

## Adopted Clinical Guidelines as of January 1, 2026

### Washington | 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 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 | Clinical Guideline number | Clinical Guideline name  | Type of service         | Original implementation date by Washington | Special notes |
|-------|---------------------------|--|-------------------------|--|---------------|
| WA    | CG-ANC-04                 | Ambulance Services: Air and Water                                | Ancillary/Miscellaneous | 1/1/2026                                   |               |
| WA    | CG-ANC-06                 | Ambulance Services: Ground; Non-Emergent                         | Ancillary/Miscellaneous | 1/1/2026                                   |               |
| WA    | CG-ANC-07                 | Inpatient Interfacility Transfers                                | Ancillary/Miscellaneous | 1/1/2026                                   |               |
| WA    | CG-BEH-14                 | Intensive In-Home Behavioral Health Services                     | Behavioral Health       | 1/1/2026                                   |               |
| WA    | CG-BEH-15                 | Activity Therapy for Autism Spectrum Disorders and Rett Syndrome | Behavioral Health       | 1/1/2026                                   |               |

Coverage provided by Wellpoint Washington, Inc.

Wellpoint Washington, Inc. profoundly acknowledges and respects the inherent sovereignty of the federally recognized Tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the Tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the Tribes, a bond reiterated by the Centennial Accord and established by RCW 43.376. We heartily commit to enhancing our coordination, collaboration, and recognition of the deeply rooted traditions and values of the Tribal communities.

WAWP-CM-096687-25 | December 2025

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|----|-----------|---|---------------------------|----------|--|
| WA | CG-DME-06 | Compression Devices for Lymphedema  | Durable medical equipment | 1/1/2026 |  |
| WA | CG-DME-07 | Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output        | Durable medical equipment | 1/1/2026 |  |
| WA | CG-DME-10 | Durable medical equipment   | Durable medical equipment | 1/1/2026 |  |
| WA | CG-DME-31 | Powered Wheeled Mobility Devices  | Durable medical equipment | 1/1/2026 |  |
| WA | CG-DME-43 | High Frequency Chest Compression Devices for Airway Clearance   | Durable medical equipment | 1/1/2026 |  |
| WA | CG-DME-44 | Electric Tumor Treatment Field (TTF)  | Durable medical equipment | 1/1/2026 |  |
| WA | CG-DME-45 | Ultrasound Bone Growth Stimulation  | Durable medical equipment | 1/1/2026 |  |
| WA | CG-DME-46 | Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting | Durable medical equipment | 1/1/2026 |  |
| WA | CG-DME-49 | Standing Frames   | Durable medical equipment | 1/1/2026 |  |
| WA | CG-DME-57 | Lower Extremity Pressure Gradient Compression Stockings   | Durable medical equipment | 1/1/2026 |  |
| WA | CG-LAB-13 | Skin Nerve Fiber Density Testing  | Laboratory                | 1/1/2026 |  |
| WA | CG-MED-26 | Neonatal Levels of Care   | Medicine                  | 1/1/2026 |  |
| WA | CG-MED-37 | Intensive Programs for Pediatric Feeding Disorders  | Medicine                  | 1/1/2026 |  |
| WA | CG-MED-41 | Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting                             | Medicine                  | 1/1/2026 |  |
| WA | CG-MED-66 | Cryopreservation of Oocytes or Ovarian Tissue   | Medicine                  | 1/1/2026 |  |
| WA | CG-MED-68 | Therapeutic Apheresis   | Medicine                  | 1/1/2026 |  |

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| WA | CG-MED-69   | Inhaled Nitric Oxide  | Medicine              | 1/1/2026 |  |
| WA | CG-MED-73   | Hyperbaric Oxygen Therapy (Systemic/Topical)  | Medicine              | 1/1/2026 |  |
| WA | CG-MED-74   | Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry  | Medicine              | 1/1/2026 |  |
| WA | CG-MED-79   | Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems  | Medicine              | 1/1/2026 |  |
| WA | CG-MED-81   | Ultrasound Ablation for Oncologic Indications   | Medicine              | 1/1/2026 |  |
| WA | CG-MED-83   | Site of Care: Specialty Pharmaceuticals   | Medicine              | 1/1/2026 |  |
| WA | CG-MED-88   | Preimplantation Embryo Biopsy and Genetic Testing   | Medicine              | 1/1/2026 |  |
| WA | CG-MED-89   | Home Parenteral Nutrition   | Medicine              | 1/1/2026 |  |
| WA | CG-MED-99   | Intradialytic Parenteral Nutrition  | Medicine              | 1/1/2026 |  |
| WA | CG-MED-100  | Surface Electrical Stimulation Devices for Headache and Migraine  | Medicine              | 1/1/2026 |  |
| WA | CG-MED-101  | Home Hospice  | Medicine              | 1/1/2026 |  |
| WA | CG-MED-102  | Dichoptic Digital Therapy for Amblyopia<br><b>Previously Titled:</b> Digital Therapy Devices for Treatment of Amblyopia | Medicine              | 1/1/2026 |  |
| WA | CG-OR-PR-04 | Cranial Remodeling Bands and Helmets (Cranial Orthotics)  | Orthotics/Prosthetics | 1/1/2026 |  |
| WA | CG-OR-PR-05 | Myoelectric Upper Extremity Prosthetic Devices  | Orthotics/Prosthetics | 1/1/2026 |  |
| WA | CG-RAD-29   | X-rays for Low Back Pain  | Radiology             | 1/1/2026 |  |
| WA | CG-REHAB-03 | Pulmonary Rehabilitation  | Rehabilitation        | 1/1/2026 |  |

