

Clinical and Administrative Advisory Committee - Annual Review Summary

Prior Authorization Guideline	Review and Approval Date
Augmentative Communication Device Guideline	7/18/19
Bariatric Surgery Guidelines	7/18/19
Botulinum Toxin Guidelines	7/18/19
Case by Case Added Services Policy	2/20/20
Case by Case Added Services Procedure	2/20/20
Circumcision Guidelines	7/18/19
Clinician Administered Drugs that Require Authorization	1/16/20
Cosmetic Surgery	1/16/20
Cranial Molding Orthosis Guidelines	7/18/19
Daily Activity and Health Services (DAHS) Guideline	7/18/19
Developmental Screening Guideline	2/20/20
DME Repair Guideline	1/16/20
Emergency Services Policy	1/16/20
Employment Assistance Program Policy	1/16/20
Expedited Appeal Transfer to Standard Procedure	2/20/20
Gait Trainers and Stenders Guidelines	7/18/19
General Anesthesia for Dental Procedures	1/16/20
Genetic Testing Guidelines	10/24/19
Home Health	1/16/20
Hospital Beds Guidelines	7/18/19
Hospital Grade Blood Pressure Guidelines	7/18/19
Hospital Inpatient Care Guideline	2/20/20
Implantable Hearing Device Guideline	10/24/19
Magnetoencephalography (MEG) Guideline	7/18/19
Miscellaneous DME (E1399) for billed amount >\$500	7/18/19
Non-Emergency Ambulance Guideline	2/20/20
Nutritional Supplement Guidelines	2/20/20
Occupational Therapy Guidelines	9/19/19
Oral Surgery Guidelines	2/20/20
Organ Tissue Transplant Guidelines	2/20/20
Out of Network Services Guideline	2/20/20
Outpatient Psychotherapy Visits Greater than 30 Per Calendar Year	2/20/20
PDN Guidelines	7/18/19
PET Scan Guidelines	7/18/19
Physical Therapy Guidelines	9/19/19
Positive Airway Pressure (PAP) Device Guideline	7/18/19
Prosthetics Guidelines	2/20/20
Psychological/Neuropsychological Testing Guidelines	2/20/20
Secretion and Mucous Clearing Devices Guideline	4/30/20
Skilled Nursing Facility Guidelines	2/20/20
Skills Training Request for CHIP Members Guideline	7/18/19
Sleep Studies in Children	10/24/19
SPECT Scan Guidelines	7/18/19
Speech Therapy Guidelines	9/19/19

Targeted Case Management and Mental Health Rehabilitation Guideline	2/20/20
Telemonitoring Guideline	1/16/20
Temporomandibular Joint (TMJ) Guidelines	2/20/20
Therapeutic and Reconstructive Breast Procedures Guidelines	2/20/20
Therapeutic Continuous Glucose Monitors Guideline	5/21/20
UM Prior Authorization Policy & Procedure	2/20/20
Wheelchairs Guidelines	2/20/20