

May 2023

## Utilization Management Clinical Criteria

The *Clinical Criteria* below, indicated as *new* or *revised*, was adopted by the Medical Operations Committee for Healthy Blue members on December 15, 2022. Note, not all of the services and codes referenced within these criteria are reimbursed under Medicaid. Please refer to Medicaid guidelines for coverage and reimbursement information. If you are trying to access *Clinical Criteria* noted as revised, please refer to the [Historical Medical Policies and Clinical Utilization Management Guidelines](#) section of the website.

To view the criteria below, select the link in the *Criteria Title* column. For additional information regarding our *Medical Policies and Clinical UM Guidelines*, visit the [Medical Policy and Clinical UM Guideline subsidiary website](#).

Criteria Number	Criteria Title	New and Revised Item
CG-ADMIN-01	<a href="#">Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists</a>	
CG-ANC-03	<a href="#">Acupuncture</a>	
CG-ANC-04	<a href="#">Ambulance Services: Air and Water</a>	
CG-ANC-05	<a href="#">Ambulance Services: Ground; Emergent</a>	
CG-ANC-06	<a href="#">Ambulance Services: Ground; Non-Emergent</a>	
CG-ANC-07	<a href="#">Inpatient Interfacility Transfers</a>	Revised
CG-ANC-08	<a href="#">Mobile Device-Based Health Management Applications</a>	
CG-BEH-15	<a href="#">Activity Therapy for Autism Spectrum Disorders and Rett Syndrome</a>	
CG-DME-03	<a href="#">Neuromuscular Stimulation in the Treatment of Muscle Atrophy</a>	
CG-DME-04	<a href="#">Electrical Nerve Stimulation, Transcutaneous, Percutaneous</a>	
CG-DME-05	<a href="#">Cervical Traction Devices for Home Use</a>	
CG-DME-06	<a href="#">Compression Devices for Lymphedema</a>	Revised
CG-DME-09	<a href="#">Continuous Local Delivery of Analgesia to Operative Sites Using an Elastomeric Infusion Pump During the Post-Operative Period</a>	

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

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Criteria Number	Criteria Title	New and Revised Item
CG-DME-10	Durable Medical Equipment	
CG-DME-12	Home Phototherapy Devices for Neonatal Hyperbilirubinemia	
CG-DME-13	Lower Limb Prosthesis	
CG-DME-25	Seat Lift Mechanisms	
CG-DME-26	Back-Up Ventilators in the Home Setting	
CG-DME-30	Prothrombin Time Self-Monitoring Devices	
CG-DME-37	Air Conduction Hearing Aids	
CG-DME-39	Dynamic Low-Load Prolonged-Duration Stretch Devices	
CG-DME-40	Noninvasive Electrical Bone Growth Stimulation of the Appendicular Skeleton	
CG-DME-42	Non-implantable Insulin Infusion and Blood Glucose Monitoring Devices	
CG-DME-44	Electric Tumor Treatment Field (TTF)	Revised
CG-DME-45	Ultrasound Bone Growth Stimulation	
CG-DME-46	Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting	
CG-DME-47	Noninvasive Home Ventilator Therapy for Respiratory Failure	
CG-DME-48	Vacuum Assisted Wound Therapy in the Outpatient Setting	
CG-DME-49	Standing Frames	
CG-GENE-01	Janus Kinase 2, CALR, and MPL Gene Mutation Assays	
CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules	
CG-GENE-08	Genetic Testing for PTEN Hamartoma Tumor Syndrome	
CG-GENE-09	Genetic Testing for CHARGE Syndrome	
CG-GENE-10	Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Development Disorder) and Congenital Anomalies	
CG-GENE-11	Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status	
CG-GENE-13	Genetic Testing for Inherited Diseases	Revised
CG-GENE-14	Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management	

