

	Policy No	Policy Name	Description of Policy	Key Words
1	GM040	GM Other Aesthetic Policy	<p>This policy covers all aesthetic procedures (also referred to as plastic surgery procedures) not covered by individual GM EUR treatment policies. This policy includes but is not limited to:</p> <ul style="list-style-type: none"> • Vaginoplasty • Rhytidectomy (Face Lift / Brow Lift) • Botox for the ageing face • Liposuction • Limb lengthening • Vitiligo • Revision of cosmetic procedures 	<ul style="list-style-type: none"> • Ageing face • Botox • Brow lift • Cosmetic procedures • Face lift • Limb lengthening • Liposuction • Rhytidectomy • Vaginoplasty • Vitiligo
2	GM046	GM Low Back Pain Policy	<p>This policy details what treatments are commissioned for low back pain with or without sciatica that are generally non-specific and where an underlying cause cannot be identified for treatment.</p> <p>Note there are also the following GM EUR Policies:-</p> <ul style="list-style-type: none"> • GM070 Facet Joint Injections • GM018 Out of Contract Spinal Procedures 	<ul style="list-style-type: none"> • Acupuncture • Alexander Technique • Botulinum toxin • Disc Replacement • Epidural injections • Foot Orthotics • Intradiscal therapy / electrothermal therapy (IDET) • Massage • Medial Branch Block • Percutaneous electrical nerve simulation (PENS) • Neuroreflexive therapy • Opioids • Percutaneous intradiscal thermocoagulation (PIRFT) • Prolotherapy • Radiofrequency Denervation • Rocker sole shoes • Spinal injections

				<ul style="list-style-type: none"> • Transcutaneous electrical nerve simulation (TENS) • Traction • Trigger point injections
3	GM011	GM Body Contouring Policy	<p>This policy covers the removal of redundant skin usually following major weight loss such as:</p> <ul style="list-style-type: none"> • Brachioplasty - Arm reduction and lift • Thigh lift • Abdominoplasty - Removing excess skin and fat and tightening the abdominal muscles. • Panniculectomy / Apronectomy - A limited abdominoplasty procedure performed to remove the excess skin only. 	<ul style="list-style-type: none"> • Abdominoplasty • Apronectomy • Arm reduction and lift • Buttock lift • Brachioplasty • Excess skin • Excess fat • Intertrigo • Liposuction • Panniculectomy • Thigh lift • Tummy tuck
4	GM006	GM Aesthetic Breast Policy	<p>This policy covers aesthetic breast surgery where the reason for requesting surgery is more aesthetic than clinical. Aesthetic breast surgery covers those requests where there is no underlying breast disease that is being treated by the surgery.</p> <ul style="list-style-type: none"> • Breast Augmentation • Revision of Breast Augmentation • Breast Reduction both female and male (for Gynaecomastia) • Breast Lift / Mastopexy • Inverted nipple correction • Accessory breasts/ nipples • A combination of the above to address asymmetry 	<ul style="list-style-type: none"> • Accessory breasts • Amastia • Amazia • Asymmetry • Augmentation • Gynaecomastia • Intertrigo • Inverted nipple correction • Large breasts • Mastopexy • Poland's syndrome • Reduction • Small breasts
5	GM052	GM Bunion Policy	<p>This policy covers surgical removal of symptomatic bunions (hallux valgus).</p>	<ul style="list-style-type: none"> • Bunion • Hammer toe • Hallux rigidus • Osteotomy • Ulceration

