



BlueCross BlueShield
of North Carolina

MEDICARE

Blue Cross® and Blue Shield® of North Carolina (Blue Cross NC) | Healthy Blue + MedicareSM (HMO-POS D-SNP)

Medical Policies and Clinical Utilization Management Guidelines Update Effective December 30, 2025

The Medical Policies, Clinical Utilization Management (UM) Guidelines and Third-Party Criteria below were developed and/or revised with expanded rationales, medical necessity indications, or criteria. 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 members of your practice and office staff.

To view a guideline, visit the [Medical Policies & Clinical UM Guidelines website](#).

Medical Policies

The medical policy and technology assessment committee (MPTAC) approved the following Medical Policies applicable to Blue Cross NC. These Medical Policies take effect December 30, 2025.

Publish date	Clinical UM Guideline number	Clinical UM Guideline title	Status
5/22/2025	DME.00012	Intrapulmonary Percussive Ventilation Devices	Revised
7/1/2025	DME.00054	Gait Modulation Systems Using Rhythmic Auditory Stimulation	New
7/1/2025	MED.00153	Encapsulated Cell Therapy for Degenerative Ocular Disease	New
7/1/2025	MED.00155	Allogeneic Bone Marrow-Derived Mesenchymal Stromal Cell Therapy	New

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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Publish date	Clinical UM Guideline number	Clinical UM Guideline title	Status
7/1/2025	SURG.00010	Treatments for Urinary Incontinence	Revised
7/1/2025	SURG.00011	Products for Wound Healing and Soft Tissue Grafting: Investigational	Revised
7/1/2025	SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	Revised
7/25/2025	SURG.00071	Percutaneous Spinal Surgery Previously Titled: Percutaneous and Endoscopic Spinal Surgery	Revised
7/1/2025	SURG.00126	Irreversible Electroporation	Revised
7/25/2025	SURG.00142	Genicular Procedures for Treatment of Knee Pain	Revised
7/1/2025	SURG.00163	Autologous Cell Sheet-Based Gene Therapy for Treatment of Dystrophic Epidermolysis Bullosa	New

Clinical UM Guidelines

The MPTAC approved the following Clinical UM Guidelines applicable to Blue Cross NC. These guidelines were adopted by the medical operations committee for Healthy Blue + Medicare members. These guidelines take effect December 30, 2025.

Publish date	Medical Policy number	Medical Policy title	Status
5/22/2025	CG-DME-50	Automated Insulin Delivery Systems	Revised
5/22/2025	CG-MED-102	Dichoptic Digital Therapy for Amblyopia	Revised
7/1/2025	CG-MED-26	Neonatal Levels of Care	Revised
7/1/2025	CG-MED-59	Upper Gastrointestinal Endoscopy in Adults	Revised
5/22/2025	CG-MED-74	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	Revised
7/1/2025	CG-RAD-29	X-rays for Low Back Pain	New

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Publish date	Medical Policy number	Medical Policy title	Status
5/22/2025	CG-SURG-127	Products for Wound Healing and Soft Tissue Grafting: Medically Necessary Uses	Revised
7/1/2025	CG-SURG-129	Internal Rib Fixation Systems	Conversion New
7/1/2025	CG-SURG-35	Intracytoplasmic Sperm Injection (ICSI)	Revised
7/1/2025	CG-SURG-61	Cryosurgical, Radiofrequency, Microwave or Laser Ablation to Treat Solid Tumors Outside the Liver	Revised
7/25/2025	CG-SURG-78	Cryosurgical, Radiofrequency, Microwave, or Percutaneous Ethanol Ablation to Treat Solid Tumors in the Liver Previously Titled: Locoregional Techniques for Treating Primary and Metastatic Liver Malignancies	Revised
7/25/2025	CG-SURG-83	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Revised