</li> <li>Goal Length of Stay: Revised Goal Length of Stay (GLOS) to indicate 2 days postoperative</li> <li>Added information regarding Federal or State mandates will supersede the guideline Length of Stay when applicable</li> <li>References: Added</li> </ul> |
| 3.  | <b>ISC General Surgery - Mastectomy, Complete, with Tissue Flap Reconstruction (W0023)</b>                        | <ul style="list-style-type: none"> <li>Clinical Indications for Procedure: For risk-reduction mastectomy and significantly elevated risk of breast cancer, added indications</li> <li>Added information regarding Federal or State mandates will supersede the guideline Length of Stay when applicable</li> <li>References: Added</li> </ul>   |
| 4.  | <b>ISC General Surgery - Mastectomy, Partial (Lumpectomy) (W0008)</b>   | <ul style="list-style-type: none"> <li>Goal Length of Stay: Revised Goal Length of Stay (GLOS) to indicate 2 days postoperative</li> <li>Added information regarding Federal or State mandates will supersede the guideline Length of Stay when applicable</li> </ul>   |

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**Subject: Customizations to  Care Guidelines 28th Edition**

| <b>CUSTOMIZATIONS TO MCG CRITERIA</b> |   |   |
|---------------------------------------|---|---|
| <b>General Recovery Care (GRG)</b>    |   |   |
|                                       | <b>MCG Guideline</b>  | <b>Customization</b>  |
| 1.                                    | <b>GRG General Recovery Guidelines Tools Section - Inpatient Palliative Care Criteria (W0086)</b> | <ul style="list-style-type: none"> <li>• Alternatives to Admission: For Home hospice added the following:                             <ul style="list-style-type: none"> <li>○ Outpatient: Continuous Home Care (CHC)</li> <li>○ Outpatient: Routine Home Care</li> <li>○ Patients who may benefit from hospice care</li> <li>○ Nursing care</li> </ul> </li> <li>• Reference: Added</li> </ul> |

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**CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE**

| <b>CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE</b> |  |  |   |
|--|--|--|---|
| <b>Inpatient &amp; Surgical Care (ISC)</b>                     |  |  |   |
|  | <b>MCG Guideline</b>   | <b>Medical Policy or Clinical UM Guideline</b>   | <b>Customization</b>                            |
| 1.   | <b>ISC Cardiology - Left Atrial Appendage Closure, Percutaneous (W0157)</b>                      | SURG.00032 Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention  | Clinical Indications for Procedure              |
| 2.   | <b>ISC Cardiovascular Surgery – Aortic Valve Replacement, Transcatheter (W0133)</b>              | SURG.00121 Transcatheter Heart Valve Procedures  | Clinical Indications for Procedure              |
| 3.   | <b>ISC Cardiovascular Surgery – Cardiac Septal Defect: Atrial, Transcatheter Closure (W0016)</b> | SURG.00032 Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention<br><br>SURG.00096 Surgical and Ablative Treatments for Chronic Headaches | Clinical Indications for Procedure              |
| 4.   | <b>ISC Cardiovascular Surgery – Cardiac Valve Replacement or Repair (W0089)</b>                  | SURG.00121 Transcatheter Heart Valve Procedures  | Clinical Indications for Procedure              |
| 5.   | <b>ISC Cardiovascular Surgery – Carotid Artery Stenting (W0165)</b>                              | CG-SURG-76 Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty  | Clinical Indications for Procedure              |
| 6.   | <b>ISC Cardiovascular Surgery – Heart Transplant (W0017)</b>                                     | TRANS.00026 Heart/Lung Transplantation<br><br>TRANS.00033 Heart Transplantation  | Clinical Indications for Procedure              |
| 7.   | <b>ISC Cardiovascular Surgery – Sympathectomy by Thoracoscopy or Laparoscopy (W0044)</b>         | CG-SURG-116 Surgical Treatment of Hyperhidrosis  | Clinical Indications for Procedure              |
| 8.   | <b>ISC General Surgery – Fundoplication and Hiatal Hernia Repair, Abdominal (W0159)</b>          | CG-SURG-92 Paraesophageal Hernia Repair  | Clinical Indications for Procedure              |
| 9.   | <b>ISC General Surgery – Fundoplication and Hiatal Hernia Repair, by Laparoscopy (W0158)</b>     | CG-SURG-92 Paraesophageal Hernia Repair  | Clinical Indications for Procedure              |
| 10.  | <b>ISC General Surgery – Fundoplication and Hiatal Hernia Repair, Transthoracic (W0160)</b>      | CG-SURG-92 Paraesophageal Hernia Repair  | Clinical Indications for Procedure              |
| 11.  | <b>ISC General Surgery – Gastric Restrictive Procedure with Gastric Bypass</b>                   | CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity  | Clinical Indications for Procedure<br><br>Codes |