6	GM033	GM Caesarean Section Policy	This policy set out when caesarean sections are commissioned in line with NICE CG132 . All providers of this procedure are expected to comply with the clinical and procedural guidance contained in NICE CG132.	<ul style="list-style-type: none"> • Anatomical abnormality • Breech • C-section • Emergency caesarean • FGM (Female genital mutilation) • Planned caesarean • Uterine rupture
7	GM035	GM Carpal Tunnel Policy	This policy covers requests for surgical intervention for carpal tunnel syndrome	<ul style="list-style-type: none"> • Carpal tunnel • Corticosteroid Injections • Motor weakness • Nerve damage • Sensory disturbance
8	GM026	GM Cataract Surgery Policy	This policy covers criteria that need to be met for the surgical removal of cataracts.	<ul style="list-style-type: none"> • Anisometropia • Binocular • Difficulty seeing • Glaucoma • Juvenile cataract • Lens induced disease • Ocular disease • Visual impairment
9	GM054	GM Circumcision Policy	This policy covers surgical removal of the foreskin.	<ul style="list-style-type: none"> • Balantixerotica obliterans • Female genital mutilation • Foreskin • Paraphimosis
10	GM057	GM Communication Aids Policy	This policy covers new or replacement non-specialist Augmentative and Alternative Communication Aids (AAC). These are devices for individuals who have difficulties communicating with family and carers.	<ul style="list-style-type: none"> • Communication Aids • Speech impairment • Written impairment

11	GM030	GM Complementary Therapies Policy	This policy covers complementary and alternative therapies which are those therapies not considered to be part of mainstream 'western' or 'scientific' medicine.	<ul style="list-style-type: none"> • Alternative • Complementary • Hypnotherapy • Irritable Bowel syndrome
12	GM039	GM Continuous Glucose Monitoring Policy	This policy covers real-time continuous glucose monitoring (CGM) systems for patients with Type 1 diabetes with or without a hypoglycaemic alarm.	<ul style="list-style-type: none"> • Blood sugar • Continuous glucose monitoring • Diabetes • Diabetic ketoacidosis (DKA) • FreeStyle Libre • Glucose • Hyperglycaemia • Hypoglycaemia • Insulin • Interstitial fluid • Real-Time CGM
13	GM073	GM Cough Assist Policy	This policy covers Cough Assist therapy for patients with weak cough. The Cough Assist device clears secretions.	<ul style="list-style-type: none"> • Bronchial • Guillain-Barré Syndrome • Kypho-scoliosis • Neuromuscular disease • Peak Cough Flow
14	GM072	GM D&C and Hysterectomy for HMB Policy	This policy covers treatment for heavy menstrual bleeding (also known as menorrhagia) which is excessive menstrual blood loss. Treatments covered in the policy are: <ul style="list-style-type: none"> • D&C – dilation and curettage • Hysterectomy – surgical removal of the uterus 	<ul style="list-style-type: none"> • Dilation and curettage • Fibroids • Menstrual bleeding • Hysterectomy • Hysteroscopy • Menorrhagia
15	GM048	GM Dermatochalasis Policy	This policy covers the surgical correction of dermatochalasis (excess skin of the eyelid). The skin of the upper lid may hang down over the lid causing a variety of symptoms, both cosmetic and functional.	<ul style="list-style-type: none"> • Blepharoplasty • Brow lift • Dermatochalasis • Frontalis overaction • Ocular surface disease

				<ul style="list-style-type: none"> • Ptosis • Visual field • Wick syndrome
16	GM015	GM Drainage of the Middle Ear Policy	This policy covers drainage of the middle ear which is a surgical procedure used in the treatment of Otitis Media (inner ear infection) for children under 12 years old. It can be carried out with or without grommets.	<ul style="list-style-type: none"> • Adenoidectomy • Drainage of the middle ear • Glue ear • Grommets • Myringotomy • Otitis Media
17	GM049	GM Dupuytren's Policy	This policy covers treatments for Dupuytren's contracture which causes one or more fingers to bend into the palm of the hand. Treatments include injection, needle fasciotomy and open surgery.	<ul style="list-style-type: none"> • Fascia • Fasciectomy • Flexion deformity • Joint contracture • Palmar • Peyronie's disease
18	GM014	GM Electrolysis and Laser Hair Removal Policy	<p>This policy covers laser hair removal and electrolysis procedures for the treatment of hirsutism (the abnormal growth of hair on a woman's face and body)</p> <ul style="list-style-type: none"> • Laser Hair removal - A medical procedure that uses a laser - an intense, pulsating beam of light - to remove unwanted hair • Electrolysis - The destruction of hair roots through the use of a mild electric current 	<ul style="list-style-type: none"> • Electrolysis • Laser hair removal • Hirsutism • Pilonoidal Sinus • Polycystic ovary syndrome (PCOS)
19	GM062	GM ETS for Facial Blushing Policy	This policy covers Endoscopic Thoracic Sympathectomy (ETS) used to treat facial blushing	<ul style="list-style-type: none"> • Endoscopic thoracic sympathectomy • Facial blushing • Facial reddening • Idiopathic Faciocranial Erythema (ICE)

