



BlueCross BlueShield
of North Carolina

MEDICARE

September 2024

Medical Policies and Clinical Utilization Management Guidelines Update Effective March 28, 2024

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 Quarter 1 2024. 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 [Providers | Blue Cross NC](#).

Notes/Updates:

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

- LAB.00039 - Combined Pathogen Identification and Drug Resistance Testing; Previously Titled: Pooled Antibiotic Sensitivity Testing:
 - Revised title
 - Revised Position Statement to address “combined pathogen identification and drug resistance” testing
- OR-PR.00008 - Osseointegrated Limb Prostheses:
 - Outlines the Medically Necessary and Not Medically Necessary criteria for the use of osseointegrated (bone-anchored) prosthetic devices for improving the mobility and function of people who have had limb loss
- SURG.00052 - Percutaneous Vertebral Disc and Vertebral Endplate Procedures:
 - Revised Medically Necessary criteria for basivertebral nerve ablation (BVNA)
- SURG.00162 - Implantable Shock Absorber for Treatment of Knee Osteoarthritis:
 - Use of an implantable shock absorber device for treatment of osteoarthritis of the knee is considered Investigational & Not Medically Necessary
- CG-DME-53 - Biomechanical Footwear Therapy:
 - Biomechanical footwear therapy is considered Not Medically Necessary for all indications

<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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- CG-LAB-32 - Cancer Antigen 125 Testing:
 - Outlines the Medically Necessary and Not Medically Necessary criteria for the tumor marker cancer antigen 125 (CA-125) testing
- CG-MED-94 - Vestibular Function Testing:
 - Revised Medically Necessary and Not Medically Necessary statements to include vestibular-evoked myogenic potential tests
- CG-MED-96 - Prefabricated External Infant Ear Molding Systems:
 - Outlines the Medically Necessary, Reconstructive and Cosmetic & Not Medically Necessary criteria for the use of prefabricated external infant ear molding systems to treat external ear malformations and deformations

Medical Policies

On February 15, 2024, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Blue Cross NC. These medical policies take effect November 15, 2024.

Publish Date	Medical Policy Number	Medical Policy Title	New or Revised
4/10/2024	*LAB.00039	Combined Pathogen Identification and Drug Resistance Testing Previously Titled: Pooled Antibiotic Sensitivity Testing	Revised
2/22/2024	MED.00140	Gene Therapy for Beta Thalassemia	Revised
4/10/2024	*OR-PR.00008	Osseointegrated Limb Prostheses	New
4/1/2024	SURG.00011	Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
4/10/2024	*SURG.00052	Percutaneous Vertebral Disc and Vertebral Endplate Procedures	Revised
4/10/2024	SURG.00145	Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)	Revised
4/10/2024	*SURG.00162	Implantable Shock Absorber for Treatment of Knee Osteoarthritis	New
4/10/2024	TRANS.00028	Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma	Revised

Clinical UM Guidelines

On February 15, 2024, 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 March 28, 2024. These guidelines take effect November 15, 2024.

Publish Date	Clinical UM Guideline Number	Clinical UM Guideline Title	New or Revised
4/10/2024	CG-DME-50	Automated Insulin Delivery Systems	Revised
4/10/2024	*CG-DME-53	Biomechanical Footwear Therapy	New
4/10/2024	*CG-LAB-32	Cancer Antigen 125 Testing	New
4/10/2024	CG-MED-68	Therapeutic Apheresis	Revised
4/10/2024	*CG-MED-94	Vestibular Function Testing	Revised
4/10/2024	*CG-MED-96	Prefabricated External Infant Ear Molding Systems	New
4/10/2024	CG-SURG-118	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	Conversion New
4/10/2024	CG-SURG-119	Treatment of Varicose Veins (Lower Extremities)	Conversion New
4/10/2024	CG-SURG-120	Vagus Nerve Stimulation	Conversion New
4/10/2024	CG-SURG-121	Fetal Surgery for Prenatally Diagnosed Malformations	Conversion New
4/1/2024	CG-SURG-78	Locoregional Techniques for Treating Primary and Metastatic Liver Malignancies	Revised