



# BLUE REVIEW<sup>SM</sup>

For Providers

October 2024

## OCTOBER SPOTLIGHT

### **Acquisition of Cigna Healthcare Medicare Business in 2025**

No changes to member benefits will happen in 2025. More information about future changes will be communicated here. Read more details about the transaction.

[Read More](#)

## CLAIMS AND ELIGIBILITY

### **Utilization Management Expanding to Include Site of Care Review of Advanced Imaging for Some Commercial Members**

Effective Jan. 1, 2025, Carelon will review requests for authorization for some advanced imaging services in a hospital-based outpatient setting. They will determine if a hospital setting is medically necessary and redirect the service to a freestanding alternative, if applicable.

[Read More](#)

**Submit Paper Commercial Claims to Correct PO Box to Avoid Delays**

We announced address changes last year for faster claims processing and responses. To avoid mail processing delays, submit paper commercial claims – including CMS-1500 and UB-04 forms – to the correct address.

[Read More](#)

## **Use the Updated Claims Referral Form for American Indian/Alaska Native Limited Cost-Share Plans**

Faxing is no longer an option for pharmacy referrals, so we've updated the claims referral form that Indian Health, Tribal and Urban Indian providers use to refer members of limited cost-sharing plans to non-I/T/U providers.

[Read More](#)

## **ClaimsXten™ Quarterly Update**

We'll implement fourth-quarter code updates for the ClaimsXten auditing tool on or after Dec. 9, 2024.

[Read More](#)

## **CLINICAL RESOURCES**

### **Breast Cancer Screening Begins at Age 40**

Routine screening for breast cancer is the best way to detect it early. Breast cancer screening for our members should begin at age 40 rather than age 50, in line with U.S. Preventive Services Task Force recommendations. Learn tips to close screening gaps in our members' care.

[Read More](#)

### **Child and Adolescent Weight Assessment and Nutrition Counseling Can**

## Help Close Care Gaps

The National Committee for Quality Assurance recommends that primary care providers and OB-GYNs document body mass index percentile and other data for children and adolescents. Talk to your patients about healthy diets and activity levels.

[Read More](#)

## In-home Test Kits Help Our Members Manage Their Kidney Health

We're providing in-home urine albumin-creatinine ratio test kits to certain eligible members who have diabetes. If you receive results for your patients, please document and discuss the results with them.

[Read More](#)

## EDUCATION

### Register for a Coding Webinar on Coagulation Defects and Other Hematological Disorders

Join our Coding Compliance team for a webinar on coding and documentation for coagulation defects. The webinar is free for providers and coding professionals.

[Read More](#)

## NETWORK PARTICIPATION

### Learn What Members Say They Want from Their Health Care Professionals

Survey shows members believe the telemedicine experience needs improvement. Elevate your telemedicine skills with a few easy steps.

[Read More](#)

## STANDARDS AND REQUIREMENTS

### Clinical Payment and Coding Policy Updates


New or revised clinical payment and coding policies are on our [Clinical Payment and Coding Policies](#) page. These policies provide billing, coding and documentation guidelines. Visit our site regularly to ensure you're up to date on any changes or new policies.


### Medical Policy Updates

Approved new or revised [medical policies](#) and their effective dates are usually posted on our website the first and 15th of each month under the [Standards and Requirements](#) tab. You can view all active and pending policies, as well as draft medical policies, and provide comments on draft policies. These policies may impact your reimbursement and your patients' benefits.




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#### Contact Us

Contact information for Network Representatives and other resources is [on our website](#).

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