20	GM075	GM Experimental and Unproven Treatments Policy	This policy covers procedures / treatments that are either still in the development phase in relation to the evidence for their effectiveness.	<ul style="list-style-type: none"> • Experimental • Unlicensed • Unproven
21	GM044	GM Common Benign Eyelid Lesions Policy	This policy covers the surgical removal of benign (not harmful) lesions of the eyelid. These lesions are non-cancerous.	<ul style="list-style-type: none"> • Astigmatism • Basal Cell Carcinoma (BCC) • Chalazion • Cyst • Dermatochalasis • Dermatitis • Lesion • Meibomian • Xanthelasma
22	GM070	GM Facet Joint Injections Policy	This policy covers injections into the facet joint. Facet joints are the small joints located between each vertebra that provide the spine with both stability and flexibility. Facet joint injections combine a local anaesthetic and a corticosteroid anti-inflammatory medication.	<ul style="list-style-type: none"> • Back pain • Cervical • Corticosteroid • Diagnostic • Facet Joint Injections • Lumbar • Medial branch block • Neck pain • Radiofrequency Denervation • Sacroiliac joint pain • Spinal pain • Thoracic • Vertebrae

23	GM036	GM FES for Foot Drop Policy	This policy covers Functional Electrical Stimulation (FES) treatment for foot drop. Foot drop is a muscular weakness or paralysis that makes it difficult to lift the front part of the foot and toes. FES is used mostly for foot drop following stroke or in Multiple Sclerosis.	<ul style="list-style-type: none"> • Cerebral Palsy • Cuffed • Electrical • Familial hereditary spastic paraparesis • Foot drop • Multiple Sclerosis • Parkinson's Disease • Spinal cord injury • Stroke • Upper motor neurone • Wireless
24	GM061	GM Gallstones Policy	This policy covers treatment for asymptomatic (there are no symptoms) gallstones. Gallstones are small stones, usually made of cholesterol, that form in the gallbladder.	<ul style="list-style-type: none"> • Asymptomatic gallstones • Cholelithiasis • Common bile duct • Cystic duct • Hepatic • Laparoscopic cholecystectomy • Laparotomy
25	GM025	GM Ganglion Policy	This policy covers treatment for ganglion cysts. Ganglion cysts look and feel like a smooth, soft lump under the skin and are mostly commonly found on the hand and wrist. Ganglia may also be found on the upper side of the foot.	<ul style="list-style-type: none"> • Dorsal ganglia • Flexor tendon sheath • Mucous cysts • Multicocular ganglions • Volar ganglia
26	GM042	GM Haemorrhoids Policy	This policy covers treatment for haemorrhoids and anal skin tags. Haemorrhoids, also known as piles, are swellings containing enlarged blood vessels found inside or around the rectum and anus. Anal skin tags, also called rectal skin tags, are growths that hang off the skin around the outside of the anus.	<ul style="list-style-type: none"> • Anal skin tags • Banding • Colonoscopy • Haemorrhoids • Haemorrhoidectomy • Piles

27	GM069	GM Hair Replacement Policy	This policy covers treatment for hair replacement caused by hair loss.	<ul style="list-style-type: none"> • Alopecia • Baldness • Hair loss • Hair transplant • Hair weaves • Tattooing • Trichotillomania • Wigs
28	GM017	GM Headaches Policy	This policy covers treatment for headache disorders. Headache disorders can be migraines, tension-type headaches, and cluster headaches.	<ul style="list-style-type: none"> • Acupuncture • Botulinum Toxin • Cluster headaches • Gamma Core external vagal nerve stimulator • Migraine • Neurostimulator • Optical nerve stimulation • TENS • Tension headaches • Transcranial magnetic stimulation
29	GM059	GM Hernia Policy	This policy covers the surgical repair of hernias. A hernia occurs when an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall.	<ul style="list-style-type: none"> • Divarification recti • Femoral hernia • Hiatus hernia • Incisional hernia • Impalpable hernia • Inguinal hernia • Sports hernia • Strangulation • Umbilical hernia • Suspected incarceration