Criteria Number	Criteria Title	New and Revised Item
CG-GENE-15	Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis	
CG-GENE-16	BRCA Genetic Testing	
CG-GENE-18	Genetic Testing for TP53 Mutations	
CG-GENE-19	Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers	
CG-GENE-21	Cell-Free Fetal DNA-Based Prenatal Testing	
CG-GENE-22	Gene Expression Profiling for Managing Breast Cancer Treatment	
CG-LAB-03	Tropism Testing for HIV Management	
CG-LAB-09	Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain	
CG-LAB-10	Zika Virus Testing	
CG-LAB-11	Screening for Vitamin D Deficiency in Average Risk Individuals	
CG-LAB-12	Testing for Oral and Esophageal Cancer	
CG-LAB-13	Skin Nerve Fiber Density Testing	Revised
CG-LAB-14	Respiratory Viral Panel Testing in the Outpatient Setting	
CG-LAB-15	Red Blood Cell Folic Acid Testing	
CG-LAB-16	Serum Amylase Testing	
CG-LAB-17	Molecular Gastrointestinal Pathogen Panel (GI PP) Testing for Infectious Diarrhea in the Outpatient Setting	
CG-LAB-20	Thyroid Testing	
CG-LAB-21	Serum Iron Testing	
CG-LAB-22	Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis	
CG-LAB-24	Outpatient Urine Culture	New
CG-LAB-25	Outpatient Glycated Hemoglobin and Protein Testing	New
CG-MED-02	Esophageal pH Monitoring	
CG-MED-05	Ketogenic Diet for Treatment of Intractable Seizures	
CG-MED-21	Anesthesia Services and Moderate (“Conscious”) Sedation	
CG-MED-23	Home Health	
CG-MED-24	Electromyography and Nerve Conduction Studies	
CG-MED-26	Neonatal Levels of Care	
CG-MED-28	Iontophoresis	Revised

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New and Revised Item</b>
CG-MED-32	<b>Ancillary Services for Pregnancy Complications</b>	
CG-MED-34	<b>Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures</b>	
CG-MED-35	<b>Retinal Telescreening Systems</b>	
CG-MED-38	<b>Inpatient Admission for Radiation Therapy for Cervical or Thyroid Cancer</b>	
CG-MED-40	<b>External Ambulatory Event Monitors to Detect Cardiac Arrhythmias</b>	
CG-MED-41	<b>Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting</b>	
CG-MED-44	<b>Holter Monitors</b>	
CG-MED-45	<b>Transrectal Ultrasonography</b>	
CG-MED-46	<b>Electroencephalography and Video Electroencephalographic Monitoring</b>	
CG-MED-47	<b>Fundus Photography</b>	
CG-MED-49	<b>Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders</b>	
CG-MED-50	<b>Visual, Somatosensory and Motor Evoked Potentials</b>	
CG-MED-51	<b>Three-Dimensional (3-D) Rendering of Imaging Studies</b>	
CG-MED-52	<b>Allergy Immunotherapy (Subcutaneous)</b>	
CG-MED-53	<b>Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing</b>	
CG-MED-54	<b>Strapping</b>	
CG-MED-55	<b>Site of Care: Advanced Radiologic Imaging</b>	
CG-MED-59	<b>Upper Gastrointestinal Endoscopy in Adults</b>	
CG-MED-61	<b>Preoperative Testing for Low-Risk Invasive Procedures and Surgeries</b>	
CG-MED-62	<b>Resting Electrocardiogram Screening in Adults</b>	
CG-MED-64	<b>Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins</b>	
CG-MED-65	<b>Manipulation Under Anesthesia</b>	
CG-MED-66	<b>Cryopreservation of Oocytes or Ovarian Tissue</b>	
CG-MED-68	<b>Therapeutic Apheresis</b>	
CG-MED-69	<b>Inhaled Nitric Oxide</b>	
CG-MED-70	<b>Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule</b>	
CG-MED-71	<b>Chronic Wound Care in the Home or Outpatient Setting</b>	

