

March 2025

PR*NEWS*VIDERS'

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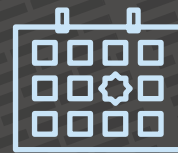
Laboratory Benefits Management Program

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Notification Required for Admissions

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Upcoming holidays

Good Friday
April 18

Memorial Day
May 26



Arkansas
BlueCross BlueShield

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Arkansas Blue Cross and Blue Shield

Thank you for reviewing Arkansas Blue Cross Blue Shield’s March 2025 Providers’ News. The purpose of this communication is to provide updates for you on revisions to payment process, payment policy, and guidance. Please take time to review the content specific to your facility or practice and thank you for your continued service to your patients and our members.

Laboratory Benefits Management Program

Review process focuses on 24 sets of high-volume, low-cost routine laboratory tests

Consistent with announcements included in the September and December 2024 Provider News, this is a reminder that Arkansas Blue Cross and Blue Shield’s **laboratory benefit management (LBM)** review program began a new process for evaluating certain laboratory tests for **all fully insured** health plans on **February 1, 2025**. This automated post-service, pre-payment review process will replace the manual review process that has been in place and is expected to lead to faster turnaround times on claim reviews and payments.

The new process reviews **24 sets of high-volume, low-cost routine laboratory tests** by applying medical coverage policies that are based on the latest science and clinically accepted, peer-reviewed guidelines. These medical coverage policies are available for review on the [Arkansas Blue Cross website](#). The applicable policies are:

- 2024023
- 2024025
- 2024026
- 2024027
- 2024028
- 2024030
- 2024031
- 2024035
- 2024036
- 2024044
- 2024045
- 2024046
- 2024048
- 2024049
- 2024050
- 2024051
- 2024052
- 2024053
- 2024054
- 2024055
- 2024056
- 2024057
- 2024058
- 2024059

This review applies to the 24 identified laboratory tests when provided in office, hospital outpatient and independent laboratory locations (**except** those provided as part of **annual wellness exams**) with dates of service of **February 1, 2025**, and thereafter.

As a reminder, this process also **does not apply** to laboratory services performed in an inpatient **hospital setting** (e.g., emergency room, hospital observation and hospital inpatient).

Additionally, codes reporting **multiple units billed** will be reviewed referencing code-specific unit allowances under Arkansas Blue Cross laboratory policies and guidelines.

Informational resources

A **video link** to a brief overview presentation with more detail on the laboratory benefit management program is available for healthcare providers in **Availity Payer Space**. Additionally, Arkansas Blue Cross network development representatives have a shareable formatted Adobe PDF version of the **“quick reference” list** noted below that they can provide to providers upon request.

Laboratory Management Program

“Quick reference” list

This “quick reference” list of **Current Procedural Terminology (CPT®) codes** addressed by our **laboratory management program** can be used to assist you in adhering to the **associated medical coverage policies** of the Arkansas Blue Cross and Blue Shield family of health plans.

Disclaimer: This list is intended as a quick-access reference tool only and does not represent an all-inclusive list of laboratory CPT codes subject to our current medical coverage policies. CPT codes, as well as our medical coverage policies, undergo periodic revisions and are subject to change. An omission from this list should not be interpreted as a noncovered service, nor should the inclusion on this list be interpreted as a guarantee of coverage. It remains the responsibility of the provider to use the accurate and appropriate CPT codes and to be aware of the applicable terms of associated coverage policies.

As always, if you have questions about the coverage status of specific routine laboratory tests after consulting this reference document, you should contact your **assigned Arkansas Blue Cross representative**.

Policy 2024023: Vitamin B12 & methylmalonic acid testing

- 82607 – VITAMIN B12
- 83090 – ASSAY OF HOMOCYSTEINE
- 83921 – ORGANIC ACID SINGLE QUANT
- 84999 – CLINICAL CHEMISTRY TEST

Policy 2024025: Helicobacter pylori testing

- 87513 – H. PYLORI CLRTHMCN RST AMP PRB
- 0008U – H. PYLORI DETCJ ABX RSTNC DNA
- 83009 – H. PYLORI (C 13) BLOOD
- 83013 – H. PYLORI (C 13) BREATH
- 83014 – H. PYLORI DRUG ADMIN
- 86318 – IA INFECTIOUS AGENT ANTIBODY
- 86677 – H. PYLORI ANTIBODY
- 87070 – CULTURE OTHR SPECIMN AEROBIC
- 87077 – CULTURE AEROBIC IDENTIFY
- 87081 – CULTURE SCREEN ONLY
- 87149 – DNA/RNA DIRECT PROBE
- 87150 – DNA/RNA AMPLIFIED PROBE
- 87153 – DNA/RNA SEQUENCING
- 87181 – MICROBE SUSCEPTIBLE DIFFUSE
- 87186 – MICROBE SUSCEPTIBLE MIC
- 87205 – SMEAR GRAM STAIN
- 87338 – HPYLORI STOOL IA
- 87339 – H PYLORI AG IA
- 88305 – TISSUE EXAM BY PATHOLOGIST

Policy 2024026: Thyroid disease testing

- 80438 – TRH STIMULATION PANEL
- 80439 – TRH STIMULATION PANEL
- 83519 – RIA NONANTIBODY
- 84432 – ASSAY OF THYROGLOBULIN
- 84436 – ASSAY OF TOTAL THYROXINE
- 84439 – ASSAY OF FREE THYROXINE
- 84442 – ASSAY OF THYROID ACTIVITY
- 84443 – ASSAY THYROID STIM HORMONE
- 84445 – ASSAY OF TSI GLOBULIN
- 84479 – ASSAY OF THYROID (T3 OR T4)
- 84480 – ASSAY TRIIODOTHYRONINE (T3)
- 84481 – FREE ASSAY (FT 3)
- 84482 – T3 REVERSE
- 86376 – MICROSOMAL ANTIBODY EACH
- 86800 – THYROGLOBULIN ANTIBODY

Policy 2024027: Epithelial cell cytology in breast cancer risk assessment

- 88108 – CYTOPATH CONCENTRATE TECH
- 88112 – CYTOPATH CELL ENHANCE TECH
- 88172 – CYTP DX EVAL FNA 1ST EA SITE
- 88173 – CYTOPATH EVAL FNA REPORT
- 88177 – CYTP FNA EVAL EA ADDL

Policy 2024028: In vitro chemoresistance & chemosensitivity assays

- 0525U – ONC SPHRD CELL CUL 11 RX PNL
- 0083U – ONC RSPSE CHEMO CNTRST TOMOG
- 0248U – ONC BRN SPHRD CLL 12 RX PNL
- 0249U – ONC BRST ALYS 32 PHSPTN ALG
- 0285U – ONC RSPS RADJ CLL [P:]FR DNA TOX
- 0435U – ONC CHEMO RX CYTOX CSC 14 RX
- 0564T – ONC CHEMO RX CYTOTOX CSC 14
- 81535 – ONCOLOGY GYNECOLOGIC
- 81536 – ONCOLOGY GYNECOLOGIC
- 86849 – IMMUNOLOGY PROCEDURE
- 88104 – CYTOPATH FL NONGYN SMEARS
- 88199 – CYTOPATHOLOGY PROCEDURE
- 88305 – TISSUE EXAM BY PATHOLOGIST
- 88313 – SPECIAL STAINS GROUP 2
- 88358 – ANALYSIS TUMOR
- 89050 – BODY FLUID CELL COUNT
- 89240 – PATHOLOGY LAB PROCEDURE

