



## Commercial PPO/HMO Medical Policy Updates Customer Edition March 31, 2025

Listed below are recent medical policy updates approved by the Joint Uniform Medical Policy Committee.

### Medical Policy Updates

- **Ultrasound accelerated fracture healing device policy has inclusionary criteria updates**
  - Medical Policy reviewed the *Bone Growth Stimulation: Ultrasound Accelerated Fracture Healing Device* policy.
  - Low-intensity ultrasound for the treatment of specified fractures is established as a useful therapeutic option when specified criteria are met.
  - This is effective March 1, 2025.
- **Updates on the medical policy statement and inclusionary and exclusionary criteria for the *Transplant – Pancreas (Allogeneic)* policy**
  - Medical Policy reviewed the *Transplant – Pancreas (Allogeneic)* policy.
  - It is considered a useful therapeutic option for patients meeting selection criteria.
  - This is effective March 1, 2025.

You can find additional information regarding each of the above-mentioned medical policy updates by reviewing the full medical policy. All current Blue Cross and BCN medical policies are accessible via our **Medical Policy Router Search:** [Medical Policy and Pre-Cert/Pre-Auth Router \(bcbsm.com\)](https://www.bcbsm.com)

### **Questions? Reach out to your Blue Cross sales representative or general agent.**

Please note that required updates to the claims processing system may not be completed until after the effective date of the Medical Policy change. In addition, please note that the updates included within this document are specific to *Medical* Policy changes and do not include changes made to Pharmacy policies.