



BlueCross BlueShield  
of North Carolina

# MEDICARE

September 2024

## ***Medical Policies and Clinical Utilization Management Guidelines Update Effective December 10, 2024***

**Please note**, this communication applies to *Healthy Blue + Medicare<sup>SM</sup> (HMO-POS 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 during Quarter Two, 2024. Note, several policies and guidelines were revised to provide clarification only and are not included. Some may have expanded rationales, medical necessity indications, or criteria, and 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 providers in your practice and office staff.

To view a guideline, visit <https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>.

### **Notes/Updates**

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

- MED.00055 - Wearable Cardioverter Defibrillators:
  - Reformatted language from the to a wearable cardioverter defibrillator and moved punctuation
  - Added Not Medically Necessary statement when individual has an automated external defibrillator
- RAD.00069 - Absolute Quantitation of Myocardial Blood Flow Measurement:
  - The use of absolute quantitation of myocardial blood flow testing is considered Investigational & Not Medically Necessary for all indications
- SURG.00011 – Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting:
  - Revised ocular indications, including the addition of SurSight to Medically Necessary and Not Medically Necessary section and added new Medically Necessary criterion addressing non-healing or persistent corneal epithelial defects
  - Removed VersaWrap from Investigational & Not Medically Necessary statement
  - Removed Phasix Mesh from Investigational & Not Medically Necessary statement

<https://www.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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- Added Phasix Mesh and Phasix ST Mesh to Medically Necessary and Not Medically Necessary statements
- CG-DME-54 - Mechanical Insufflation-Exsufflation Devices:
  - Outlines the Medically Necessary and Not Medically Necessary criteria for use of mechanical insufflation-exsufflation devices

**Medical Policies**

On May 9, 2024, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Blue Cross NC. These *Medical Policies* take effect December 10, 2024.

<b>Publish Date</b>	<b>Medical Policy Number</b>	<b>Medical Policy Title</b>	<b>New or Revised</b>
6/28/2024	ANC.00009	Cosmetic and Reconstructive Services of the Trunk, Groin, and Extremities	Revised
6/28/2024	*MED.00055	Wearable Cardioverter Defibrillators	Revised
6/28/2024	*RAD.00069	Absolute Quantitation of Myocardial Blood Flow Measurement	New
6/28/2024	*SURG.00011	Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
6/28/2024	SURG.00121	Transcatheter Heart Valve Procedures	Revised

**Clinical UM Guidelines**

On May 9, 2024, 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 on June 27, 2024. These guidelines take effect December 10, 2024.

<b>Publish Date</b>	<b>Clinical UM Guideline Number</b>	<b>Clinical UM Guideline Title</b>	<b>New or Revised</b>
6/28/2024	*CG-DME-54	Mechanical Insufflation-Exsufflation Devices	New
6/28/2024	CG-DME-55	Automated External Defibrillators for Home Use	New
6/28/2024	CG-MED-68	Therapeutic Apheresis	Revised
6/28/2024	CG-MED-97	Biofeedback and Neurofeedback	New