

Healthy **Blue**

September 2022

Medical Policies and Clinical Utilization Management Guidelines Update

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 Healthy Blue providers in your practice and office staff.

To view guidelines, visit https://provider.healthybluenc.com/north-carolinaprovider/medical-policies-and-clinical-guidelines.

Notes/updates:

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

- DME.00046 Intermittent Abdominal Pressure Ventilation Devices
 - Intermittent abdominal pressure ventilation devices are considered investigational & not medically necessary for all indications
- DME.00047 Rehabilitative Devices with Remote Monitoring
 - The use of rehabilitative devices with remote monitoring or adjustment capabilities (for example, ROMTech PortableConnect® and ROMTech AccuAngle®) is considered investigational & not medically necessary for all indications
- DME.00048 Virtual Reality-Assisted Therapy Systems
 - Use of virtual reality systems (for example, EaseVRx, SootheVR, and RelieVR) for screening, diagnosis, or treatment of a health condition is considered investigational & not medically necessary for all indications
- GENE.00059 Hybrid Personalized Molecular Residual Disease Testing for Cancer
 - Oncologic hybrid personalized molecular residual disease (MRD) tests are considered investigational & not medically necessary for all indications
- LAB.00048 Pain Management Biomarker Analysis
 - The functional pain biomarker urine test panel is considered investigational & not medically necessary for chronic pain management and for all other indications
 - MED.00139 Electrical Impedance Scanning for Cancer Detection
 - Electrical impedance scanning for cancer detection is considered investigational & not medically necessary for all indications
- TRANS.00039 Portable Normothermic Organ Perfusion Systems
 - Outlines the medically necessary and investigational & not medically necessary criteria for Portable Normothermic Organ Perfusion Systems
- CG-MED-90 Chelation Therapy

https://provider.healthybluenc.com

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- Moved content of MED.00127 Chelation Therapy to new clinical UM guideline document with the same title
- CG-SURG-61 Cryosurgical, Radiofrequency or Laser Ablation to Treat Solid Tumors Outside the Liver
 - Removed the reference to glomerular filtration rate from the radiofrequency and cryosurgical ablation treatment of renal cancer
 - Added the term "metastatic" to the radiofrequency ablation treatment of metastatic lung cancer to clarify extra-pulmonary disease
 - Added not medically necessary statement for laser ablation therapy
 - Removed examples from the cryosurgical and radiofrequency ablation not medically necessary statements
- GENE.00023 Gene Expression Profiling of Melanomas and Cutaneous Squamous Cell Carcinoma
 - Expanded Scope and Position Statement to include cutaneous squamous cell carcinoma

Medical Policies

On May 12, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Healthy Blue *Medical Policies* applicable to Blue Cross and Blue Shield of North Carolina (Blue Cross NC). These guidelines take effect November 1, 2022.

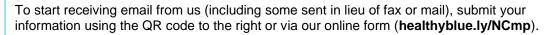
| Publish date | Medical Policy # | Medical Policy title | New or revised |
|--------------|------------------|--|----------------|
| 7/6/2022 | *DME.00046 | Intermittent Abdominal Pressure Ventilation Devices | New |
| 7/6/2022 | *DME.00047 | Rehabilitative Devices with Remote Monitoring | New |
| 7/6/2022 | *DME.00048 | Virtual Reality-Assisted Therapy Systems | New |
| 7/6/2022 | *GENE.00059 | Hybrid Personalized Molecular Residual Disease Testing for Cancer | New |
| 7/6/2022 | *LAB.00048 | Pain Management Biomarker Analysis | New |
| 7/6/2022 | *MED.00139 | Electrical Impedance Scanning for Cancer Detection | New |
| 7/6/2022 | *TRANS.00039 | Portable Normothermic Organ Perfusion Systems | New |
| 7/6/2022 | *GENE.00023 | Gene Expression Profiling of Melanomas and Cutaneous Squamous Cell Carcinoma | Revised |
| 7/6/2022 | SURG.00097 | Scoliosis Surgery | Revised |

Clinical UM Guidelines

On May 12, 2022, the MPTAC approved the following *Clinical UM Guidelines* applicable to Healthy Blue. These guidelines adopted by the medical operations committee for Medicaid members on June 23, 2022. These guidelines take effect November 1, 2022.

| Publish date | Clinical UM Guideline # | Clinical UM Guideline title | New or revised |
|--------------|----------------------------|--|----------------|
| 7/6/2022 | CG-MED-90 | Chelation Therapy | New |
| 6/29/2022 | CG-DME-42 | Continuous Glucose Monitoring Devices and External Insulin Infusion Pumps | Revised |
| 7/6/2022 | *CG-SURG-61 | Cryosurgical, Radiofrequency or Laser Ablation to Treat Solid Tumors Outside the Liver | Revised |
| 7/6/2022 | CG-SURG-82 | Bone-Anchored and Bone Conduction Hearing Aids | Revised |

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