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| WA | CG-REHAB-07 | Skilled Nursing and Skilled Rehabilitation Services (Outpatient)                                  | Rehabilitation | 1/1/2026 |  |
| WA | CG-REHAB-08 | Private Duty Nursing in the Home Setting  | Rehabilitation | 1/1/2026 |  |
| WA | CG-SURG-03  | Blepharoplasty, Blepharoptosis Repair, and Brow Lift  | Surgery        | 1/1/2026 |  |
| WA | CG-SURG-09  | Temporomandibular Disorders   | Surgery        | 1/1/2026 |  |
| WA | CG-SURG-12  | Penile Prosthesis Implantation  | Surgery        | 1/1/2026 |  |
| WA | CG-SURG-18  | Septoplasty   | Surgery        | 1/1/2026 |  |
| WA | CG-SURG-24  | Functional Endoscopic Sinus Surgery (FESS)  | Surgery        | 1/1/2026 |  |
| WA | CG-SURG-28  | Transcatheter Uterine Artery Embolization   | Surgery        | 1/1/2026 |  |
| WA | CG-SURG-35  | Intracytoplasmic Sperm Injection (ICSI)   | Surgery        | 1/1/2026 |  |
| WA | CG-SURG-55  | Cardiac Electrophysiological Studies (EPS) and Catheter Ablation                                  | Surgery        | 1/1/2026 |  |
| WA | CG-SURG-61  | Cryosurgical, Radiofrequency, Microwave or Laser Ablation to Treat Solid Tumors Outside the Liver | Surgery        | 1/1/2026 |  |
| WA | CG-SURG-70  | Gastric Electrical Stimulation  | Surgery        | 1/1/2026 |  |
| WA | CG-SURG-71  | Reduction Mammoplasty   | Surgery        | 1/1/2026 |  |
| WA | CG-SURG-73  | Balloon Sinus Ostial Dilation   | Surgery        | 1/1/2026 |  |

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| WA | CG-SURG-78  | Locoregional Techniques for Treating Primary and Metastatic Liver Malignancies  | Surgery | 1/1/2026 |  |
| WA | CG-SURG-79  | Implantable Infusion Pumps  | Surgery | 1/1/2026 |  |
| WA | CG-SURG-81  | Cochlear Implants and Auditory Brainstem Implants   | Surgery | 1/1/2026 |  |
| WA | CG-SURG-82  | Bone-Anchored and Bone Conduction Hearing Aids  | Surgery | 1/1/2026 |  |
| WA | CG-SURG-83  | Bariatric Surgery and Other Treatments for Clinically Severe Obesity  | Surgery | 1/1/2026 |  |
| WA | CG-SURG-84  | Mandibular/Maxillary (Orthognathic) Surgery   | Surgery | 1/1/2026 |  |
| WA | CG-SURG-88  | Mastectomy for Gynecomastia   | Surgery | 1/1/2026 |  |
| WA | CG-SURG-92  | Paraesophageal Hernia Repair  | Surgery | 1/1/2026 |  |
| WA | CG-SURG-93  | Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction   | Surgery | 1/1/2026 |  |
| WA | CG-SURG-95  | Sacral Nerve Stimulation and Percutaneous or Implantable Tibial Nerve Stimulation for Urinary and Fecal Incontinence, Urinary Retention | Surgery | 1/1/2026 |  |
| WA | CG-SURG-96  | Intraocular Telescope   | Surgery | 1/1/2026 |  |
| WA | CG-SURG-99  | Panniculectomy and Abdominoplasty   | Surgery | 1/1/2026 |  |
| WA | CG-SURG-105 | Corneal Collagen Cross-Linking  | Surgery | 1/1/2026 |  |
| WA | CG-SURG-106 | Venous Angioplasty with or without Stent Placement or Venous Stenting Alone   | Surgery | 1/1/2026 |  |

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| WA | CG-SURG-117 | Balloon Dilation of the Eustachian Tubes  | Surgery     | 1/1/2026 |  |
| WA | CG-SURG-118 | Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir) | Surgery     | 1/1/2026 |  |
| WA | CG-SURG-119 | Cryopreservation of Oocytes or Ovarian Tissue   | Surgery     | 1/1/2026 |  |
| WA | CG-SURG-120 | Vagus Nerve Stimulation   | Surgery     | 1/1/2026 |  |
| WA | CG-SURG-125 | Canaloplasty  | Surgery     | 1/1/2026 |  |
| WA | CG-SURG-127 | Products for Wound Healing and Soft Tissue Grafting: Medically Necessary Uses         | Surgery     | 1/1/2026 |  |
| WA | CG-SURG-129 | Internal Rib Fixation Systems   | Surgery     | 1/1/2026 |  |
| WA | CG-TRANS-02 | Kidney Transplantation  | Transplants | 1/1/2026 |  |

**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 Medical Benefit Management, Inc. 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, Inc. at **877 291-0366** 9 a.m. to 7 p.m. (CT) Monday to Friday

By accessing the Carelon link above, you will be linked to a site (s) created and/or maintained by a 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 external sites.

\* Original Implementation Date by state - this is the original implementation date by the health plan

Notes:

For a complete listing of Wellpoint Clinical UM Guidelines, please go to: <https://www.wellpoint.com/>

*Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.*