Policy 2024030: Prenatal screening (nongenetic)

- 0167U – CHORNC GONADOTROPIN HCG IA
- 80055 – OBSTETRIC PANEL
- 80081 – OBSTETRIC PANEL
- 81001 – URINALYSIS AUTO W/SCOPE
- 81002 – URINALYSIS NONAUTO W/O SCOPE
- 81003 – URINALYSIS AUTO W/O SCOPE
- 81007 – URINE SCREEN FOR BACTERIA
- 81015 – MICROSCOPIC EXAM OF URINE
- 82677 – ASSAY OF ESTRIOL
- 82731 – ASSAY OF FETAL FIBRONECTIN
- 82947 – ASSAY GLUCOSE BLOOD QUANT
- 82950 – GLUCOSE TEST
- 82951 – GLUCOSE TOLERANCE TEST (GTT)
- 82962 – GLUCOSE BLOOD TEST
- 83020 – HEMOGLOBIN ELECTROPHORESIS
- 83021 – HEMOGLOBIN CHROMOTOGRAPHY
- 83036 – GLYCOSYLATED HEMOGLOBIN TEST
- 84702 – CHORIONIC GONADOTROPIN TEST
- 84703 – CHORIONIC GONADOTROPIN ASSAY
- 84704 – HCG FREE BETACHAIN TEST
- 85004 – AUTOMATED DIFF WBC COUNT
- 85007 – BL SMEAR W/DIFF WBC COUNT
- 85009 – MANUAL DIFF WBC COUNT B COAT
- 85014 – HEMATOCRIT
- 85018 – HEMOGLOBIN
- 85025 – COMPLETE CBC W/AUTO DIFF WBC
- 85027 – COMPLETE CBC AUTOMATED
- 85032 – MANUAL CELL COUNT EACH
- 85041 – AUTOMATED RBC COUNT

- 85048 – AUTOMATED LEUKOCYTE COUNT
- 86480 – TB TEST CELL IMMUN MEASURE
- 86580 – TB INTRADERMAL TEST
- 86592 – SYPHILIS TEST NON TREP QUAL
- 86593 – SYPHILIS TEST NON TREP QUANT
- 86631 – CHLAMYDIA ANTIBODY
- 86632 – CHLAMYDIA IGM ANTIBODY
- 86701 – HIV 1 ANTIBODY
- 86702 – HIV 2 ANTIBODY
- 86703 – HIV 1/HIV 2 1 RESULT ANTBODY
- 86704 – HEP B CORE ANTIBODY TOTAL
- 86706 – HEP B SURFACE ANTIBODY
- 86762 – RUBELLA ANTIBODY
- 86780 – TREPONEMA PALLIDUM
- 86787 – VARICELLA ZOSTER ANTIBODY
- 86803 – HEPATITIS C AB TEST
- 86804 – HEP C AB TEST CONFIRM
- 86850 – RBC ANTIBODY SCREEN
- 86900 – BLOOD TYPING SEROLOGIC ABO
- 86901 – BLOOD TYPING SEROLOGIC RH(D)
- 87081 – CULTURE SCREEN ONLY
- 87086 – URINE CULTURE/COLONY COUNT
- 87088 – URINE BACTERIA CULTURE
- 87110 – CHLAMYDIA CULTURE
- 87270 – CHLAMYDIA TRACHOMATIS AG IF
- 87320 – CHYLMD TRACH AG IA
- 87340 – HEPATITIS B SURFACE AG IA
- 87341 – HEPATITIS B SURFACE AG IA
- 87490 – CHYLMD TRACH DNA DIR PROBE
- 87491 – CHYLMD TRACH DNA AMP PROBE
- 87590 – N.GONORRHOEAE DNA DIR PROB
- 87591 – N.GONORRHOEAE DNA AMP PROB
- 87592 – N.GONORRHOEAE DNA QUANT
- 87653 – STREP B DNA AMP PROBE
- 87800 – DETECT AGNT MULT DNA DIREC
- 87802 – STREP B ASSAY W/OPTIC
- 87810 – CHYLMD TRACH ASSAY W/OPTIC
- 87850 – N. GONORRHOEAE ASSAY W/OPTIC
- G0306 – CBC/DIFFWBC W/O PLATELET
- G0307 – CBC WITHOUT PLATELET
- G0432 – EIA HIV 1/HIV 2 SCREEN
- G0433 – ELISA HIV 1/HIV 2 SCREEN
- G0435 – ORAL HIV 1/HIV 2 SCREEN
- G0472 – HEP C SCREEN HIGH RISK/OTHER
- S3652 – SALIVA TEST, HORMONE LEVEL;

Policy 2024031: Fecal analysis in diagnosis of instestinal dysbiosis & fecal microbiota transplant testing

- 82542 – COL CHROMOTOGRAPHY QUAL/QUAN
- 82705 – FATS/LIPIDS FECES QUAL
- 82710 – FATS/LIPIDS FECES QUANT
- 82715 – ASSAY OF FECAL FAT
- 83986 – ASSAY PH BODY FLUID NOS
- 84311 – SPECTROPHOTOMETRY
- 87045 – FECES CULTURE AEROBIC BACT
- 87046 – STOOL CULTR AEROBIC BACT EA
- 87075 – CULTR BACTERIA EXCEPT BLOOD
- 87076 – CULTURE ANAEROBE IDENT EACH
- 87077 – CULTURE AEROBIC IDENTIFY
- 87081 – CULTURE SCREEN ONLY
- 87102 – FUNGUS ISOLATION CULTURE
- 87106 – FUNGI IDENTIFICATION YEAST
- 87493 – C DIFF AMPLIFIED PROBE
- 87500 – VANOMYCIN DNA AMP PROBE
- 87641 – MR STAPH DNA AMP PROBE
- 87798 – DETECT AGENT NOS DNA AMP
- 89160 – EXAM FECES FOR MEAT FIBERS
- S3708 – GASTROINTESTINAL FAT ABSORPT

Policy 2024035: Salivary hormone testing

- 82530 – CORTISOL FREE
- 82533 – TOTAL CORTISOL
- 82626 – DEHYDROEPIANDROSTERONE
- 82627 – DEHYDROEPIANDROSTERONE
- 82670 – ASSAY OF TOTAL ESTRADIOL
- 82671 – ASSAY OF ESTROGENS
- 82672 – ASSAY OF ESTROGEN
- 82677 – ASSAY OF ESTRADIOL
- 82679 – ASSAY OF ESTRONE
- 82681 – ASSAY DIR MEAS FR ESTRADIOL
- 84144 – ASSAY OF PROGESTERONE
- 84402 – ASSAY OF FREE TESTOSTERONE
- 84403 – ASSAY OF TOTAL TESTOSTERONE
- 84410 – TESTOSTERONE BIOAVAILABLE
- S3650 – SALIVA TEST, HORMONE LEVEL