**Subject: Customizations to  Care Guidelines 28th Edition**

| <b>CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE</b> |  |  |   |
|--|--|--|---|
| <b>Inpatient &amp; Surgical Care (ISC)</b>                     |  |  |   |
|  | <b>MCG Guideline</b>   | <b>Medical Policy or Clinical UM Guideline</b>                                       | <b>Customization</b>                            |
|  | Title change to:<br>Gastric Restrictive Procedure with or without Gastric Bypass (W0054)                 |  |   |
| 12.  | <b>ISC General Surgery</b> – Gastric Restrictive Procedure with Gastric Bypass by Laparoscopy (W0014)    | CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity      | Clinical Indications for Procedure<br><br>Codes |
| 13.  | <b>ISC General Surgery</b> – Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy (W0033) | CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity      | Clinical Indications for Procedure              |
| 14.  | <b>ISC General Surgery</b> – Gastric Restrictive Procedure, Sleeve Gastrectomy, by Laparoscopy (W0102)   | CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity      | Clinical Indications for Procedure              |
| 15.  | <b>ISC General Surgery</b> – Liver Transplant (W0034)  | TRANS.00008 Liver Transplantation  | Clinical Indications for Procedure              |
| 16.  | <b>ISC Neonatal Facility Levels and Intensity of Care Criteria</b>                                       | CG-MED-26 Neonatal Levels of Care  | Removed MCG guidelines                          |
| 17.  | <b>ISC Pediatrics</b> – Fundoplication and Hiatal Hernia Repair, by Laparoscopy, Pediatric (W0161)       | CG-SURG-92 Paraesophageal Hernia Repair  | Clinical Indications for Procedure              |
| 18.  | <b>ISC Pediatrics</b> – Heart Transplant, Pediatric (W0123)  | TRANS.00026 Heart/Lung Transplantation<br>TRANS.00033 Heart Transplantation          | Clinical Indications for Procedure              |
| 19.  | <b>ISC Pediatrics</b> – Liver Transplant, Pediatric (W0124)  | TRANS.00008 Liver Transplantation  | Clinical Indications for Procedure              |
| 20.  | <b>ISC Pediatrics</b> – Lung Transplant, Pediatric (W0125)   | TRANS.00009 Lung and Lobar Transplantation<br>TRANS.00026 Heart/Lung Transplantation | Clinical Indications for Procedure              |
| 21.  | <b>ISC Pediatrics</b> – Renal Transplant, Pediatric (W0126)  | CG-TRANS-02 Kidney Transplantation   | Clinical Indications for Procedure              |
| 22.  | <b>ISC Thoracic Surgery and Pulmonary Disease</b> – Lung Transplant (W0076)                              | TRANS.00009 Lung and Lobar Transplantation<br>TRANS.00026 Heart/Lung Transplantation | Clinical Indications for Procedure              |
| 23.  | <b>ISC Urology</b> – Renal Transplant (W0027)  | CG-TRANS-02 Kidney Transplantation   | Clinical Indications for Procedure              |

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| <b>CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE</b> |  |   |                                    |
|--|--|---|------------------------------------|
| <b>General Recovery Care (GRG)</b>                             |  |   |                                    |
|  | <b>MCG Guideline</b>   | <b>Medical Policy or Clinical UM Guideline</b>  | <b>Customization</b>               |
| 1.   | <b>GRG Body System</b> – Cardiovascular Surgery or Procedure GRG (W0099) | For cardiovascular surgeries or procedures, see the applicable clinical document, such as the following:<br><br>CG-SURG-119 Treatment of Varicose Veins (Lower Extremities) | Clinical Indications for Procedure |

