

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-carolina-provider/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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