

## Coverage guideline informational notice

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### Archived coverage guideline numbers effective September 20, 2018

The following coverage guideline numbers have been archived:

**DME.00027** *Ultrasound Bone Growth Stimulation* [Note: Content of DME.00027 has been transferred to new clinical UM guideline **CG-DME-45**.]

**DRUG.00006** *Botulinum Toxin* [Note: Content of DRUG.00006 has been transferred to clinical UM guideline **CG-DRUG-103**.]

**DRUG.00024** *Omalizumab (Xolair®)* [Note: Content of DRUG.00024 has been transferred to new clinical UM guideline **CG-DRUG-104**.]

**DRUG.00040** *Abatacept (Orencia)* [Note: Content of DRUG.00040 has been transferred to clinical UM guideline **CG-DRUG-105**.]

**DRUG.00047** *Brentuximab Vedotin (Adcetris®)* [Note: Content of DRUG.00047 has been transferred to new clinical UM guideline **CG-DRUG-106**.]

**DRUG.00058** *Pharmacotherapy for Hereditary Angioedema* [Note: Content of DRUG.00058 has been transferred to new clinical UM guideline **CG-DRUG-107**.]

**DRUG.00064** *Enteral Carbidopa and Levodopa Intestinal Gel Suspension* [Note: Content of DRUG.00064 has been transferred to new clinical UM guideline **CG-DRUG-108**.]

**DRUG.00087** *Asfotase Alfa (Strensiq™)* [Note: Content of DRUG.00087 has been transferred to new clinical UM guideline **CG-DRUG-109**.]

**DRUG.00091** *Naltrexone Implantable Pellets* [Note: Content of DRUG.00091 has been transferred to new clinical UM guideline **CG-DRUG-110**.]

**DRUG.00093** *Sebelipase alfa (KANUMA™)* [Note: Content of DRUG.00093 has been

transferred to new clinical UM guideline **CG-DRUG-111.**]

**DRUG.00103** *Abaloparatide (Tymlos™)* [Note: Content of DRUG.00103 has been transferred to new clinical UM guideline **CG-DRUG-112.**]

**MED.00005** *Hyperbaric Oxygen Therapy (Systemic/Topical)* [Note: Content of MED.00005 has been transferred to new clinical UM guideline **CG-MED-73.**]

**MED.00051** *Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry* [Note: Content of MED.00051 has been transferred to new clinical UM guideline **CG-MED-74.**]

**MED.00081** *Cognitive Rehabilitation* [Note: Content of MED.00081 has been transferred to new clinical UM guideline **CG-REHAB-11.**]

**MED.00107** *Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome* [Note: Content of MED.00107 has been transferred to new clinical UM guideline **CG-MED-75.**]

**RAD.00019** *Magnetic Source Imaging and Magnetoencephalography* [Note: Content of RAD.00019 has been transferred to new clinical UM guideline **CG-MED-76.**]

**RAD.00042** *SPECT/CT Fusion Imaging* [Note: Content of RAD.00042 has been transferred to new clinical UM guideline **CG-MED-77.**]

**SURG.00014** *Cochlear Implants and Auditory Brainstem Implants* [Note: Content of SURG.00014 has been transferred to new clinical UM guideline **CG-SURG-81.**]

**SURG.00020** *Bone-Anchored and Bone Conduction Hearing Aids* [Note: Content of SURG.00020 has been transferred to new clinical UM guideline **CG-SURG-82.**]

**SURG.00024** *Bariatric Surgery and Other Treatments for Clinically Severe Obesity* [Note: Content of SURG.00024 has been transferred to new clinical UM guideline **CG-SURG-83.**]

**SURG.00049** *Mandibular/ Maxillary (Orthognathic) Surgery* [Note: Content of SURG.00049 has been transferred to new clinical UM guideline **CG-SURG-84.**]

**SURG.00051** *Hip Resurfacing* [Note: Content of SURG.00051 has been transferred to new clinical UM guideline **CG-SURG-85.**]

**SURG.00054** *Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease,*

*Aortic Dissection and Aortic Transection* [Note: Content of SURG.00054 has been transferred to new clinical UM guideline **CG-SURG-86.**]

**SURG.00074** *Nasal Surgery for the Treatment of Obstructive Sleep Apnea (OSA) and Snoring* [Note: Content of SURG.00074 has been transferred to new clinical UM guideline **CG-SURG-87.**]

**SURG.00085** *Mastectomy for Gynecomastia* [Note: Content of SURG.00085 has been transferred to new clinical UM guideline **CG-SURG-88.**]

**SURG.00090** *Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia* [Note: Content of SURG.00090 has been transferred to new clinical UM guideline **CG-SURG-89.**]

**TRANS.00018** *Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation* [Note: Content of TRANS.00018 has been transferred to new clinical UM guideline **CG-TRANS-03.**]

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