



BlueCross BlueShield
of North Carolina

MEDICARE

June 2024

Medical Policies And Clinical Utilization Management Guidelines Update

Please note, this communication applies to *Healthy Blue + MedicareSM (HMO-POS D-SNP)* offered by *Blue Cross and Blue Shield of North Carolina (Blue Cross NC)*.

The *Medical Policies, Clinical Utilization Management (UM) Guidelines, and Third-Party Criteria* below were developed and/or revised during Q4 2023. Note, several policies and guidelines were revised to provide clarification only and are not included. Some may have expanded rationales, medical necessity indications or criteria and some may involve changes to policy position statements that might result in services that previously were covered being found to be not medically necessary.

Please share this notice with other providers in your practice and office staff.

To view a guideline, visit <https://bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>, scroll down to *Resources*, then select **Medical Policies and Clinical UM Guidelines**.

Notes/Updates

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive:

- MED.00146 - Gene Therapy for Sickle Cell Disease:
 - Outlines the Medically Necessary and Investigational & Not Medically Necessary criteria for Gene therapy for sickle cell disease
- RAD.00068 - Myocardial Strain Imaging:
 - Myocardial strain imaging in considered Investigational & Not Medically Necessary for all indications
- SURG.00026 - Deep Brain, Cortical, and Cerebellar Stimulation:
 - Reformatted Position Statement and added headers
 - Reformatted Medically Necessary statements to move target treatment areas into criteria
 - Revised Medically Necessary statement for primary dystonia to remove dystonia manifestation types
 - Reformatted Medically Necessary statements for DBS for Parkinson's, primary dystonia, and OCD
 - Reformatted Medically Necessary statements for epilepsy

<https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

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- Revised DBS for epilepsy Medically Necessary statement regarding non-epileptic seizures
- Revised Position Statement to add revision/replacement Medically Necessary and Investigational & Not Medically Necessary statements for DBS, cortical stimulation, and battery
- Revised and reformatted Investigational & Not Medically Necessary statements
- SURG.00097 - Scoliosis Surgery:
 - Revision to Position Statement formatting
 - Added Medically Necessary and Investigational & Not Medically Necessary criteria for revision, replacement, or removal of vertebral body tethering to Position Statement
- SURG.00142 - Genicular Procedures for Treatment of Knee Pain:
 - Previously titled: Genicular Nerve Blocks and Ablation for Chronic Knee Pain
 - Revised title
 - Added genicular artery embolization to the scope of document
 - Revised Position Statement to add genicular artery embolization as Investigational & Not Medically Necessary
- CG-DME-42 - Continuous Glucose Monitoring Devices:
 - Previously titled: Continuous Glucose Monitoring Devices and External Insulin Infusion Pumps
 - Revised title
 - Moved content related to external insulin pumps to new document CG-DME-51 and automated insulin delivery systems to new document CG-DME-50
 - Revised existing Medically Necessary and Not Medically Necessary statements
- CG-DME-52 - Continuous Passive Motion Devices in the Home Setting:
 - Use of a continuous passive motion (CPM) device in the home setting is considered Not Medically Necessary for all indications
- CG-MED-94 - Vestibular Function Testing:
 - Outlines the Medically Necessary and Not Medically Necessary criteria for vestibular function testing
- CG-SURG-09 - Temporomandibular Disorders:
 - Revised formatting of Medically Necessary statement
 - Revised surgical procedures criteria
 - Added MIRO Therapy to Not Medically Necessary statement
- CG-SURG-70 - Gastric Electrical Stimulation:
 - Added Medically Necessary and Not Medically Necessary criteria to Clinical Indications for removal, revision, or replacement of a gastric electrical stimulator

Medical Policies

On November 9, 2023, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to *Blue Cross NC*. [These medical policies take effect September 2, 2024.](#)

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Publish Date	Medical Policy Number	Medical Policy Title	New or Revised
1/3/2024	LAB.00026	Systems Pathology and Multimodal Artificial Intelligence Testing for Prostate Cancer Previously titled: Systems Pathology Testing for Prostate Cancer	Revised
1/3/2024	LAB.00046	Testing for Biochemical Markers for Alzheimer's Disease	Revised
1/3/2024	LAB.00050	Metagenomic Sequencing for Infectious Disease in the Outpatient Setting	Conversion new
1/3/2024	MED.00057	MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications	Revised
1/18/2024	*MED.00146	Gene Therapy for Sickle Cell Disease	New
1/3/2024	*RAD.00068	Myocardial Strain Imaging	New
1/3/2024	SURG.00010	Treatments for Urinary Incontinence	Revised
12/28/2023	*SURG.00026	Deep Brain, Cortical, and Cerebellar Stimulation	Revised
12/28/2023	*SURG.00097	Scoliosis Surgery	Revised
1/3/2024	*SURG.00142	Genicular Procedures for Treatment of Knee Pain Previously titled: Genicular Nerve Blocks and Ablation for Chronic Knee Pain	Revised
1/3/2024	TRANS.00027	Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors	Revised

Clinical UM Guidelines

On November 9, 2023, the MPTAC approved the following *Clinical UM Guidelines* applicable to *Blue Cross NC*. These guidelines were adopted by the medical operations committee for Medicare Advantage members on January 4, 2024. [These guidelines take effect September 2, 2024.](#)

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Publish Date	Clinical UM Guideline Number	Clinical UM Guideline Title	New or Revised
1/3/2024	*CG-DME-42	Continuous Glucose Monitoring Devices Previously titled: Continuous Glucose Monitoring Devices and External Insulin Infusion Pumps	Revised
1/3/2024	CG-DME-44	Electric Tumor Treatment Field (TTF)	Revised
1/3/2024	CG-DME-50	Automated Insulin Delivery Systems	Conversion new
1/3/2024	CG-DME-51	External Insulin Pumps	Conversion new
1/3/2024	*CG-DME-52	Continuous Passive Motion Devices in the Home Setting	New
1/3/2024	CG-LAB-25	Outpatient Glycated Hemoglobin and Protein Testing	Revised
1/3/2024	CG-MED-92	Foot Care Services	Revised
1/3/2024	*CG-MED-94	Vestibular Function Testing	New
1/3/2024	*CG-SURG-09	Temporomandibular Disorders	Revised
12/28/2023	*CG-SURG-70	Gastric Electrical Stimulation	Revised
1/3/2024	CG-SURG-94	Keratoprosthesis	Revised
12/28/2023	CG-SURG-95	Sacral Nerve Stimulation and Percutaneous or Implantable Tibial Nerve Stimulation for Urinary and Fecal Incontinence, Urinary Retention	Revised