

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 August 5, 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 August 5, 2025.

Publish date	Medical Policy number	Medical Policy title	Status
1/30/2025	DME.00011	Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	Revised
1/30/2025	DME.00053	Home Video-Assisted Robotic Rehabilitation Systems	New
1/30/2025	LAB.00026	Systems Pathology and Multimodal Artificial Intelligence Testing for Cancerous and Precancerous Conditions	Revised
1/30/2025	LAB.00037	Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)	Revised
1/30/2025	MED.00151	Gene Therapy for Aromatic L-Amino Acid Decarboxylase Deficiency	New
1/30/2025	MED.00152	Outpatient Intravenous Insulin Therapy	New
1/30/2025	SURG.00165	Histotripsy	New
1/30/2025	TRANS.00029	Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias	Revised
1/30/2025	TRANS.00033	Heart Transplantation	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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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 + MedicareSM* members. These guidelines take effect August 5, 2025.

Publish date	Clinical UM Guideline number	Clinical UM Guideline title	Status
1/30/2025	CG-DME-06	Compression Devices for Lymphedema	Revised
1/30/2025	CG-MED-98	Parenteral Antibiotics for the Treatment of Lyme Disease	Conversion New
1/30/2025	CG-OR-PR-04	Cranial Remodeling Bands and Helmets (Cranial Orthoses) Previously Titled: Cranial Remodeling Bands and Helmets (Cranial Orthotics)	Revised
1/30/2025	CG-RAD-26	Maternity Ultrasound in the Outpatient Setting Previous category and number: CG-MED-42	Conversion New
1/30/2025	CG-SURG-123	Autologous Fat Grafting and Injectable Soft Tissue Fillers	Conversion New
1/30/2025	CG-SURG-124	Viscocalanostomy	Conversion New
1/30/2025	CG-SURG-125	Canaloplasty	Conversion New
1/30/2025	CG-THER-RAD-07	Intravascular Coronary and Non-Coronary Brachytherapy Previously Titled: Intravascular Brachytherapy (Coronary and Non-Coronary)	Revised