Criteria Number	Criteria Title	New and Revised Item
CG-MED-73	Hyperbaric Oxygen Therapy (Systemic/Topical)	
CG-MED-74	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	
CG-MED-77	SPECT/CT Fusion Imaging	
CG-MED-79	Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems	
CG-MED-81	High Intensity Focused Ultrasound (HIFU) for Oncologic Indications	
CG-MED-86	Enhanced External Counterpulsation in the Outpatient Setting	Revised
CG-MED-87	Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications	
CG-MED-88	Preimplantation Genetic Diagnosis Testing	
CG-MED-89	Home Parenteral Nutrition	
CG-MED-90	Chelation Therapy	
CG-MED-91	Remote Therapeutic and Physiologic Monitoring Services	
CG-MED-92	Foot Care Services	New
CG-MED-93	Navigational Bronchoscopy	New
CG-OR-PR-02	Prefabricated and Prophylactic Knee Braces	
CG-OR-PR-03	Custom-made Knee Braces	
CG-OR-PR-05	Myoelectric Upper Extremity Prosthetic Devices	
CG-OR-PR-06	Spinal Orthoses: Thoracic-Lumbar-Sacral (TLSO), Lumbar- Sacral (LSO), and Lumbar	
CG-REHAB-07	Skilled Nursing and Skilled Rehabilitation Services (Outpatient)	
CG-REHAB-10	Site of Care: Outpatient Physical Therapy, Occupational Therapy, Speech-Language Pathology Services	
CG-REHAB-12	Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology	
CG-SURG-01	Colonoscopy	
CG-SURG-03	Blepharoplasty, Blepharoptosis Repair, and Brow Lift	Revised
CG-SURG-05	Maze Procedure	
CG-SURG-07	Vertical Expandable Prosthetic Titanium Rib	
CG-SURG-08	Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New and Revised Item</b>
<b>CG-SURG-09</b>	<b>Temporomandibular Disorders</b>	<b>Revised</b>
CG-SURG-10	Ambulatory or Outpatient Surgery Center Procedures	
CG-SURG-11	Surgical Treatment for Dupuytren's Contracture	
CG-SURG-12	Penile Prosthesis Implantation	
CG-SURG-15	Endometrial Ablation	
CG-SURG-17	Trigger Point Injections	
CG-SURG-24	Functional Endoscopic Sinus Surgery (FESS)	
CG-SURG-25	Injection Treatment for Morton's Neuroma	
CG-SURG-28	Transcatheter Uterine Artery Embolization	
CG-SURG-29	Lumbar Discography	
CG-SURG-30	Tonsillectomy for Children with or without Adenoidectomy	
CG-SURG-31	Treatment of Keloids and Scar Revision	
CG-SURG-34	Diagnostic Infertility Surgery	
CG-SURG-36	Adenoidectomy	
CG-SURG-37	Destruction of Pre-Malignant Skin Lesions	
CG-SURG-40	Cataract Removal Surgery for Adults	
CG-SURG-41	Surgical Strabismus Correction	
CG-SURG-46	Myringotomy and Tympanostomy Tube Insertion	
CG-SURG-49	Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities	
CG-SURG-50	Assistant Surgeons	
CG-SURG-51	Outpatient Cystourethroscopy	
CG-SURG-52	Site of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services	
CG-SURG-55	Cardiac Electrophysiological Studies (EPS) and Catheter Ablation	
CG-SURG-56	Diagnostic Fiberoptic Flexible Laryngoscopy	
CG-SURG-57	Diagnostic Nasal Endoscopy	
CG-SURG-58	Radioactive Seed Localization of Nonpalpable Breast Lesions	
CG-SURG-59	Vena Cava Filters	
CG-SURG-61	Cryosurgical or Radiofrequency Ablation to Treat Solid Tumors Outside the Liver	
CG-SURG-63	Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure	
CG-SURG-70	Gastric Electrical Stimulation	

Criteria Number	Criteria Title	New and Revised Item
CG-SURG-71	<b>Reduction Mammoplasty</b>	
CG-SURG-72	<b>Endothelial Keratoplasty</b>	
CG-SURG-73	<b>Balloon Sinus Ostial Dilation</b>	
CG-SURG-75	<b>Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions</b>	
CG-SURG-76	<b>Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty</b>	
CG-SURG-77	<b>Refractive Surgery</b>	
CG-SURG-78	<b>Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies</b>	
CG-SURG-79	<b>Implantable Infusion Pumps</b>	
CG-SURG-81	<b>Cochlear Implants and Auditory Brainstem Implants</b>	
CG-SURG-82	<b>Bone-Anchored and Bone Conduction Hearing Aids</b>	
CG-SURG-83	<b>Bariatric Surgery and Other Treatments for Clinically Severe Obesity</b>	Revised
CG-SURG-84	<b>Mandibular/Maxillary (Orthognathic) Surgery</b>	
CG-SURG-85	<b>Hip Resurfacing</b>	
CG-SURG-86	<b>Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection</b>	
CG-SURG-87	<b>Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring</b>	
CG-SURG-88	<b>Mastectomy for Gynecomastia</b>	
CG-SURG-89	<b>Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia</b>	
CG-SURG-90	<b>Mohs Micrographic Surgery</b>	
CG-SURG-91	<b>Minimally Invasive Ablative Procedures for Epilepsy</b>	
CG-SURG-92	<b>Paraesophageal Hernia Repair</b>	
CG-SURG-93	<b>Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction</b>	
CG-SURG-94	<b>Keratoprosthesis</b>	
CG-SURG-95	<b>Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention</b>	
CG-SURG-96	<b>Intraocular Telescope</b>	
CG-SURG-97	<b>Cardioverter Defibrillators</b>	
CG-SURG-98	<b>Prostate Biopsy using MRI Fusion Techniques</b>	
CG-SURG-99	<b>Panniculectomy and Abdominoplasty</b>	
CG-SURG-100	<b>Laser Trabeculoplasty and Laser Peripheral</b>	

