



 of Tennessee

## MCG's Cite Guideline Transparency Quick Reference Guide

# Cite Guideline Transparency (CGT)

MCG Guidelines 

## Step 1 - Disclaimer

### Terms and Conditions

In accordance with this process, I understand that I have been issued unique access; this may include access via a health plan portal or a user ID and password sent to me from a health plan, to be used to access electronic information regarding clinical criteria (the "Criteria").

I agree to maintain the user ID, password and Criteria for my exclusive personal use and not to share it with others, except for my doctor or other medical provider.

If I become aware of an unauthorized access, use or disclosure of the Criteria, I agree to contact:

MCG Health  
**Attn: Security Compliance Administrator**  
901 Fifth Avenue, Suite 2000  
Seattle, WA 98164

MCG Health ("MCG") does not guarantee the accuracy of the Criteria and disclaims any and all liability from your use of or reference to such Criteria. The Criteria do not constitute medical advice or services and are not a substitute for professional judgment. While this system provides access to Criteria; the determinations made using these Criteria are directed by your health plan based on a number of factors.

By clicking on "Proceed" and accessing the Criteria, I expressly agree to the foregoing.

☒ Accept Terms and Conditions


Accept and Proceed →

# User Information


## MCG Guidelines

### Step 2 - User Information

**First Name**



**Last Name**



**Please indicate what type of category best fits your interest in the guidelines**

☒ Provider ☐ Existing Member of the Health Plan ☐ Prospective Member of the Health Plan ☐ Other

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# Contact Information

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## Step 3 - Contact Information

Preferred way of receiving a verification code

- ☒ Text Message
- ☐ Email
- ☐ Telephone

Text Message Number



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# Access Code

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MCG Guidelines    

## Step 4 - Access Code

Access Code



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# What Information is Available in CGT?

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- Guideline Code and title of the guideline
- Disclaimers if a guideline has been altered
- Criteria Section provides the supporting evidence for the guideline
- Clinical Indications
- Inconclusive or Non-Supportive Evidence



# Legend



## Modified:

**M** = modified **MGLS** = modified GLOS

## Business Changes:

**BC** = customized (e.g., hyperlinks, disclaimers added, etc.)

MCG Code	Description
MP	BCBST Medical policy criteria
BC	Business changes: Any operational change involving a MCG guideline (e.g., adding a disclaimer, adding to the MCG title).
MGLS	Modified Goal Length of Stay: MCG's Goal Length of Stay is changed from MCG's designated GLOS (e.g., MCG designates a 1-day GLOS for MCG guideline and the decision was made to modify the GLOS to observation).
M	Modified MCG's clinical indications: the clinical indications have been altered to change the outcome of the guideline.
SUMG	Supplemental Utilization Management Guideline: BCBST developed a guideline to address gaps in the clinical decision process.

# MCG Guidelines Within CGT

- ▶ Ambulatory Care
- ▶ Behavioral Health Care
- ▶ General Recovery Care
- ▶ Home Care
- ▶ Inpatient & Surgical Care
- ▶ Recovery Facility Care



## ◀ Ambulatory Care

- A-0001 - Cardiac Catheterization and Angiography
- A-0002 - Lower Extremity Angiography
- A-0003 - Fluorescein Angiography
- A-0004 - Visceral Angiography
- A-0005 - Abdominal Aortic Angiography
- A-0006 - Renal Angiography
- A-0007 - Carotid or Cerebral Angiography
- A-0008 - Pulmonary Angiography
- A-0011 - Barium Enema: Double-Contrast or Therapeutic



# Example 1- Notice Watermark

## A-0001 - Cardiac Catheterization and Angiography

The care guidelines are developed in accordance with the principles of evidence-based medicine. Relevant randomized controlled trials, meta-analyses, and systematic reviews published in the peer-reviewed literature have primacy, followed by observational studies and information obtained from textbooks and specialty society guidelines. When published studies or information is scant or nonexistent, MCG recognizes the value of frontline experience and incorporates data from unpublished sources, including large database analysis and expert opinion. MCG strives for practicality and completeness. However, when there is a lack of evidence for some steps in the care of a patient, the care guidelines may offer a strategy based on the best information available and identify the limits of evidentiary support underlying the recommendation. In general, the care guidelines offer comprehensive recommendations for all steps in a patient's care plan, recognizing the limits of the evidence base rather than discussing only the steps with "good evidence."