30	GM056	GM Hip Replacement Policy	The policy covers total hip replacement treatment. In a total hip replacement (also called total hip arthroplasty), the damaged hip joint is removed and replaced with an artificial one (known as prosthesis).	<ul style="list-style-type: none"> • Bespoke joint replacement • Nickel free joints • Osteoarthritis • Revision surgery
31	GM037	GM Hyaluronic Acid Injections Policy	This policy covers hyaluronic acid injections for the relief of joint pain caused by osteoarthritis. There are a number of products available but the commonest requested version is <i>Ostenil</i> [®] .	<ul style="list-style-type: none"> • Durolane • Euflexxa • Fermatron • Hyaluronic Acid • Orthovisc • Ostenil • Osteoarthritis • Reneha Vis • SportVis • Synocom • Synopsis • Synvisc
32	GM016	GM Hyperhidrosis Policy	This policy cover the treatment of hyperhidrosis (a medical condition in which a person sweats excessively and unpredictably).	<ul style="list-style-type: none"> • Anticholinergics • Botox • Hyperhidrosis • Iontophoresis • Palmar • Plantar • Sweating • Thoracic Sympathectomy

33	GM034	GM Knee Arthroscopy Policy	This policy covers knee arthroscopy, which is surgery that uses a tiny camera to look inside the knee and is performed when there is knee pain, swelling or for an unstable knee.	<ul style="list-style-type: none"> • Autographs • Compartment damage • Debridement • Degenerative joint disease • Knee pain • Knee trauma • Lavage • Loose bodies • Meniscal tear • Micro-fracturing • Locked knee • Locking knee
34	GM051	GM Knee Replacement Policy	This policy covers total knee replacement (TKR), which involves replacing the entire knee joint.	<ul style="list-style-type: none"> • Bespoke joint replacement • Nickel free joints • Osteoarthritis • Revision surgery
35	GM027	GM Labiaplasty Policy	This policy covers labiaplasty which is a surgical procedure that removes excess tissue from the labia (the inner and outer folds of the vulva, at either side of the vagina).	<ul style="list-style-type: none"> • Anatomical distortion • Gender realignment • Female genital mutilation (FGM) • Obstetric trauma • Revision surgery • Trauma • Vulval disease
36	GM060	GM Laser Eye Surgery Policy	This policy covers photorefractive (laser) surgery for the treatments of defects of the cornea – including defects in shape leading to reduced vision. The cornea is the transparent front part of the eye that covers the iris, pupil, and anterior chamber.	<ul style="list-style-type: none"> • Astigmatism • Cornea • Hyperopia • Laser • Myopia • Ocular surface • Photorefractive • Visual acuity

36	GM020	GM Lycra Body Suits Policy	This policy covers Lycra body suits (sometimes referred to as lycra orthoses). Lycra body suits are a type of orthoses (a brace or other such device).	<ul style="list-style-type: none"> • Cerebral Palsy • Lycra body suit • Multiple Sclerosis • Muscular Dystrophy • Orthoses • Scoliosis
37	GM045	GM MRI Scanning Policy	This policy covers (non-standard) MRI scanning for patients where alternative scanning is required due to claustrophobia, obesity or upright scanning for a clinical reason.	<ul style="list-style-type: none"> • Claustrophobia • Dynamic imaging • Magnetic resonance imaging (MRI) • Obesity • Open • Upright • Wide bore
38	GM043	GM Orthoses Policy	This policy covers orthoses and 24-hour posture management systems/devices. These include devices and specialised support systems for positioning and movement.	<ul style="list-style-type: none"> • Ankle foot orthoses (AFOs) • Biomechanical • Braces • Calipers • Knee ankle foot orthoses (KAFOs) • Orthoses • Postural management • Sleep systems
39	GM022	GM Pelvic Vein Embolisation Policy	This policy covers pelvic vein embolisation in the management of varicose veins.	<ul style="list-style-type: none"> • Congestion • Embolisation • Pelvic • Varicose veins
40	GM012	GM Pinnaplasty Policy	This policy covers Pinnaplasty, which is a cosmetic surgery procedure used to correct prominent ears.	<ul style="list-style-type: none"> • Cartilage • Helix • Mastoid process • Otoplasty • Pinnaplasty

