



BlueCross BlueShield  
of North Carolina

# MEDICARE

June 2023

## **Medical Policies and Clinical Utilization Management Guidelines Update**

Please note, this communication applies to *Healthy Blue + Medicare<sup>SM</sup>* (HMO 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 to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

Please share this notice with other providers in your practice and office staff.

To view a guideline, visit [Healthy Blue + Medicare | Blue Cross NC](#).

### **Notes/updates:**

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

- MED.00145 - Digital Therapy Devices for Treatment of Amblyopia
  - Digital therapy devices for treatment of amblyopia are considered Investigational & Not Medically Necessary
- CG-LAB-26 - Outpatient Alpha-Fetoprotein Testing
  - Outlines the Medically Necessary and Not Medically Necessary criteria for outpatient alpha-fetoprotein testing
- CG-LAB-27 - Human Chorionic Gonadotropin Testing
  - Outlines the Medically Necessary and Not Medically Necessary criteria for laboratory testing of human chorionic gonadotropin (hCG)
- CG-LAB-28 - Prostate Specific Antigen Testing
  - Outlines the Medically Necessary and Not Medically Necessary criteria for prostate specific antigen (PSA) testing
- CG-SURG-18 – Septoplasty
  - Re-formatted hierarchy in Clinical Indications section
  - Revised Medically Necessary criteria related to conservative management
  - Revised “chronic recurrent sinusitis” to “chronic or recurrent acute sinusitis”

Note: Carelon Medical Benefits Management, Inc. is an independent company providing utilization management for Healthy Blue + Medicare providers on behalf of Blue Cross and Blue Shield of North Carolina.

<https://www.bluecrossnc.com/providers/blue-medicare-providers/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 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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NCBCBS-CR-025423-23-CPN24968 June 2023

- Revised Not Medically Necessary statement to remove bulleted list below statement

**Carelon Medical Benefits Management, Inc. Updates**

Effective for dates of service on and after September 10, 2023, the following updates will apply to the **Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guidelines** for medical necessity review for [Brand]:

- Musculoskeletal guidelines
  - Spine surgery
  - Sacroiliac joint fusion
- Radiology guidelines
  - Imaging of the spine
  - Imaging of the extremities
  - Vascular imaging
- Sleep Disorder Management Guideline
- Effective for dates of service on and after August 1, 2023, MRI of the Breast – RAD.00036 is transitioning to **Carelon Medical Benefits Management** criteria in the following two guidelines:
  - Imaging of the Chest
  - Oncologic Imaging

**Medical Policies**

On February 16, 2023, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to *Blue Cross NC*. These guidelines take effect September 15, 2023.

<b>Publish Date</b>	<b>Medical Policy Number</b>	<b>Medical Policy Title</b>	<b>New or Revised</b>
2/23/2023	GENE.00049	Circulating Tumor DNA Panel Testing (Liquid Biopsy)	Revised
4/12/2023	*MED.00145	Digital Therapy Devices for Treatment of Amblyopia	New
3/29/2023	SURG.00011	Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
4/12/2023	SURG.00103	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	Revised

**Clinical UM Guidelines**

On February 16, 2023, 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<sup>SM</sup>* members on March 23, 2023. These guidelines take effect September 15, 2023.

<b>Publish Date</b>	<b>Clinical UM Guideline Number</b>	<b>Clinical UM Guideline Title</b>	<b>New or Revised</b>
4/12/2023	*CG-LAB-26	Outpatient Alpha-Fetoprotein Testing	New
4/12/2023	*CG-LAB-27	Human Chorionic Gonadotropin Testing	New
4/12/2023	*CG-LAB-28	Prostate Specific Antigen Testing	New
2/23/2023	CG-SURG-106	Venous Angioplasty with or without Stent Placement or Venous Stenting Alone	Revised
2/23/2023	CG-SURG-115	Mechanical Embolectomy for Treatment of Stroke	Revised
4/12/2023	CG-SURG-117	Balloon Dilatation of the Eustachian Tubes	New
4/12/2023	*CG-SURG-18	Septoplasty	Revised
4/12/2023	CG-SURG-46	Myringotomy and Tympanostomy Tube Insertion	Revised