### Criteria

For cardiac transplant patients, evidence demonstrates a net benefit, but of less than moderate certainty, and may consist of a consensus opinion of experts, case studies, and common standard care. (RG A2) It has been noted that the major causes of death in post-transplant patients are malignancy and coronary artery vasculopathy, and cardiac catheterization with intravascular ultrasound is useful for surveillance of cardiac allograft vasculopathy and silent obstructive coronary artery disease. Right heart catheterization is useful for hemodynamic assessment in post-transplant patients and to facilitate endomyocardial biopsy to provide histologic monitoring for transplant rejection.

For congenital heart disease, evidence demonstrates a net benefit, but of less than moderate certainty, and may consist of a consensus opinion of experts, case studies, and common standard care. (RG A2) The availability of noninvasive imaging has made angiography less important for diagnosis. However, it is indicated in both children and adults before surgery when repair may involve the coronary arteries or because of chest pain. It may also be indicated for complex congenital heart disease, particularly when intracardiac shunting is present. A specialty society guideline notes that cardiac catheterization and coronary angiography may be indicated for accurate measurement of congenital pulmonary or aortic stenosis gradients and to delineate anatomy. Pulmonary angiography and right ventriculography are recommended for pulmonary stenosis in particular. The coronary artery anatomy of tetralogy of Fallot should be determined prior to any intervention for right ventricular outflow, and for transposition of the great arteries, it is recommended that coronary artery patency be assessed at least once following an arterial switch procedure. Coronary angiography is recommended if this patency cannot be established noninvasively.

Continued

# Watermark = Digital Rights Management

alternatives include:

- › For arrhythmia: emergency department or rapid treatment site

Watermark:

- Property of MCG Health
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- Date accessed
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slow supraventricular arrhythmias  
(or pharmacologic) to sinus rhythm  
congestion or peripheral edema:  
diuretic, ACE inhibitor or angiotensin  
receptor blocker, patient education, and salt and fluid

care with home care support

- Emergency department or rapid treatment site care with oxygen, respiratory therapy, IV diuretics, correction of fluid and electrolyte balance, and control of arrhythmias
- Recovery facility care for ongoing parenteral medication, oxygen therapy, weight and fluid balance, laboratory testing, electrolyte correction, and management of comorbidities

# Medical Policies Identified in CGT

▶ Ambulatory Care

▶ Behavioral Health Care

▶ General Recovery Care

▶ Home Care

▶ Inpatient & Surgical Care

CCC-001 - Anemia: Common Complications and Conditions

CCC-003 - Anticoagulation Requirement: Common Complications

CCC-005 - Arrhythmia: Common Complications and Conditions

CCC-007 - Electrolyte Disorder: Common Complications and Conditions

CCC-009 - In-Hospital Falls: Common Complications and Conditions

CCC-011 - Fever: Common Complications and Conditions

CCC-013 - Gastrointestinal Bleeding: Common Complications and Conditions



M-89 - Chest Pain

MP003 - Bariatric Surgery (Gastric Restrictive Procedure with Gastric Bypass) - Medical

MP004-MGLS - Bariatric Surgery (Gastric Restrictive Procedure with Gastric Bypass b

MP005-MGLS - Bariatric Surgery (Gastric Restrictive Procedure without Gastric Bypass

MP006 - Bariatric Surgery (Gastric Restrictive Procedure, Sleeve Gastrectomy, by Lap

MP065-CGLS - Cardioverter Defibrillators, Transvenous and Subcutaneous - Medical

**MP77** - Angioplasty and Stenting for Intracranial Arterial Disease (Atherosclerosis and

OC-001 - Abdominal Pain: Observation Care

OC-002 - Anemia, Iron Deficiency or Unspecified: Observation Care



# Example 2

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## **MP77 - Angioplasty and Stenting for Intracranial Arterial Disease (Atherosclerosis and Aneurysms) - Medical Policy**

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. The customized content has been reviewed and approved by your health plan's Medical Policy & Technology Assessment Committee.

### **Clinical Indications for Procedure**

- Intracranial percutaneous transluminal angioplasty with stent placement (e.g., stent-assisted coiling or flow-diverting stent) is considered medically appropriate if all of the following criteria are met:
  - Diagnosis of intracranial aneurysm
  - Surgical treatment is not appropriate
  - Standard endovascular techniques do not allow for complete isolation of the aneurysm (e.g., wide-neck aneurysm [4 mm or more] or sack-to-neck ratio less than 2:1 )

# Contacts



## **eBusiness Tech Support**

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# Thank You



BlueCross BlueShield of Tennessee, an Independent Licensee of BlueCross BlueShield Association