Criteria Number	Criteria Title	New and Revised Item
	<b>Iridotomy</b>	
CG-SURG-101	<b>Ablative Techniques as a Treatment for Barrett's Esophagus</b>	
CG-SURG-102	<b>Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy</b>	
CG-SURG-104	<b>Intraoperative Neurophysiological Monitoring</b>	
CG-SURG-105	<b>Corneal Collagen Cross-Linking</b>	
CG-SURG-106	<b>Venous Angioplasty with or without Stent Placement or Venous Stenting Alone</b>	
CG-SURG-107	<b>Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)</b>	
CG-SURG-110	<b>Lung Volume Reduction Surgery</b>	
CG-SURG-111	<b>Open Sacroiliac Joint Fusion</b>	
CG-SURG-112	<b>Carpel Tunnel Decompression Surgery</b>	
CG-SURG-113	<b>Tonsillectomy with or without Adenoidectomy for Adults</b>	
CG-SURG-114	<b>Ophthalmic use of Nd: YAG Laser for Posterior Capsulotomy</b>	Revised
CG-SURG-115	<b>Mechanical Embolectomy for Treatment of Stroke</b>	New
CG-SURG-116	<b>Surgical Treatment of Hyperhidrosis</b>	New
CG-THER-RAD- 07	<b>Intravascular Brachytherapy (Coronary and Non-Coronary)</b>	
CG-TRANS-02	<b>Kidney Transplantation</b>	
CG-TRANS-03	<b>Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation</b>	
ADMIN.00001	<b>Medical Policy Formation</b>	Revised
ADMIN.00002	<b>Preventive Health Guidelines</b>	
ADMIN.00004	<b>Medical Necessity Criteria</b>	
ADMIN.00005	<b>Investigational Criteria</b>	
ADMIN.00006	<b>Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline</b>	
ADMIN.00007	<b>Immunizations</b>	
ANC.00006	<b>Biomagnetic Therapy</b>	
ANC.00007	<b>Cosmetic and Reconstructive Services: Skin Related</b>	
ANC.00008	<b>Cosmetic and Reconstructive Services of the Head and Neck</b>	
ANC.00009	<b>Cosmetic and Reconstructive Services of the Trunk</b>	



Criteria Number	Criteria Title	New and Revised Item
	<b>and Groin</b>	
DME.00011	<b>Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices</b>	
DME.00012	<b>Intrapulmonary Percussive Ventilation Devices for Airway Clearance</b>	
DME.00022	<b>Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)</b>	
DME.00025	<b>Self-Operated Spinal Unloading Devices</b>	
DME.00030	<b>Altered Auditory Feedback Devices for the Treatment of Stuttering</b>	
DME.00032	<b>Automated External Defibrillators for Home Use</b>	
DME.00037	<b>Cooling Devices and Combined Cooling/Heating Devices</b>	
DME.00038	<b>Static Progressive Stretch (SPS) and Patient-Actuated Serial Stretch (PASS) Devices</b>	
DME.00041	<b>Low Intensity Therapeutic Ultrasound</b>	
DME.00042	<b>Electronic Positional Devices for the Treatment of Obstructive Sleep Apnea</b>	
DME.00043	<b>Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring</b>	
DME.00046	<b>Intermittent Abdominal Pressure Ventilation Devices</b>	
DME.00047	<b>Rehabilitative Devices with Remote Monitoring</b>	
DME.00048	<b>Virtual Reality-Assisted Therapy Systems</b>	
DME.00049	<b>External Upper Limb Stimulation for the Treatment of Tremors</b>	
DME.00050	<b>Remote Devices for Intermittent Monitoring of Intraocular Pressure</b>	
GENE.00003	<b>Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease</b>	
GENE.00009	<b>Gene Expression Profiling and Genomic Biomarker Tests for Prostate Cancer</b>	
GENE.00010	<b>Panel and other Multi-Gene Testing for Polymorphisms to Determine Drug-Metabolizer Status</b>	
GENE.00016	<b>Gene Expression Profiling for Colorectal Cancer</b>	
GENE.00018	<b>Gene Expression Profiling for Cancers of Unknown Primary Site</b>	