41	GM024	GM Rhinoplasty Policy	This policy covers surgery to reshape the nose to treat nasal obstruction and in some cases of trauma (injury). Those procedures covered are rhinoplasty, septoplasty and septorhinoplasty.	<ul style="list-style-type: none"> • Cartilage • Deformity • Deviated nasal septum • Nasal obstruction • Obstruction • Rhinoplasty • Septal deviation • Septoplasty • Septo-Rhinoplasty • Trauma
42	GM065	GM Rhinosinusitis Policy	This policy covers treatment for inflammation of the nose. Those procedures covered are, Rhinosinusitis, Rhinitis and Sinusitis.	<ul style="list-style-type: none"> • Endoscopy • Intranasal • Nasal • Rhinitis • Rhinosinusitis • Septal deviation • Sinusitis
43	GM029 & GM064	GM Sacroneuromodulation Policy	This policy covers sacroneuromodulation treatment, which involves stimulating nerves associated with the lower urinary tract or bowel.	<ul style="list-style-type: none"> • Constipation • Fowler's syndrome • Hydronephrosis • Sacral nerve stimulation • Sacroneuromodulation • Renal • Urinary retention
44	GM066	GM Scarring Policy	This policy covers surgical treatment for revision of scars following surgery or injury where the scar is causing functional problems.	<ul style="list-style-type: none"> • Hypertrophic • Keloid • Revision • Scar/scarring

45	GM032	GM Shoulder Impingement Policy	This policy covers treatment for shoulder impingement syndrome, a very common cause of shoulder pain/weakness, caused by a muscle tendon (band of tissue) inside the shoulder which rubs or catches on nearby tissue and bone as the arm is lifted.	<ul style="list-style-type: none"> • Arthroscope • Arthroscopic sub-acromial decompression • Cuff tear • Degenerative • Ligament • Rotator cuff • Shoulder impingement • Steroid • Sub-acromial • Tendon
46	GM013	GM Common Benign Skin Lesions Policy	This policy covers surgical removal of common benign (not harmful) skin lesions. Benign skin lesions are non-cancerous lumps and bumps such as moles, cysts, warts and skin tags.	<ul style="list-style-type: none"> • Benign • Common • Cyst • Keratosis • Lesion • Lipoma • Revision • Scar • Skin • Verrucas • Warts
47	GM031	GM Skin Resurfacing Policy	This policy covers skin resurfacing, which is a controlled injury to the skin with the aim that, as the skin heals, it forms 'good' scar tissue to replace the previous 'scarring' however, the risk is that the skin forms 'bad' scar tissue again. Skin resurfacing techniques range from topical creams to laser therapy.	<ul style="list-style-type: none"> • Acne • Chemical peel • Dermabrasion • Laser skin resurfacing • Peel • Rhinophyoma • Scar/scarring