Policy 2024036: Diagnostic testing of iron homeostasis & metabolism

- 0024U – GLYCA NUC MR SPECTRSC QUAN
- 0251U – HEPCIDIN 25 ELISA SERUM/PLSM
- 82728 – ASSAY OF FERRITIN
- 83540 – ASSAY OF IRON
- 83550 – IRON BINDING TEST
- 84466 – ASSAY OF TRANSFERRIN
- 84999 – CLINICAL CHEMISTRY TEST

Policy 2024044: Serum biomarker testing for multiple sclerosis & related neurologic diseases

- 83884 – ASSAY NEURFLMNT LIGHT CHAIN
- 0443U – NEURFLMNT LT CHN ULTRSENS IA
- 83520 – IMMUNOASSAY QUANT NOS NONAB
- 83916 – OLIGOCLONAL BANDS
- 84182 – PROTEIN WESTERN BLOT TEST
- 86051 – AQUAPORIN 4 ANTB ELISA
- 86052 – AQUAPORIN 4 ANTB CBA EACH
- 86053 – AQAPRN 4 ANTB FLO CYTMTRY EA
- 86362 – MOG IGG1 ANTB CBA EACH
- 86363 – MOG IGG1 ANTB FLO CYTMTRY EA
- 88341 – IMMUNOHISTO ANTB ADDL SLIDE
- 88342 – IMMUNOHISTO ANTB 1ST STAIN

Policy 2024045: Evaluation of dry eyes

- 82785 – ASSAY OF IGE
- 83516 – IMMUNOASSAY NONANTIBODY
- 83520 – IMMUNOASSAY QUANT NOS NONAB
- 83861 – MICROFLUID ANALY TEARS

Policy 2024046: Pediatric preventive screening

- 0257U – VLCAD LEUK NZM ACTV WHL BLD
- 80061 – LIPID PANEL
- 82247 – BILIRUBIN TOTAL
- 82248 – BILIRUBIN DIRECT
- 82465 – ASSAY BLD/SERUM CHOLESTEROL
- 83020 – HEMOGLOBIN ELECTROPHORESIS
- 83021 – HEMOGLOBIN CHROMOTOGRAPHY
- 83655 – ASSAY OF LEAD
- 83718 – ASSAY OF LIPOPROTEIN
- 84439 – ASSAY OF FREE THYROXINE
- 84443 – ASSAY THYROID STIM HORMONE
- 84478 – ASSAY OF TRIGLYCERIDES
- 85014 – HEMATOCRIT
- 85018 – HEMOGLOBIN
- 86480 – TB TEST CELL IMMUN MEASURE
- 86580 – TB INTRADERMAL TEST
- 86850 – RBC ANTIBODY SCREEN
- 87555 – M.TUBERCULO DNA DIR PROBE
- 87556 – M.TUBERCULO DNA AMP PROBE
- 88720 – BILIRUBIN TOTAL TRANSCUT
- S3620 – NEWBORN METABOLIC SCREENING

Policy 2024048: Serum testing for evidence of mild traumatic brain injury

- 83516 – IMMUNOASSAY NONANTIBODY
- 84999 – CLINICAL CHEMISTRY TEST

Policy 2024049: Pancreatic enzyme testing for acute pancreatitis

- 82150 – ASSAY OF AMYLASE
- 83519 – RIA NONANTIBODY
- 83520 – IMMUNOASSAY QUANT NOS NONAB
- 83529 – ASSAY OF INTERLEUKIN 6 (IL 6)
- 83690 – ASSAY OF LIPASE
- 84145 – PROCALCITONIN (PCT)
- 86140 – C REACTIVE PROTEIN

Policy 2024050: Folate testing

- 0399U – NEURO CERE FOLATE DEFNCY SRM
- 82746 – ASSAY OF FOLIC ACID SERUM
- 82747 – ASSAY OF FOLIC ACID RBC

Policy 2024051: General inflammation testing

- 85651 – RBC SED RATE NONAUTOMATED
- 85652 – RBC SED RATE AUTOMATED
- 86140 – C REACTIVE PROTEIN
- 86141 – C REACTIVE PROTEIN HS

Policy 2024052: Urine culture testing for bacteria

- 87077 – CULTURE AEROBIC IDENTIFY
- 87086 – URINE CULTURE/COLONY COUNT
- 87088 – URINE BACTERIA CULTURE
- 87140 – CULTURE TYPE IMMUNOFLUORESC
- 87147 – CULTURE TYPE IMMUNOLOGIC
- 87149 – DNA/RNA DIRECT PROBE
- 87181 – MICROBE SUSCEPTIBLE DIFFUSE
- 87186 – MICROBE SUSCEPTIBLE MIC

Policy 2024053: Beta-hemolytic streptococcus testing

- 86581 – STRPTCS PNEUM ANTB SEROT IA
- 86060 – ANTISTREPTOLYSIN O TITER
- 86063 – ANTISTREPTOLYSIN O SCREEN
- 86215 – DEOXYRIBONUCLEASE ANTIBODY
- 86317 – IMMUNOASSAY INFECTIOUS AGENT
- 86318 – IA INFECTIOUS AGENT ANTIBODY
- 87040 – BLOOD CULTURE FOR BACTERIA
- 87070 – CULTURE OTHR SPECIMN AEROBIC
- 87071 – CULTURE AEROBIC QUANT OTHER
- 87077 – CULTURE AEROBIC IDENTIFY
- 87081 – CULTURE SCREEN ONLY
- 87430 – STREP A AG IA
- 87650 – STREP A DNA DIR PROBE
- 87651 – STREP A DNA AMP PROBE
- 87652 – STREP A DNA QUANT
- 87797 – DETECT AGENT NOS DNA DIR
- 87798 – DETECT AGENT NOS DNA AMP
- 87799 – DETECT AGENT NOS DNA QUANT
- 87880 – STREP A ASSAY W/OPTIC

Policy 2024054: Parathyroid hormone, phosphorus, calcium & magnesium testing

- 82310 – ASSAY OF CALCIUM
- 82330 – ASSAY OF CALCIUM
- 82340 – ASSAY OF CALCIUM IN URINE
- 83735 – ASSAY OF MAGNESIUM
- 83970 – ASSAY OF PARATHORMONE
- 84100 – ASSAY OF PHOSPHORUS
- 84105 – ASSAY OF URINE PHOSPHORUS

Policy 2024055: Gamma-glutamyl transferase testing

- 82977 – ASSAY OF GGT

Policy 2024056: Venous & arterial thrombosis risk testing

- 85300 – ANTITHROMBIN III ACTIVITY
- 85301 – ANTITHROMBIN III ANTIGEN
- 85302 – CLOT INHIBIT PROT C ANTIGEN
- 85303 – CLOT INHIBIT PROT C ACTIVITY
- 85305 – CLOT INHIBIT PROT S TOTAL
- 85306 – CLOT INHIBIT PROT S FREE
- 85307 – ASSAY ACTIVATED PROTEIN C