Criteria Number	Criteria Title	New and Revised Item
GENE.00020	Gene Expression Profile Tests for Multiple Myeloma	
GENE.00023	Gene Expression Profiling of Melanomas	
GENE.00025	Proteogenomic Testing for the Evaluation of Malignancies	
GENE.00036	Genetic Testing for Hereditary Pancreatitis	
GENE.00041	Genetic Testing to Confirm the Identity of Laboratory Specimens	
GENE.00047	Methylenetetrahydrofolate Reductase Mutation Testing	
GENE.00049	Circulating Tumor DNA Panel Testing for Cancer (Liquid Biopsy)	
GENE.00050	Gene Expression Profiling for Coronary Artery Disease	
GENE.00051	Bronchial Gene Expression Classification for the Diagnostic Evaluation of Lung Cancer	
GENE.00052	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Revised
GENE.00053	Metagenomic Sequencing for Infectious Disease in the Outpatient Setting	
GENE.00054	Paired DNA and Messenger RNA (mRNA) Genetic Testing to Detect, Diagnose and Manage Cancer	
GENE.00055	Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity	
GENE.00056	Gene Expression Profiling for Bladder Cancer	
GENE.00057	Gene Expression Profiling for Idiopathic Pulmonary Fibrosis	
GENE.00058	TruGraf Blood Gene Expression Test for Transplant Monitoring	
GENE.00059	Hybrid Personalized Molecular Residual Disease Testing for Cancer	
LAB.00003	In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays	
LAB.00011	Analysis of Proteomic Patterns	
LAB.00015	Detection of Circulating Tumor Cells	
LAB.00016	Fecal Analysis in the Diagnosis of Intestinal Disorders	
LAB.00019	Proprietary Algorithms for Liver Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease	
LAB.00024	Immune Cell Function Assay	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New and Revised Item</b>
LAB.00025	<b>Topographic Genotyping</b>	
LAB.00026	<b>Systems Pathology Testing for Predicting Risk of Prostate Cancer Progression and Recurrence</b>	
LAB.00027	<b>Selected Blood, Serum and Cellular Allergy and Toxicity Tests</b>	
LAB.00028	<b>Serum Biomarker Tests for Multiple Sclerosis</b>	
LAB.00029	<b>Rupture of Membranes Testing in Pregnancy</b>	
LAB.00030	<b>Measurement of Serum Concentrations of Monoclonal Antibody Drugs and Antibodies to Monoclonal Antibody Drugs</b>	
LAB.00031	<b>Advanced Lipoprotein Testing</b>	
LAB.00033	<b>Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer</b>	
LAB.00034	<b>Serological Antibody Testing For Helicobacter Pylori</b>	
LAB.00035	<b>Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis</b>	
LAB.00036	<b>Multiplex Autoantigen Microarray Testing for Systemic Lupus Erythematosus</b>	
LAB.00037	<b>Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)</b>	
LAB.00038	<b>Cell-free DNA Testing to Aid in the Monitoring of Kidney Transplants for Rejection</b>	
LAB.00039	<b>Pooled Antibiotic Sensitivity Testing</b>	
LAB.00040	<b>Serum Biomarker Tests for Risk of Preeclampsia</b>	
LAB.00042	<b>Molecular Signature Test for Predicting Response to Tumor Necrosis Factor Inhibitor Therapy</b>	
LAB.00043	<b>Immune Biomarker Tests for Cancer</b>	
LAB.00044	<b>Saliva-based Testing to Determine Drug-Metabolizer Status</b>	
LAB.00045	<b>Selected Tests for the Evaluation and Management of Infertility</b>	
LAB.00046	<b>Testing for Biochemical Markers for Alzheimer's Disease</b>	
LAB.00048	<b>Pain Management Biomarker Analysis</b>	
LAB.00049	<b>Artificial Intelligence-Based Software for Prostate Cancer Detection</b>	
MED.00002	<b>Selected Sleep Testing Services</b>	

Criteria Number	Criteria Title	New and Revised Item
MED.00004	Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)	
MED.00011	Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State	
MED.00013	Parenteral Antibiotics for the Treatment of Lyme Disease	
MED.00024	Adoptive Immunotherapy and Cellular Therapy	
MED.00053	Non-Invasive Measurement of Left Ventricular End Diastolic Pressure in the Outpatient Setting	
MED.00055	Wearable Cardioverter Defibrillators	
MED.00057	MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications	
MED.00059	Idiopathic Environmental Illness (IEI)	
MED.00082	Quantitative Sensory Testing	
MED.00087	Optical Detection for Screening and Identification of Cervical Cancer	
MED.00089	Quantitative Muscle Testing Devices	
MED.00090	Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders	
MED.00091	Rhinophototherapy	
MED.00092	Automated Nerve Conduction Testing	
MED.00096	Low-Frequency Ultrasound Therapy for Wound Management	
MED.00097	Neural Therapy	
MED.00098	Hyperoxemic Reperfusion Therapy	
MED.00101	Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)	
MED.00102	Ultrafiltration in Decompensated Heart Failure	
MED.00103	Automated Evacuation of Meibomian Gland	
MED.00104	Non-invasive Measurement of Advanced Glycation Endproducts (AGEs) in the Skin	
MED.00105	Bioimpedance Spectroscopy Devices for the Detection and Management of Lymphedema	
MED.00110	Silver-based Products and Autologous Skin-, Blood- or Bone Marrow-derived Products for Wound and Soft Tissue Applications	
MED.00111	Intracardiac Ischemia Monitoring	
MED.00112	Autonomic Testing	