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| <b>CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE</b> |   |  |  |
|--|---|--|--|
| <b>General Recovery Care (GRG)</b>                             |   |  |  |
|  | <b>MCG Guideline</b>  | <b>Medical Policy or Clinical UM Guideline</b>   | <b>Customization</b>                                 |
|  |   | <p>SURG.00019 Transmyocardial Revascularization</p> <p>SURG.00121 Transcatheter Heart Valve Procedures</p> <p>SURG.00145 Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)</p> |  |
| 2.   | <b>GRG Body System – General Surgery or Procedure GRG (W0142)</b> | <p>CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity</p> <p>TRANS.00011 Pancreas Transplantation and Pancreas Kidney Transplantation</p> <p>TRANS.00013 Small Bowel, Small Bowel/Liver and Multivisceral Transplantation</p>     | Clinical Indications for Procedure                   |
| 3.   | <b>GRG Body System – Neurosurgery or Procedure GRG (W0176)</b>    | SURG.00026 Deep Brain, Cortical, and Cerebellar Stimulation  | Clinical Indications for Procedure                   |
| 4.   | <b>GRG Problem Oriented – Medical Oncology GRG (W0074)</b>        | <p>For hematopoietic stem cell transplantation, see the applicable clinical document, such as the following:</p> <p>TRANS.00### Hematopoietic Stem Cell Transplantation (for various conditions)</p>   | Clinical Indications for Admission to Inpatient Care |

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| <b>CUSTOMIZATIONS RELATED TO A MEDICAL POLICY OR GUIDELINE</b> |  |   |                                    |
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| <b>Behavioral Health Care (BHG)</b>                            |  |   |                                    |
|  | <b>MCG Guideline</b>   | <b>Medical Policy or Clinical UM Guideline</b>  | <b>Customization</b>               |
| 1.   | <b>BHG Testing Procedures – Urine Toxicology Testing (W0150)</b>                                       | CG-LAB-09 Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain   | Clinical Indications for Procedure |
| 2.   | <b>BHG Therapeutic Services – Trigeminal Nerve Stimulation, Transcutaneous: Behavioral Health Care</b> | <p>See related documents, such as the following:</p> <p>CG-DME-04 Electrical Nerve Stimulation, Transcutaneous, Percutaneous</p> <p>DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices</p> <p>SURG.00112 Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures)</p> <p>SURG.00158 Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain</p> | Removed MCG guideline              |
| 3.   | <b>BHG Therapeutic Services – Vagus Nerve Stimulation, Implantable: Behavioral Health Care (W0166)</b> | CG-SURG-120 Vagus Nerve Stimulation   | Clinical Indications for Procedure |

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### CUSTOMIZATION HISTORY

| <b>Issue Date</b> | <b>Action</b>   | <b>Reason</b>  |
|-------------------|---|--|
| 02/14/2025        | Release updated document  | <p>Updated Issue Date reflects review and approval at the November 14, 2024 Medical Policy &amp; Technology Assessment Committee (MPTAC) meeting to retire the following customizations:</p> <ul style="list-style-type: none"><li>• W0012 Electrophysiologic Study and Intracardiac Catheter Ablation</li><li>• W0093 Cardiac Septal Defect: Ventricular, Repair</li><li>• W0118 Musculoskeletal Surgery or Procedure GRG</li></ul> <p>MPTAC approved the original MCG guidelines without customization listed below.</p> <ul style="list-style-type: none"><li>• M-154 Electrophysiologic Study and Intracardiac Catheter Ablation</li><li>• S-284 Cardiac Septal Defect: Ventricular, Repair</li><li>• SG-MS Musculoskeletal Surgery or Procedure GRG</li></ul> <p>MPTAC reviewed and approved updated customization to W0074 Medical Oncology GRG (Removed reminder note to see applicable documents for chimeric antigen receptor [CAR] T-cell therapy, and transcatheter arterial chemoembolization)</p> |
| 02/15/2024        | Release document for Customizations to MCG Care Guidelines 28th Edition | New document for Customizations to MCG Care Guidelines 28th Edition approved at the February 15, 2024 MPTAC meeting.   |

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