Policy 2024057: Testing for alpha-1 antitrypsin deficiency

- 82103 – ALPHA 1 ANTITRYPSIN TOTAL
- 82104 – ALPHA 1 ANTITRYPSIN PHENO
- 82542 – COL CHROMOTOGRAPHY QUAL/QUAN
- 83789 – MASS SPECTROMETRY QUAL/QUAN

Policy 2024058: Onychomycosis testing

- 82542 – COL CHROMOTOGRAPHY QUAL/QUAN
- 87101 – SKIN FUNGI CULTURE
- 87149 – DNA/RNA DIRECT PROBE
- 87150 – DNA/RNA AMPLIFIED PROBE
- 87153 – DNA/RNA SEQUENCING
- 87205 – SMEAR GRAM STAIN
- 87206 – SMEAR FLUORESCENT/ACID STAI
- 87220 – TISSUE EXAM FOR FUNGI
- 87480 – CANDIDA DNA DIR PROBE
- 87481 – CANDIDA DNA AMP PROBE
- 87482 – CANDIDA DNA QUANT
- 87798 – DETECT AGENT NOS DNA AMP
- 87800 – DETECT AGNT MULT DNA DIREC
- 87801 – DETECT AGNT MULT DNA AMPLI
- 88312 – SPECIAL STAINS GROUP 1
- 88749 – IN VIVO LAB SERVICE

Policy 2024059: Flow cytometry

- 86355 – B CELLS TOTAL COUNT
- 86356 – MONONUCLEAR CELL ANTIGEN
- 86357 – NK CELLS TOTAL COUNT
- 86359 – T CELLS TOTAL COUNT
- 86360 – T CELL ABSOLUTE COUNT/RATIO
- 86361 – T CELL ABSOLUTE COUNT
- 86367 – STEM CELLS TOTAL COUNT
- 88182 – CELL MARKER STUDY
- 88184 – FLOWCYTOMETRY/ TC 1 MARKER
- 88185 – FLOWCYTOMETRY/TC ADD ON
- 88187 – FLOWCYTOMETRY/READ 2 8
- 88188 – FLOWCYTOMETRY/READ 9 15
- 88189 – FLOWCYTOMETRY/READ 16 & >

Level Funded Appeals Process

The process providers should follow when submitting Provider Initiated Level Funded Appeals is a little different than the process for BlueAdvantage and other lines of business. The following is the process for Level Funded Appeals:

LEVEL FUNDED APPEALS PROCESS FOR PROVIDER INITIATED LEVEL FUNDED APPEALS:

The Plan Participant will receive an EOB explaining the claim determination, and if applicable, the reason or reasons for any denial or reduction of benefits. In cases where a claim for benefits payment is denied or reduced in whole or in part, the Plan Participant or the Authorized Representative may file an appeal. This Plan appeal process allows the Plan Participants to:

- (1)** Request from the Appeals Delegate a review of any partial or complete denial of any claim for Plan benefits. Such request must be submitted in writing by the Plan Participant/beneficiary or by a duly appointed Authorized Representative and must include: the name of the employee, his or her social security number, the name of the patient, the patient's member identification number, and group Identification number, if any. **(Providers should contact customer service and have the member complete an Authorization to Handle Appeal form. Once the member authorization is received by customer service, providers can proceed with the below instructions.)**
- (2)** The written appeal request should identify the specific services or benefits in dispute, including the date(s) of service and health care provider(s) involved, as well as, stating in clear and concise terms the reason(s) for disagreement with the handling of the claim.

Written appeal requests may be submitted to the Appeals Delegate at the following address:

Medical Care Management
ATTN Amalgamated: Appeals
1 Northeastern Blvd
Suite 100
Salem, NH 03079

NOTE: The Plan Administrator has delegated full discretion and authority to the Appeals Delegate to make final Plan benefits determinations and to resolve appeals of all Plan benefits disputes other than disputes about Plan eligibility determinations, which are reserved for decision by the Plan Administrator.

If the denial of the claim is based on the claimant's failure to meet the Plan's eligibility requirements, the Plan Participant or the Authorized Representative may file an appeal with the Plan Administrator.

Mental Health and Substance Use Disorder Coverage Benefits Changes

As of January 1, 2025, the coverage benefits for Mental Health and Substance Use Disorder treatment/services at Non-Hospital Residential Treatment Facilities on fully insured plans will no longer have treatment limitations for Partial Hospitalization Programs where a covered person sleeps elsewhere and receives a minimum of 20 hours a week of a multidisciplinary treatment. Likewise, treatment limitations will be removed for Intensive Outpatient Programs where a covered person sleeps elsewhere and receives a minimum of 9 hours a week of a multidisciplinary treatment program. Treatment limitations for Psychiatric Residential Treatment Facilities and/or Substance Use Disorder Residential Treatment Centers where the covered person is admitted inpatient and

receives care 24 hours per day will remain as a maximum of sixty (60) days per Covered Person per calendar year. Additionally, the following requirements remain unchanged for the facility where the service is provided: (i) The facility must be licensed by the State of Arkansas or the appropriate agency in the state where the facility is located, and (ii) the facility must be accredited by The Joint Commission or CARF International.

Notification Required for Admissions

Notice of Material Amendment*

Effective July 1, 2025, notification (not prior authorization) of inpatient admissions is required at the time of admission or within 24 hours of admission (or 1 business day if admission occurs on a weekend) with sufficient clinical information and/or medical record documentation stating the purpose of the admission. This allows for the member to be followed through discharge, and upon discharge, to determine if a referral to Case Management is needed to provide members with assistance and access to available resources which also helps to reduce the members' risk of readmission.

If the notifications listed below are not received, the service may be denied because records are needed to establish payment for the appropriate level of care. A lack of supporting medical record documentation may result in a denial or partial denial of the related claim. You can provide notification of an admission via Availity or by using the form on our website. **

Overall, notifications allow Arkansas Blue Cross and Blue Shield (ABCBS) to better serve its members, they will also help with the process of claims being paid correctly and in a timely manner once the claims for the inpatient admission have been submitted. Our Notice of Material Amendment, informing you of this change, is consistent with the Plan Year 2025 applicable member benefits and amends the current provider contract requirements to include this notification requirement.

For Members with Self-Funded Plans and Fully Insured Plans:

▪ Acute hospital care (Notification Required)

- **Admission:** Notify ABCBS regarding all emergent admissions within the time period stated above. Include medical records that support the need for an inpatient stay, per provider contract.
- **Continued stay:** Notify ABCBS when a member's inpatient stay needs to be extended longer than planned or approved. Include medical records that support the need for continued stay. ABCBS uses InterQual criteria for review of Inpatient stays, if the inpatient level of care is not met, the service will divert to observation level of care.
- **Discharge from hospital:** Notify ABCBS when a member is discharged from the acute level of care. Include the discharge summary with the date and location (i.e., Home or SNF) of discharge. Discharge information is vital for referral to Case Management which is used to provide members with assistance to available resources to reduce readmission risks.

▪ Post-acute Inpatient facility care (SNF, LTACH and Rehab) (Notification Required)

- **Admission:** Post-acute care includes acute rehabilitation, long term acute care and skilled nursing facility care. All post-acute admissions require notification for level of care, per provider contract. Submit the notification, within the time period described above, along with medical records that support the need for the requested level of care.