Criteria Number	Criteria Title	New and Revised Item
MED.00115	Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management	
MED.00116	Near-Infrared Spectroscopy Brain Screening for Hematoma Detection	
MED.00117	Autologous Cell Therapy for the Treatment of Damaged Myocardium	
MED.00118	Continuous Monitoring of Intraocular Pressure	
MED.00120	Gene Therapy for Ocular Conditions	
MED.00122	Wilderness Programs	
MED.00125	Biofeedback and Neurofeedback	
MED.00128	Insulin Potentiation Therapy	
MED.00129	Gene Therapy for Spinal Muscular Atrophy	
MED.00130	Surface Electromyography and Electrodermal Activity Sensor Devices for Seizure Monitoring	Revised
MED.00131	Electronic Home Visual Field Monitoring	
MED.00132	Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures	
MED.00133	Ingestion Event Monitors	
MED.00134	Noninvasive Heart Failure and Arrhythmia Monitoring System	
MED.00135	Gene Therapy for Hemophilia	New
MED.00139	Electrical Impedance Scanning for Cancer Detection	
MED.00140	Gene Therapy for Beta Thalassemia	Revised
MED.00141	High-volume Colonic Irrigation	
MED.00142	Gene Therapy for Cerebral Adrenoleukodystrophy	Revised
MED.00143	Ingestible Devices for the Treatment of Constipation	New
OR-PR.00003	Microprocessor Controlled Lower Limb Prosthesis	
OR-PR.00004	Partial-Hand Myoelectric Prosthesis	
OR-PR.00005	Upper Extremity Myoelectric Orthoses	
OR-PR.00006	Powered Robotic Lower Body Exoskeleton Devices	
OR-PR.00007	Microprocessor Controlled Knee-Ankle-Foot Orthosis	
RAD.00034	Dynamic Spinal Visualization (Including Digital Motion X-ray and Cineradiography/ Videofluoroscopy)	
RAD.00036	MRI of the Breast	Revised
RAD.00038	Use of 3-D, 4-D or 5-D Ultrasound in Maternity Care	
RAD.00053	Cervical and Thoracic Discography	

Criteria Number	Criteria Title	New and Revised Item
RAD.00057	Near-Infrared Coronary Imaging and Near-Infrared Intravascular Ultrasound Coronary Imaging	
RAD.00059	Catheter-based Embolization Procedures for Malignant Lesions Outside the Liver	
RAD.00061	PET/MRI	
RAD.00064	Myocardial Sympathetic Innervation Imaging with or without Single-Photon Emission Computed Tomography (SPECT)	
RAD.00065	Radiostereometric Analysis (RSA)	
RAD.00067	Quantitative Ultrasound for Tissue Characterization	
SURG.00005	Partial Left Ventriculectomy	
SURG.00007	Vagus Nerve Stimulation	
SURG.00008	Mechanized Spinal Distraction Therapy	
SURG.00010	Treatments for Urinary Incontinence	Revised
SURG.00011	Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	
SURG.00019	Transmyocardial Revascularization	
SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	Revised
SURG.00026	Deep Brain, Cortical, and Cerebellar Stimulation	
SURG.00032	Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention	
SURG.00036	Fetal Surgery for Prenatally Diagnosed Malformations	
SURG.00037	Treatment of Varicose Veins (Lower Extremities)	
SURG.00043	Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons	
SURG.00044	Breast Ductal Examination and Fluid Cytology Analysis	
SURG.00045	Extracorporeal Shock Wave Therapy	
SURG.00047	Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis	
SURG.00052	Percutaneous Vertebral Disc and Vertebral Endplate Procedures	
SURG.00053	Unicondylar Interpositional Spacer	
SURG.00056	Transanal Radiofrequency Treatment of Fecal Incontinence	
SURG.00061	Presbyopia and Astigmatism-Correcting Intraocular	

