



Blue Cross® and Blue Shield® of North Carolina (Blue Cross NC) | Healthy Blue + Medicare<sup>SM</sup> (HMO-POS D-SNP)

## **Medical Policies and Clinical Utilization Management Guidelines Update Effective June 15, 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 Policy and 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 June 15, 2025.

| <b>Publish Date</b> | <b>Medical Policy Number</b> | <b>Medical Policy Title</b>   | <b>New or Revised</b> |
|---------------------|------------------------------|---|-----------------------|
| October 1, 2024     | DME.00011                    | Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices | Revised               |
| October 1, 2024     | DME.00052                    | Brain Computer Interface Rehabilitation Devices   | New                   |
| October 1, 2024     | LAB.00026                    | Systems Pathology and Multimodal Artificial Intelligence Testing for Cancerous and Precancerous       | 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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| <b>Publish Date</b> | <b>Medical Policy Number</b> | <b>Medical Policy Title</b>   | <b>New or Revised</b> |
|---------------------|------------------------------|---|-----------------------|
|                     |                              | Conditions<br><br><b>Previously titled:</b><br>Systems Pathology and Multimodal Artificial Intelligence Testing for Prostate Cancer   |                       |
| October 1, 2024     | LAB.00051                    | Per- and Polyfluoroalkyl Substances PFAS Testing  | New                   |
| October 1, 2024     | MED.00150                    | Hepzato Kit™ (melphalan hepatic delivery system)  | New                   |
| October 1, 2024     | SURG.00032                   | Patent Foramen Ovale and Left Atrial Appendage Closure Devices<br><br><b>Previously titled:</b><br>Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention | Revised               |
| October 1, 2024     | TRANS.00023                  | Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias   | 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 Healthy Blue + Medicare members. These guidelines take effect June 15, 2025.

| <b>Publish Date</b> | <b>Clinical UM Guideline Number</b> | <b>Clinical UM Guideline Title</b> | <b>New or Revised</b> |
|---------------------|-------------------------------------|------------------------------------|-----------------------|
| October 1, 2024     | CG-LAB-33                           | Carcinoembryonic Antigen Testing   | New                   |

| <b>Publish Date</b> | <b><i>Clinical UM<br/>Guideline Number</i></b> | <b><i>Clinical UM<br/>Guideline Title</i></b>                    | <b>New or Revised</b> |
|---------------------|--|--|-----------------------|
| October 1, 2024     | CG-LAB-35                                      | Cancer Antigen 19-9 Testing                                      | New                   |
| October 1, 2024     | CG-MED-39                                      | Bone Mineral Density Testing Measurement                         | Revised               |
| October 1, 2024     | CG-SURG-01                                     | Colonoscopy  | Revised               |
| October 1, 2024     | CG-SURG-122                                    | Lingual Frenotomy for Ankyloglossia-Related Feeding Difficulties | New                   |
| October 1, 2024     | CG-SURG-57                                     | Diagnostic Nasal Endoscopy                                       | Revised               |