- **Continued stay:** All continued inpatient stays at a post-acute facility require notification. Submit the notification with medical records that support the need for additional days at the requested level of care.
- **Discharge from a post-acute facility:** Notify ABCBS when a member is discharged. Include the discharge summary with the date and location (i.e., Home or SNF) of discharge. Upon discharge, some members may be referred to Case Management to provide members with assistance to available resources to reduce readmission risks.
- **Inpatient or Outpatient - Standard Medical/Procedures/Surgical**
 - All non-emergent inpatient hospitalizations require notification before the service happens.
 - Outpatient procedures do not require notification.

*There are no Material Amendments for emergency admission notifications.

** Notification for all medical facility-based stays must be submitted through the [Availity portal](#) or by faxing the “Arkansas Authorization/Organizational Determination Request” form to the fax number provided on the form for Standard Requests to be received by the Utilization Management department. At this time, only initial and concurrent authorizations for Medical and Medical Pharmacy can be submitted through Availity. All other types of authorizations must be faxed.

Website Address for notification form:

ABCBS: https://www.arkansasbluecross.com/docs/librariesprovider9/providers/abcbs-authorization-org-det-request.pdf?sfvrsn=6d8c58fd_32

Health Advantage: https://www.healthadvantage-hmo.com/docs/librariesprovider9/providers/abcbs-authorization-org-det-request.pdf?sfvrsn=6d8c58fd_32

Blue Advantage: https://www.blueadvantagearkansas.com/docs/librariesprovider9/providers/abcbs-authorization-org-det-request.pdf?sfvrsn=6d8c58fd_32

Octave: https://www.arkansasoctave.com/docs/librariesprovider9/providers/abcbs-authorization-org-det-request.pdf?sfvrsn=6d8c58fd_32

For questions, refer to the customer service number on the back of the member’s ID card.

Prior Authorizations and Organizational Determinations/Benefit Inquiries Reminders

We would like to highlight a few reminders about (1) prior authorizations and (2) benefit inquiries (also known as “organizational determinations/benefit inquiries” or “OD/BI”). The following is not intended to be an all-inclusive list, nor is it to be viewed as a complete summary, but we hope these selected reminders are helpful to you. (PLEASE NOTE the new Notification requirements in the Notification Required for Admissions article included in this edition).

1) Prior Authorizations

If a healthcare service requires a prior authorization, this means the provider must submit a prior authorization request before the service is performed or provided so ABCBS can determine whether it meets the Primary Coverage Criteria or medical necessity requirements of the member’s plan for the requested

service. Prior authorizations can be submitted through Availity or faxed using a form on our website.* Whether an authorization is required depends on the type of plan.

- **For Members with Self-Funded Plans:** Prior Authorization requirements remain the same for self-funded groups (including non-ERISA groups, Blue Advantage and Health Advantage Arkansas Blue Cross and Blue Shield Employer groups), Government Business (Arkansas State Employees-Public School Employees, Arkansas State Police, Medicare Advantage, and Federal Employee Program), and Level-Funded plans.
- **For Members with Fully Insured Plans:** Prior Authorizations for a medical service are not required for 2025 but are required for certain medications. In the absence of a prior authorization requirement, providers may submit a request for an Organizational Determination Benefit Inquiry for a service not yet provided to help members and providers make decisions about care options. See more information below regarding Organization Determination/Benefit Inquiries and Notifications. Fully Insured plans include Arkansas Blue Cross and Blue Shield, Health Advantage, Exchange and Octave groups.

2) Organizational Determinations/Benefit Inquiries (ODBIs)

ODBIs may be submitted voluntarily by the provider to request a review of a proposed service, procedure, pharmacy medication, medical trial, or other services/items for assessment of plan benefit coverage, including relevant medical records and/or treatment plans. These requests are not required, and the review is performed for services or procedures that do not require a prior authorization. ODBIs must be faxed using a form on our website.*

** Initial and concurrent authorizations can be submitted through the Availity portal.*

ODBIs can be faxed using the “Arkansas Authorization/Organizational Determination Request” form. Completed form should be sent to the fax number provided on the form for Standard Requests to be received by the Utilization Management department. At this time, only initial authorizations for Medical and Medical Pharmacy can be submitted through Availity. All other types of authorizations must be faxed.

Website Address for notification form:

ABCBS: https://www.arkansasbluecross.com/docs/librariesprovider9/providers/abcbs-authorization-org-det-request.pdf?sfvrsn=6d8c58fd_32

Health Advantage: https://www.healthadvantage-hmo.com/docs/librariesprovider9/providers/abcbs-authorization-org-det-request.pdf?sfvrsn=6d8c58fd_32

Blue Advantage: https://www.blueadvantagearkansas.com/docs/librariesprovider9/providers/abcbs-authorization-org-det-request.pdf?sfvrsn=6d8c58fd_32

Octave: https://www.arkansasoctave.com/docs/librariesprovider9/providers/abcbs-authorization-org-det-request.pdf?sfvrsn=6d8c58fd_32

For questions, refer to the customer service number on the back of the member’s ID card.

Sending Electronic Attachments via Availity

Medical record attachments can be sent electronically multiple ways. They can be sent in response to a bar-coded paper request or in response to a (277RFAI) through the Availity dashboard. Medical records can also be sent unsolicited by submitting the PWK06 segment on a claim – where the provider has 3 days to respond in the

Availity dashboard. However, to send an unsolicited record or attachment in the Attachment Dashboard that is not tied to a request or unsolicited record you must send certain data elements for the attachment to be received appropriately.

To submit a document electronically that needs to attach to a claim or to bar-coded request there are specific steps that must be followed. Attachment Control Number must be the claim number from the medical record request letter OR the control number from the medical record request letter. It should not be a claim from an associated claim or previous claim. This step is very important! If it is not followed, it can result in your record not attaching to the correct claim and can become lost. Your attachment will not sync up to the correct claim if you do not enter the Attachment Control Number correctly.

For additional instructions on submitting electronic attachments please refer to the [Quick Tip Guide – Using Availity to Send Electronic Attachments](#) in the Arkansas Blue Cross Availity Payer Space under Resources.

Coverage Policy Manual Updates

The following policies have been added or updated in Arkansas Blue Cross and Blue Shield’s Coverage Policy manual.

To view entire coverage policies, please refer to the Arkansas Blue Cross and Blue Shield website.