Criteria Number	Criteria Title	New and Revised Item
	<b>Lenses</b>	
SURG.00062	<b>Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele</b>	
SURG.00070	<b>Photocoagulation of Macular Drusen</b>	
SURG.00071	<b>Percutaneous and Endoscopic Spinal Surgery</b>	
SURG.00072	<b>Lysis of Epidural Adhesions</b>	
SURG.00073	<b>Epiduroscopy</b>	
SURG.00075	<b>Intervertebral Stabilization Devices</b>	
SURG.00076	<b>Nerve Graft after Prostatectomy</b>	
SURG.00079	<b>Nasal Valve Suspension</b>	
SURG.00084	<b>Implantable Middle Ear Hearing Aids</b>	
SURG.00088	<b>Coblation® Therapies for Musculoskeletal Conditions</b>	
SURG.00089	<b>Self-Expanding Absorptive Sinus Ostial Dilation</b>	
SURG.00092	<b>Implanted Devices for Spinal Stenosis</b>	
SURG.00095	<b>Viscocanalostomy and Canaloplasty</b>	
SURG.00096	<b>Surgical and Ablative Treatments for Chronic Headaches</b>	
<b>SURG.00097</b>	<b>Scoliosis Surgery</b>	<b>Revised</b>
SURG.00099	<b>Convection Enhanced Delivery of Therapeutic Agents to the Brain</b>	
SURG.00100	<b>Cryoablation for Plantar Fasciitis and Plantar Fibroma</b>	
SURG.00102	<b>Artificial Anal Sphincter for the Treatment of Severe Fecal Incontinence</b>	
SURG.00103	<b>Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)</b>	
SURG.00104	<b>Extrasosseous Subtalar Joint Implantation and Subtalar Arthroereisis</b>	
SURG.00105	<b>Bicompartmental Knee Arthroplasty</b>	
SURG.00107	<b>Prostate Saturation Biopsy</b>	
SURG.00111	<b>Axial Lumbar Interbody Fusion</b>	
SURG.00112	<b>Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures)</b>	
SURG.00113	<b>Artificial Retinal Devices</b>	
SURG.00114	<b>Facet Joint Allograft Implants for Facet Disease</b>	
SURG.00116	<b>High Resolution Anoscopy Screening for Anal Intraepithelial Neoplasia (AIN) and Squamous Cell Cancer of the Anus</b>	

<b>Criteria Number</b>	<b>Criteria Title</b>	<b>New and Revised Item</b>
SURG.00118	<b>Bronchial Thermoplasty</b>	
SURG.00119	<b>Endobronchial Valve Devices</b>	
SURG.00120	<b>Internal Rib Fixation Systems</b>	
SURG.00121	<b>Transcatheter Heart Valve Procedures</b>	
SURG.00123	<b>Transmyocardial/Periventricular Device Closure of Ventricular Septal Defects</b>	
SURG.00124	<b>Carotid Sinus Baroreceptor Stimulation Devices</b>	
SURG.00125	<b>Radiofrequency and Pulsed Radiofrequency Treatment of Trigger Point Pain</b>	
SURG.00126	<b>Irreversible Electroporation</b>	
SURG.00128	<b>Implantable Left Atrial Hemodynamic Monitor</b>	
SURG.00129	<b>Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring</b>	
SURG.00130	<b>Annulus Closure After Discectomy</b>	
SURG.00131	<b>Lower Esophageal Sphincter Augmentation Devices for the Treatment of Gastroesophageal Reflux Disease (GERD)</b>	
SURG.00132	<b>Drug-Eluting Devices for Maintaining Sinus Ostial Patency</b>	
SURG.00134	<b>Interspinous Process Fixation Devices</b>	
SURG.00135	<b>Radiofrequency Ablation of the Renal Sympathetic Nerves</b>	
SURG.00138	<b>Laser Treatment of Onychomycosis</b>	
SURG.00139	<b>Intraoperative Assessment of Surgical Margins During Breast- Conserving Surgery with Radiofrequency Spectroscopy or Optical Coherence Tomography</b>	
SURG.00140	<b>Peripheral Nerve Blocks for Treatment of Neuropathic Pain</b>	
SURG.00141	<b>Doppler-Guided Transanal Hemorrhoidal Dearterialization</b>	
SURG.00142	<b>Genicular Nerve Blocks and Ablation for Chronic Knee Pain</b>	
SURG.00144	<b>Occipital Nerve Block Therapy for the Treatment of Headache and Occipital Neuralgia</b>	
SURG.00146	<b>Extracorporeal Carbon Dioxide Removal</b>	
SURG.00147	<b>Synthetic Cartilage Implant for Metatarsophalangeal Joint Disorders</b>	
SURG.00148	<b>Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy</b>	



