BlueCross BlueShield of North Carolina MEDICARE

Blue Cross® and Blue Shield® of North Carolina (Blue Cross NC) | Healthy Blue + Medicare℠ (HMO-POS D-SNP)

Carelon Medical Benefits Management, Inc. Updates Effective December 20, 2025

Effective on December 20, 2025, the following **Carelon Medical Benefits Management Clinical Appropriateness Guideline** updates will be adopted for Blue Cross NC. This article communicates the plan's adoption of these guidelines. Existing prior authorization requirements have not changed. In the event that a prior authorization requirement for these services is implemented, a separate notice will be distributed before the addition of any prior authorization requirements.

The following guideline update has a publish date of October 5, 2025:

- Genetic Testing
  - Somatic Tumor Testing

The following additional guideline updates have a publish date of November 15, 2025:

- Radiology
  - Imaging of the Brain
  - Imaging of the Extremities
  - Imaging of the Heart
  - Imaging of the Spine
  - Oncologic Imaging
  - Vascular Imaging
- Cardiovascular
  - Diagnostic Coronary Angiography
  - Endovascular Revascularization
  - Imaging of the Heart
- Sleep
  - Sleep Disorder Management
- Genetic Testing
  - Genetic Liquid Biopsy in the Management of Cancer and Cancer Surveillance
  - Pharmacogenetic Testing

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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  - Somatic Tumor Testing
- Musculoskeletal
  - Joint Surgery
  - Small Joint Surgery
  - Spine Surgery

Effective on December 20, 2025, Blue Cross NC will transition to the following **Carelon Medical Benefits Management Clinical Appropriateness Guidelines**. This article is to communicate the plan adoption of these guidelines. Existing prior authorization requirements have not changed. In the event that a prior authorization requirement for these services is implemented, a separate notice will be distributed before the addition of any prior authorization requirements.

The following guideline has a publish date of November 15, 2025:

- Cardiovascular
  - Treatment of Varicose Veins and Superficial Venous Insufficiency

Effective on December 20, 2025, the following **Carelon Medical Benefits Management Clinical Appropriateness Guideline** updates will be adopted for Blue Cross NC. This article is to communicate the plan adoption of these guidelines. Existing prior authorization requirements have not changed. In the event that a prior authorization requirement or level of care review requirement for these services is implemented, a separate notice will be distributed before the addition of any such prior authorization or site of care review requirement.

The following guideline update has a publish date of November 15, 2025:

- Surgical Services
  - Level of Care for Surgical Procedures

You may access and download a copy of the current and upcoming guidelines **here**.

Please share this notice with other members of your practice and office staff.