Policy ID#	Coverage Policy Name
1997018	Implantable, Subcutaneous, Extravascular, and Wearable (VEST) Cardioverter Defibrillators and Automated External Defibrillators (AED)
1997080	Neuromuscular Stimulation, Functional
1997113	Immune Globulin, Primary and Secondary Immunodeficiencies
1997126	Low Level Laser Therapy (LLLT) and High Intensity Laser Therapy
1997153	Iron Therapy, Parenteral
1997185	Tumor Markers, Urinary Bladder Cancer
1997195	Sleep Apnea Ventilation Support and Respiratory Assist Devices
1997216	Apheresis, Therapeutic (Plasma Exchange Transfusion)
1997229	Cardiac Event Recorder, External Loop or Continuous Recorder
1998109	Tisagenlecleucel (e.g., Kymriah)
1998118	Bariatric Surgery
1998137	Genetic Test: Alzheimer's Disease
1998144	Pulmonary Arterial Hypertension, Infusion and Selected Inhalation therapy
1998154	Electrical Stimulation, Transcutaneous Electrical Nerve Stimulator
1998158	Trastuzumab AND Trastuzumab and Hyaluronidase-oysk
1998161	Infliximab (e.g., Remicade and Unbranded Infliximab)
1999022	Percutaneous Revascularization Procedures for Lower Extremity, Abdominal Aortic & Visceral Arteries
2000009	Hematopoietic Stem Cell Transplantation (HSCT) for Multiple Myeloma and POEMS Syndrome
2000023	PET or PET/CT for Head and Neck Malignant Disease
2001004	Magnetic Resonance Imaging (MRI), Cardiac Applications

Policy ID#	Coverage Policy Name
2001009	Non-Implantable Insulin Infusion Devices, Hybrid Insulin Infusion Devices, and Continuous Glucose Monitoring Devices
2001011	Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors
2001015	Human Papilloma Virus Testing of Cervical Pap Smears
2002020	Virtual Colonoscopy/CT Colonography
2004024	PET or PET/CT for Thyroid Cancer
2004026	MRI-Guided Focused Ultrasound (MRgFUS) Ablation
2004034	Screening for Vertebral Fracture with Dual X-ray Absorptiometry (DEXA) or Biomechanical Computed Tomography
2004044	Genetic Test: Factor V Leiden
2004053	Circulating Tumor Cells and Cell-Free DNA in the Management of Patients with Cancer, Detection of
2005007	PET or PET/CT for Cervical Cancer
2005026	Electrostimulation and Electromagnetic Therapy for the Treatment of Wounds
2006020	Abatacept (e.g., Orencia)
2008013	Certified Nurse Midwives
2008025	Stem Cell Growth Factor, Romiplostim (e.g., Nplate)
2008027	Somatic Biomarker Testing (including Liquid Biopsy) for Targeted Treatment in Metastatic Colorectal Cancer (KRAS, NRAS, BRAF, and HER2)
2009001	Image Guided Radiation Therapy (IGRT)
2009004	Biomarker Testing for Alzheimer's Disease
2009044	Vagus Nerve Stimulation
2009047	Hormone Pellet Implantation for Hormone Therapy
2010005	Peripheral Nerve Stimulation
2010041	Hemodynamic Monitoring of Heart Failure, Management in the Outpatient Setting
2011016	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: BRCA TESTING; GENETIC COUNSELING AND EVALUATION
2011021	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: CERVICAL CANCER AND HUMAN PAPILLOMAVIRUS (HPV) SCREENING
2011043	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: DEPRESSION AND ANXIETY SCREENING, ADULTS
2011060	Biomarker, Auto-antibody, and Molecular Signature Testing for Monitoring Disease Activity in Rheumatoid Arthritis
2011066	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OVERVIEW
2011074	PET or PET/CT for Gastric and Hepatocellular and Biliary Tract Cancers
2011078	Microwave Ablation of Tumors
2012009	Skin and Soft Tissue Substitutes, Bio-Engineered Products (Including Prosthetic Material)
2012022	PET or PET/CT for Urological Cancers
2012027	PET Scan for Multiple Myeloma, Plasmacytoma
2012052	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension
2013005	Treatment of Sacroiliac Joint (SIJ) Pain
2013008	PET or PET/CT for Soft Tissue Sarcoma, including Gastrointestinal Stromal Tumor (GIST)
2013016	Genetic Test: Celiac Disease, HLA Typing (HLA-DQ)

Policy ID#	Coverage Policy Name
2013017	Fecal Microbiota Transplantation for the Treatment of Clostridioides Difficile
2013019	Laser Treatment of Onychomycosis
2013020	Genetic Test: Statin-Induced Myopathy (SLCO1B1)
2013024	Phototherapy for Vitiligo
2013026	Intraoperative Assessment of Tissue
2013031	Automated Whole Breast Ultrasound
2013032	Hereditary Angioedema (HAE) with deficient or dysfunctional C1 inhibitor (C1INH), Prophylaxis and Acute Treatment
2013033	Localization Devices for Nonpalpable Breast Lesions - Archived
2013034	Peroral Endoscopic Myotomy (POEM)
2013035	Genetic Test: Whole Exome and Whole Genome Sequencing
2013036	HDC & Autologous or Allogeneic Stem &/or Progenitor Cell Support- POEMS Syndrome- ARCHIVED 11/2024
2013037	Quantitative Electroencephalography as a Diagnostic Aid for Attention-Deficit/Hyperactivity Disorder, Cognitive Impairment, or Autism Spectrum Disorder
2013038	Galectin Measurement
2014001	Genetic Test: Analysis of MGMT Promoter Methylation in Malignant Gliomas
2014005	Antigen Leukocyte Antibody Test (ALCAT)
2014008	Infertility Services
2014013	Genetic Test: Li-Fraumeni Syndrome
2014014	Pertuzumab (e.g., Perjeta)
2014021	Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis (e.g., SureSwab, NuSwab)
2014024	Procalcitonin
2014026	Electric Breast Pump (Hospital Grade)
2015002	Genetic Test: Somatic Biomarker testing (including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Non-Small-Cell Lung Cancer (EGFR, ALK, BRAF, ROS1, RET, MET, KRAS, HER2, PD-L1, TMB)
2015003	Patient-Actuated Mechanical Devices (Range of Motion & Stretching Devices)
2015005	Genetic Test: Pharmacogenetic Testing for Pain Management
2015007	Laboratory Tests for Chronic Heart Failure and Organ Transplant Rejection
2015009	Genetic Test: Next-Generation Sequencing for Cancer Susceptibility Panels
2015013	Genetic Test: Fanconi Anemia
2015014	Amniotic Membrane and Amniotic Fluid Injections
2015024	Ablative Procedures for Benign Prostatic Hyperplasia (BPH) and Minimally Invasive Benign Prostatic Hyperplasia Treatments
2015025	Nutritional Panel Testing (NutrEval®, ONE FMV™)
2015026	Pasireotide (e.g., Signifor or Signifor LAR)
2015028	Testosterone Therapy
2015034	Telehealth
2015036	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: SCREENING FOR HYPERTENSIVE DISORDERS AND PREVENTION OF PREECLAMPSIA IN PREGNANCY
2016001	Multispectral Digital Skin Lesion Analysis (MSDSL) (e.g., MelaFind®)
2016004	Lab Test: Identification of Microorganisms Using Nucleic Acid Probes

