



BlueCross BlueShield
of North Carolina

MEDICARE

Medical Policies and Clinical Utilization Management Guidelines Update

Please note, this communication applies to Healthy Blue + MedicareSM (HMO 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 to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

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

To view a guideline, visit [Providers | Blue Cross NC](#).

Notes/updates

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

- MED.00004 – Noninvasive Imaging Technologies for the Evaluation of Skin Lesions; Previously Titled: Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy and Ultrasonography):
 - Revised title
 - Added additional technologies to Investigational & Not Medically Necessary section.
- SURG.00161 – Nanoparticle-Mediated Thermal Ablation:
 - Nanoparticle-mediated thermal ablation is considered Investigational & Not Medically Necessary for all indications
- CG-ANC-06 – Ambulance Services: Ground; Non-Emergent:
 - Revised Medically Necessary and Not Medically Necessary statements regarding mileage.
 - Revised Not Medically Necessary statement to remove list of non-covered indications.
- CG-LAB-29 – Gamma Glutamyl Transferase Testing:
 - Outlines the Medically Necessary and Not Medically Necessary criteria for laboratory testing of gamma glutamyl transferase (GGT) in blood.

<https://www.bluecrossnc.com/providers/networks-programs/blue-medicare-providers/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 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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- CG-LAB-30 – Outpatient Laboratory-based Blood Glucose Testing:
 - Outlines the Medically Necessary and Not Medically Necessary criteria for laboratory testing to determine blood glucose concentration.
- CG-SURG-95 – Sacral Nerve Stimulation and Percutaneous or Implantable Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention; Previously Titled: Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence, Urinary Retention:
 - Revised title
 - Added Medically Necessary criteria for temporary SNS for urinary and fecal conditions.
 - Reformatted Medically Necessary criteria for permanent SNS for urinary and fecal conditions.
 - Revised the Clinical Indications section IV for percutaneous or implantable tibial nerve stimulation (PTNS) to include implantable devices.

Medical Policies

On May 11, 2023, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Blue Cross NC. These medical policies take effect March 11, 2024.

Publish date	Medical Policy number	Medical Policy title	New or revised
5/25/2023	GENE.00052	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Revised
6/28/2023	*MED.00004	Noninvasive Imaging Technologies for the Evaluation of Skin Lesions Previously Titled: Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy and Ultrasonography)	Revised
7/18/2023	MED.00135	Gene Therapy for Hemophilia	Revised
5/25/2023	SURG.00121	Transcatheter Heart Valve Procedures	Revised
6/28/2023	*SURG.00161	Nanoparticle-Mediated Thermal Ablation	New
6/28/2023	TRANS.00025	Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection	Revised

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Clinical UM Guidelines

On May 11, 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 members on June 22, 2023. These guidelines take effect March 11, 2024.

Publish date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
6/28/2023	*CG-ANC-06	Ambulance Services: Ground; Non-Emergent	Revised
6/28/2023	CG-DME-31	Powered Wheeled Mobility Devices	Revised
6/28/2023	CG-DME-36	Pediatric Gait Trainers	Revised
6/28/2023	CG-DME-42	Continuous Glucose Monitoring Devices and External Insulin Infusion Pumps	Revised
6/28/2023	CG-GENE-16	BRCA Genetic Testing	Revised
6/28/2023	CG-GENE-22	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
5/25/2023	CG-LAB-22	Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Vaginitis Previously Titled: Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis	Revised
6/28/2023	CG-LAB-25	Outpatient Glycated Hemoglobin and Protein Testing	Revised
6/28/2023	*CG-LAB-29	Gamma Glutamyl Transferase Testing	New
6/28/2023	*CG-LAB-30	Outpatient Laboratory-based Blood Glucose Testing	New
6/28/2023	CG-MED-59	Upper Gastrointestinal Endoscopy in Adults	Revised
6/28/2023	CG-MED-66	Cryopreservation of Oocytes or Ovarian Tissue	Revised
6/28/2023	CG-SURG-101	Ablative Techniques as a Treatment for Barrett's Esophagus	Revised
5/25/2023	CG-SURG-115	Mechanical Embolectomy for Treatment of Stroke	Revised

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Publish date	<i>Clinical UM Guideline number</i>	<i>Clinical UM Guideline title</i>	New or revised
6/28/2023	CG-SURG-61	Cryosurgical, Radiofrequency or Laser Ablation to Treat Solid Tumors Outside the Liver	Revised
6/28/2023	CG-SURG-78	Locoregional Techniques for Treating Primary and Metastatic Liver Malignancies Previously Titled: Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies	Revised
6/22/2023	CG-SURG-81	Cochlear Implants and Auditory Brainstem Implants	Revised
6/28/2023	*CG-SURG-95	Sacral Nerve Stimulation and Percutaneous or Implantable Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention Previously Titled: Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence, Urinary Retention	Revised