48	GM068	GM Snoring Policy	<p>This policy covers surgical techniques to correct snoring. There are four main types of surgery used in treating snoring, although these types of surgery are not usually available on the NHS. These are:</p> <ul style="list-style-type: none"> • uvulopalatopharyngoplasty (UPPP) • uvulopalatoplasty (UP) • palate implants • radiofrequency ablation (RFA) of the soft palate 	<ul style="list-style-type: none"> • Obstructive sleep apnoea syndrome • Palate implants • Radiofrequency ablation • Snoring • uvulopalatopharyngoplasty (UPPP) • uvulopalatoplasty (UP)
49	GM018	GM Out of Contract Spinal Procedures Policy	<p>This policy covers 'out of contract' spinal procedures that are available for patients who meet certain criteria.</p> <p>The procedures covered by this policy are:</p> <ul style="list-style-type: none"> • Endoscopic laser foraminoplasty • Percutaneous intradiscal ablation in the lumbar spine • Cryoneurolysis • Discectomy for lumbar prolapse • Lower back surgery for chronic pain 	<ul style="list-style-type: none"> • Cervical • Cryoneurolysis • Discectomy • Endoscopic • Lumbar • Percutaneous intradiscal ablation • Prolapse
50	GM023	GM Repair of Split Torn Ear Lobes Policy	<p>This policy covers treatment to repair split/torn earlobes where the ear lobes have split as a result of direct trauma.</p>	<ul style="list-style-type: none"> • Ear lobe/lobule • Piercing • Split • Tear/torn • Trauma
51	GM058	GM Strabismus Policy	<p>This policy covers surgical correction of adult strabismus (squint). Strabismus, or squint, means a misalignment of the two eyes.</p>	<ul style="list-style-type: none"> • Amblyopia • Asthenopia • Asymptomatic • Botulinum toxin • Convergent • Diplopia • Divergent • Hypertropia • Hypotropia • Prism • Refractive • Squint • Strabismus

52	GM067	GM Tattoo Removal Policy	This policy covers the removal of tattoo (a form of body modification, made by inserting indelible ink into the dermis layer of the skin to change the pigment).	<ul style="list-style-type: none"> • Allergic reaction dye • Infected tattoo • Inflicted under duress • Laser removal • Surgical removal • Rape tattoo • Tribal tattoo
53	GM005	GM TES for Facial Palsy Policy	This policy covers Tropic Electrical Stimulation (TES), which is a treatment aimed at restoring the function of the muscles of the face. TES is used to treat chronic idiopathic facial palsy (Bell's palsy).	<ul style="list-style-type: none"> • Bell's Palsy • Facial palsy • Facial weakness • Nerve damage • Paralysis • Synkinesis
54	GM050	GM Tongue Tie Policy	This policy covers surgical treatment for Ankyglossia also known as tongue-tie. Tongue tie occurs when the strip of skin connecting the baby's tongue to the bottom of their mouth is shorter than usual.	<ul style="list-style-type: none"> • Ankyglossia • Breast feeding difficulties • Division of the frenulum • Frenectomy • Frenuloplasty • Speech problems • Tongue Tie
55	GM028	GM Tonsillectomy Policy	This policy covers Tonsillectomy, which is a surgical procedure during which the tonsils are removed from either side of the throat.	<ul style="list-style-type: none"> • Obstructive Sleep Apnoea • Quinsy • Sore throat • Tonsillectomy • Tonsillitis • Tonsillar stones

56	GM038	GM Trigger Finger Policy	This policy covers surgical correction of trigger finger. Trigger finger is a painful condition in which a finger or thumb clicks or locks as it is bent towards the palm. Whilst trigger finger is not a serious condition it can cause significant pain and functional issues.	<ul style="list-style-type: none"> • Clicking finger • Clicking thumb • Locking finger • Locking thumb • Nocturnal triggering • Splinting • Steroid injections • Surgical decompression • Tendon • Triggering finger/thumb
57	GM063	GM Ultrasound and PES Policy	This policy covers Ultrasound and pulsed electromagnetic systems (PES) for bone healing where they have failed to heal following fracture and surgery. They stimulate the body's natural repair process and encourage bone growth at fracture sites.	<ul style="list-style-type: none"> • Bone growth • Exogen • Failed fusions • Non –union fractures • Pulsed electromagnetic field therapy (PES) • Ultrasound
58	GM003	GM Varicose Veins Policy	This policy covers treatment for varicose veins (swollen and enlarged veins that usually occur on the legs and feet)	<ul style="list-style-type: none"> • Atrophie blanche • Bleeding • Compression hosiery • Compression bandaging • Endothermal ablation • Foam sclerotherapy • Phlebitis • Skin changes • Thrombophlebitis • Tortuous varicose veins • Ulceration • Varicose eczema • Varicosity • Venous disease