Policy ID#	Coverage Policy Name
2016005	Anti-PD-1 (programmed death receptor-1) Therapy (e.g., Nivolumab) (e.g., Durvalumab) (e.g., Cemiplimab)
2016006	Confocal Laser Endomicroscopy
2016007	Noninvasive Imaging Technologies for Evaluation of Hepatic Fibrosis and Other Tissues (Elastography)
2016008	Thermal Ablation of Peripheral Nerves to Treat Pain Associated with Plantar Fasciitis, Knee Osteoarthritis, Sacroiliitis and Other Conditions
2016014	Genetic Test: Use of Common Genetic Variants (Single Nucleotide Polymorphisms) to Predict Risk of Nonfamilial Breast Cancer
2016016	Atezolizumab (e.g., Tecentriq®)
2016022	PET or PET/CT for Uterine Cancer
2017003	Ziv-aflibercept (e.g., Zaltrap)
2017004	Asfotase alfa (e.g. Strensiq®)
2017013	Elotuzumab (e.g., Empliciti™)
2017018	Sphenopalatine Ganglion and Occipital Nerve Injections for Headache
2017020	Pemetrexed (e.g., Alimta)
2017021	Ocrelizumab (e.g., Ocrevus) and Ocrelizumab with Hyaluronidase (e.g., Ocrevus Zunovo)
2017022	Cerliponase Alfa (e.g., Brineura™)
2017025	Etelcalcetide
2017032	Orthopedic Implants
2017036	Metreleptin (e.g., Myalept)
2018001	Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease
2018002	Chemodenervation, Botulinum Toxins
2018004	Letermovir (e.g., Prevymis)
2018005	Triamcinolone Acetonide Extended Release (e.g., Zilretta)
2018006	Lab Test: Serum Vitamin D Levels
2018010	Ablation of Soft Tissue (eg, Radiofrequency Coblation, Ultrasonic Ablation) for Musculoskeletal Conditions
2018012	PET or PET/CT for Bone Cancer
2018013	Lab Test: Fecal Calprotectin Testing
2018022	Testing for Oral and Esophageal Cancer
2018023	Levodopa-carbidopa Intestinal Gel (e.g., Duopa) for Treatment of Advanced Parkinson's Disease
2018026	Lab Test: Hepsin Biomarker Testing
2018028	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse
2018029	Continuous Local Anesthetic Infusion Pumps (Disposable Pain Pumps)
2018030	Site of Care or Site of Service Review
2019010	Esketamine (e.g., SPRAVATO)
2019012	Brexanolone (e.g., Zulresso)
2019013	Emapalumab-LZSG (e.g., Gamifant)
2020001	Adoptive Immunotherapy
2020003	Tafamidis (e.g., Vyndamax)
2020004	Teprotumumab-trbw (e.g., TEPEZZA)
2020005	Self-Administered Medication
2020007	Eptinezumab-jjmr (e.g., VYEPTI)

Policy ID#	Coverage Policy Name
2020008	Isatuximab-irfc (e.g., Sarclisa)
2020015	Fam-trastuzumab deruxtecan-nxki (e.g., Enhertu)
2020018	Digital Health Therapies for Substance Abuse
2020024	Belantamab mafodotin-blmf (e.g., Blenrep)
2020025	Dexamethasone intraocular suspension (e.g., DEXYCU)
2020030	Alglucosidase alfa (e.g., Lumizyme)
2021001	Lurbinectedin (e.g., Zepzelca)
2021004	PET or PET/CT for Cancer Surveillance and Other Oncologic Applications
2021005	Tafasitamab-cxix (e.g., Monjuvi)
2021006	Satralizumab-mwge (e.g., Enspryng™)-ARCHIVED
2021011	Eribulin mesylate (e.g., HALAVEN)
2021020	Polatuzumab Vedotin-piiq (e.g., Polivy)
2021024	White Blood Cell Growth Factors (Colony Stimulating Factors)
2021025	Margetuximab-cmkb (e.g., MARGENZA)
2021028	Ustekinumab (e.g., Stelara) and Biosimilars
2021034	Rituximab (e.g., Rituxan) and Biosimilars – Non-Oncologic Indications
2021038	Digital Health Therapies for Attention Deficit/Hyperactivity Disorder
2021040	Amivantamab-vmjw (e.g., Rybrevant)
2021041	Avalglucosidase alfa-ngpt (e.g., Nexviazyme)
2021046	Trilaciclib (e.g., Cosela)
2022001	Efgartigimod (e.g., Vyvgart)
2022002	Plasminogen (e.g., Ryplazim)
2022003	Cabotegravir ER (e.g., Apretude)
2022005	Non-Invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease
2022007	Maternal Serum Biomarkers for Prediction of Adverse Obstetric Outcomes
2022013	Medical Technology Assessment, Non-Covered Services
2022028	"
2022029	Bortezomib (e.g., Velcade)
2022030	Remote Electrical Neuromodulation for Migraines
2022035	Dry Hydrotherapy for Chronic Pain Conditions
2022036	Digital Health Technologies: Diagnostic Applications
2022039	Surgery for Morbid Obesity-Maryland Specific Policy
2022040	Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer
2022041	Pegcetacoplan (e.g., Empaveli)
2022042	Treatment of Hereditary Transthyretin-mediated Amyloidosis [Patisiran (e.g., Onpattro) and Vutrisiran (e.g., Amvuttra)]
2022045	Axillary Reverse Mapping for Prevention of Breast Cancer-Related Lymphedema
2022046	Betibeglogene autotemcel (e.g., Zynteglo)
2022048	Tildrakizumab-asmn (e.g., Ilumya)
2023001	Bariatric Surgery for ASE/PSE Contracts
2023002	Spesolimab-sbzo (e.g., Spevigo)
2023003	Temporarily Implanted Nitinol Device (iTind) for Benign Prostatic Hyperplasia
2023004	Digital Health Technologies: Therapeutic Applications

Policy ID#	Coverage Policy Name
2023005	Autism Spectrum Disorder in Adults, Applied Behavioral Analysis
2023007	Elivaldogene autotemcel (e.g., Skysona)
2023009	Sodium Thiosulfate (e.g., Pedmark)
2023010	Tremelimumab-actl (e.g., Imjudo)
2023016	Low-Dose Radiotherapy (LDRT) for Non-Oncologic Indications
2023031	Laboratory Testing Investigational Services
2023033	Retifanlimab-dlwr (e.g., Zynyz)
2023039	Delandistrogene moxeparvovec-rokl (e.g., Elevidys)
2023040	Powered Wheelchairs (PWC) and Standing Frames
2023042	Suture Button Suspensionplasty Fixation System for Thumb Carpometacarpal Osteoarthritis
2023045	Eculizumab (e.g., Soliris)
2023046	Nirsevimab-alip (e.g., Beyfortus)_ARCHIVED
2023047	Beremagene Geperpavec-svdt (e.g., Vyjuvek)
2023048	Treatment for Gaucher Disease: [Imiglucerase (e.g., Cerezyme), taliglucerase alfa (e.g., Elelyso), and velaglucerase alfa (e.g., Vpriv)]
2023050	Valoctocogene roxaparvovec-rvox (e.g., Roctavian)
2023051	Cipaglucosidase alfa-atga (e.g., Pombiliti)
2024001	Cervical Traction Devices for Home Use
2024004	Rozanolixizumab-noli (e.g., Rystiggo)
2024005	Genetic Testing for Heterozygous Familial Hypercholesterolemia
2024007	Talquetamab-tgvs (e.g., Talvey)
2024013	Exagamlogene autotemcel (e.g., Casgevy)
2024015	Toripalimab-tpzi (e.g., Loqtorzi)
2024023	Vitamin B12 and Methylmalonic Acid Testing
2024025	Helicobacter pylori Testing
2024026	Thyroid Disease Testing
2024027	Epithelial Cell Cytology in Breast Cancer Risk Assessment
2024028	In Vitro Chemoresistance and Chemosensitivity Assays
2024030	Prenatal Screening (Nongenetic)
2024031	Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing
2024035	Salivary Hormone Testing
2024036	Diagnostic Testing of Iron Homeostasis and Metabolism
2024038	Axicabtagene Ciloleucel (e.g., Yescarta)
2024044	Serum Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases
2024045	Evaluation of Dry Eyes
2024046	Pediatric Preventive Screening
2024048	Serum Testing for Evidence of Mild Traumatic Brain Injury
2024049	Pancreatic Enzyme Testing for Acute Pancreatitis
2024050	Folate Testing
2024051	General Inflammation Testing
2024052	Urine Culture Testing for Bacteria
2024053	Beta-Hemolytic Streptococcus Testing
2024054	Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing
2024055	Gamma-glutamyl Transferase Testing
2024056	Venous and Arterial Thrombosis Risk Testing