Criteria Number	Criteria Title	New and Revised Item
SURG.00149	<b>Percutaneous Ultrasonic Ablation of Soft Tissue</b>	
SURG.00150	<b>Leadless Pacemaker</b>	
SURG.00151	<b>Balloon Dilation of Eustachian Tubes</b>	
SURG.00152	<b>Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing</b>	
SURG.00153	<b>Cardiac Contractility Modulation Therapy</b>	
SURG.00154	<b>Microsurgical Procedures for the Treatment of Lymphedema</b>	
SURG.00155	<b>Cryoneurolysis for Treatment of Peripheral Nerve Pain</b>	
SURG.00156	<b>Implanted Artificial Iris Devices</b>	
SURG.00157	<b>Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis</b>	
SURG.00158	<b>Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain</b>	
SURG.00159	<b>Focal Laser Ablation for the Treatment of Prostate Cancer</b>	
SURG.00160	<b>Implanted Port Delivery Systems to Treat Ocular Disease</b>	
THER-RAD.00008	<b>Neutron Beam Radiotherapy</b>	
THER-RAD.00012	<b>Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radioablation</b>	
TRANS.00004	<b>Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)</b>	
TRANS.00008	<b>Liver Transplantation</b>	
TRANS.00009	<b>Lung and Lobar Transplantation</b>	
TRANS.00010	<b>Autologous and Allogeneic Pancreatic Islet Cell Transplantation</b>	
TRANS.00011	<b>Pancreas Transplantation and Pancreas Kidney Transplantation</b>	
TRANS.00013	<b>Small Bowel, Small Bowel/Liver, and Multivisceral Transplantation</b>	Revised
TRANS.00016	<b>Umbilical Cord Blood Progenitor Cell Collection, Storage and Transplantation</b>	
TRANS.00023	<b>Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias</b>	
TRANS.00024	<b>Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome</b>	Revised
TRANS.00025	<b>Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection</b>	

Criteria Number	Criteria Title	New and Revised Item
TRANS.00026	<b>Heart/Lung Transplantation</b>	
TRANS.00027	<b>Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors</b>	
TRANS.00028	<b>Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma</b>	
TRANS.00029	<b>Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias</b>	Revised
TRANS.00030	<b>Hematopoietic Stem Cell Transplantation for Germ Cell Tumors</b>	
TRANS.00031	<b>Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors</b>	
TRANS.00033	<b>Heart Transplantation</b>	
TRANS.00034	<b>Hematopoietic Stem Cell Transplantation for Diabetes Mellitus</b>	
TRANS.00035	<b>Other Stem Cell Therapy</b>	
TRANS.00037	<b>Uterine Transplantation</b>	
TRANS.00038	<b>Thymus Tissue Transplantation</b>	
TRANS.00039	<b>Portable Normothermic Organ Perfusion Systems</b>	
TRANS.00040	<b>Hand Transplantation</b>	
Carelon Medical Benefits Management, Inc. Cardiology	<b>Advanced Imaging of the Heart</b>	
Carelon Medical Benefits Management Cardiology	<b>Percutaneous Coronary Intervention</b>	
Carelon Medical Benefits Management Cardiology	<b>Diagnostic Coronary Angiography</b>	
Carelon Medical Benefits Management Musculoskeletal	<b>Interventional Pain Management (MSK)</b>	
Carelon Medical Benefits Management Musculoskeletal	<b>Joint Surgery (MSK)</b>	

Criteria Number	Criteria Title	New and Revised Item
Carelon Medical Benefits Management Musculoskeletal	<b>Level of Care for Musculoskeletal Surgery and Procedures (MSK Level of Care)</b>	
Carelon Medical Benefits Management Musculoskeletal	<b>Sacroiliac Joint Fusion</b>	
Carelon Medical Benefits Management Musculoskeletal	<b>Small Joint Surgery</b>	
Carelon Medical Benefits Management Musculoskeletal	<b>Spine Surgery</b>	
Carelon Medical Benefits Management Radiation Oncology	<b>Perirectal Hydrogel Spacer</b>	
Carelon Medical Benefits Management Radiation Oncology	<b>Proton Beam Therapy</b>	
Carelon Medical Benefits Management Radiology	<b>Abdomen and Pelvis Imaging</b>	
Carelon Medical Benefits Management Radiology	<b>Brain Imaging</b>	
Carelon Medical Benefits Management Radiology	<b>Chest Imaging</b>	
Carelon Medical Benefits Management Radiology	<b>Extremity Imaging</b>	

Criteria Number	Criteria Title	New and Revised Item
Carelton Medical Benefits Management Radiology	<b>Head and Neck Imaging</b>	
Carelton Medical Benefits Management Radiology	<b>Spine Imaging</b>	
Carelton Medical Benefits Management Radiology	<b>Oncologic Imaging</b>	
Carelton Medical Benefits Management Radiology	<b>Vascular Imaging</b>	
Carelton Medical Benefits Management Rehabilitative	<b>Rehabilitative and Habilitative Services</b>	
Carelton Medical Benefits Management Sleep	<b>Sleep Disorder Diagnostic and Treatment Management</b>	



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