

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 October 24, 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 October 24, 2025.

Publish Date	Medical Policy Number	Medical Policy Title	Status
4/16/2025	LAB.00045	Selected Tests for the Evaluation and Management of Infertility	Revised
4/1/2025	SURG.00011	Products for Wound Healing and Soft Tissue Grafting: Investigational Previously Titled: Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
3/6/2025	SURG.00047	Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia or Gastroparesis	Revised
4/16/2025	SURG.00158	Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain	Revised

<https://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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Healthy Blue + Medicare

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Publish Date	Medical Policy Number	Medical Policy Title	Status
4/16/2025	TRANS.00008	Liver Transplantation	Revised

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 Medicare Advantage members. These guidelines take effect October 24, 2025.

Publish Date	Clinical UM Guideline Number	Clinical UM Guideline Title	Status
4/16/2025	CG-DME-04	Transcutaneous Electrical Nerve Stimulation Previously Titled: Electrical Nerve Stimulation, Transcutaneous, Percutaneous	Revised
4/16/2025	CG-DME-41	Ultraviolet Light Therapy Delivery Devices for Home Use	Revised
4/16/2025	CG-DME-57	Lower Extremity Pressure Gradient Compression Stockings	New
3/6/2025	CG-MED-100	Surface Electrical Stimulation Devices for Headache and Migraine	Conversion New
4/16/2025	CG-MED-101	Home Hospice	New
4/16/2025	CG-MED-102	Dichoptic Digital Therapy for Amblyopia Previously Titled: Digital Therapy Devices for Treatment of Amblyopia	Conversion New
4/16/2025	CG-MED-59	Upper Gastrointestinal Endoscopy in Adults	Revised
4/16/2025	CG-MED-99	Intradialytic Parenteral Nutrition	New
4/16/2025	CG-OR-PR-10	Osseointegrated Limb Prostheses	Conversion New
4/16/2025	CG-RAD-27	Scrotal Ultrasound	Conversion New
4/16/2025	CG-RAD-28	Transrectal Ultrasonography	Conversion New
4/16/2025	CG-SURG-106	Venous Angioplasty with or without Stent Placement or Venous Stenting Alone	Revised
4/16/2025	CG-SURG-119	Treatment of Varicose Veins (Lower Extremities)	Revised
4/16/2025	CG-SURG-126	Tibial Nerve Stimulation	Conversion New

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Healthy Blue + Medicare
Medical Policies and Clinical Utilization Management Guidelines Update Effective October 24, 2025

Publish Date	Clinical UM Guideline Number	Clinical UM Guideline Title	Status
4/1/2025	CG-SURG-127	Products for Wound Healing and Soft Tissue Grafting: Medically Necessary Uses	Conversion New
4/16/2025	CG-SURG-128	Presbyopia and Astigmatism-Correcting Intraocular Lenses	Conversion New