Policy ID#	Coverage Policy Name
2024057	Testing for Alpha-1 Antitrypsin Deficiency
2024058	Onychomycosis Testing
2024059	Flow Cytometry
2024063	Efgartigimod alfa and Hyaluronidase-qvfc (e.g., Vyvgart Hytrulo)
2024064	Immune Globulin, Autoimmune, Rheumatic and Neurologic indications
2024065	Immune Globulin- Hematologic, Transplant, Infectious Disease and Miscellaneous Indications
2024067	Fidanacogene elaparvovec-dzkt (e.g., Beqvez)
2024070	Tarlatamab-dlle (e.g., Imdelltra)
2024072	Nogapendekin alfa inbakicept-pmln (e.g., Anktiva)
2024073	Hereditary Angioedema (HAE) with normal C1 inhibitor levels, Prophylaxis and Acute Treatment
2024074	Factor X (e.g., Coagadex)
2024075	Factor XIII (e.g., Corifact, Tretten)
2024077	Donanemab (e.g., Kisunla)
2024078	Afamitresgene autoleucel (e.g., Tecelra)
2024079	New-To-Market Medical Benefit Medication
2024080	Imetelstat (e.g., Rytelo)
2024081	Goserelin (e.g., Zoladex)
2024082	Elapegademase-lvlr (e.g., Revcovi)
2024083	Genetic Test: Next-Generation Sequencing for the Assessment of Measurable Residual Disease
2025001	Crovalimab-akkz (e.g., PiaSky)

Payment Policy Manual Updates

The following policies have been added or updated in the Arkansas Blue Cross and Blue Shield's Payment Policy manual.

To view entire payment policies, please refer to the Arkansas Blue Cross Blue Shield website.

Payment Policy ID#	Payment Policy Name
000012	Pharmacist Medical Billing
000021	Advanced Practice Registered Nurse Services
000022	Physician Assistant Services

Metallic Formulary Changes Effective May 1, 2025

On Exchange, Off Exchange, Arkansas Works, Arkansas Blue Cross and Blue Shield small group, Health Advantage small group use the metallic formulary.

Drug Label Name	Change	Formulary Options
Corlanor	Not covered	generic ivabradine tab
Sprycel	Not covered	generic dasatinib tab

Drug Label Name	Change	Formulary Options
Tazorac Cream	Not covered	generic tazarotene cream
Victoza	Not covered	generic liraglutide injection

Standard Formulary Changes Effective April 1, 2025

Arkansas Blue Cross and Blue Shield large groups, Health Advantage large groups, and BlueAdvantage plans that have selected our prescription drug benefits use the standard formulary.

Product/Drug Label Name	Change	Formulary Options
Corlanor	Tier 2--> Tier 3	ivabradine
Sprycel	Not Covered	dasatinib, imatinib mesylate, BOSULIF



Federal Employee Program

Corrected Claim Guidance for the Federal Employee Program (FEHB) and Postal Service Health Benefits (PSHB) Plan

For Federal Employee Health Benefits (FEHB) Plan and Postal Service Health Benefits (PSHB) Plan, providers must file a new claim rather than a corrected claim for denied or rejected claims. Providers should submit a new claim as they would for a first-time submission. Please do not use the previous ICN or reference it when submitting a new claim.

Providers may submit a corrected claim only for paid claims that require corrections, such as adding additional information. The corrected claim process for FEHB and PSHB claims differs from other Arkansas Blue Cross Blue Shield lines of business.

Claims questions? Contact Custom Service. FEP 1-800-482-6655. FEHB 501-378-2531. PSHB 1-855-493-3302.

Federal Employee Health Benefit Plan (FEHB) and Postal Service Health Benefit Plan (PSHB) Member Reconsideration and Provider Appeals Fax Number

Effective immediately, please fax or email all FEHB and PSHB member reconsiderations and provider appeals (preservice urgent appeals, preservice standard appeals and post service appeals) to the fax number or email address below.

FEHB/PSHB Member Reconciliation and Provider Appeals Fax Number 501-210-7042.

fepmemberandproviderappeals@arkbluecross.com

HEDIS Quality Improvement Strategy

Blue Cross Blue Shield Association (BCBSA) has placed a heightened priority on improving FEP HEDIS Quality scores in 2025. BCBSA announced the kickoff of a new collaborative effort for Federal Employee Health Benefit (FEHB) and Postal Service Health Benefit (PSHB) plans to focus on the top 5 Quality measures where Federal Government's Office of Personnel Management has issued a corrective action plan which include:

- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)
- Controlling High Blood Pressure (CBP)

- Glycemic Status Assessment for Patients with Diabetes (GSD)
- Emergency Department Use (EDU)
- Use of Imaging Studies for Low Back Pain (LBP)

These five key measures have scored low for the past several years for our members, and improvement is needed to improve the quality of care and health outcomes for FEHB and PSHB Members.

Arkansas Blue Cross Blue Shield would like the assistance of our providers to improve the HEDIS Targeted Measures. In addition, we will be reaching out to providers for their support even more on the measures. Our ABCBS Plan is being held responsible and accountable for improvement in the FEP HEDIS QCR scores.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Why is AAB important? Research on antibiotics and acute bronchitis concludes that antibiotics reduce coughing slightly but may cause side effects and contribute to antibiotic resistance. At least 30% of antibiotic courses prescribed in an outpatient setting are not needed, meaning antibiotics did not improve the outcome. Most of these medically unnecessary antibiotics are for acute respiratory conditions, such as bronchitis, colds, and sore throats caused by viruses.

https://www.arkansasbluecross.com/docs/librariesprovider9/providers/hedis/fep/antibiotic-use-in-acute-bronchitis.pdf?sfvrsn=b0915afd_3

Controlling Blood Pressure (CBP)

Controlling blood pressure is important because it can help prevent or delay serious health problems, including heart attack, stroke, and kidney disease.

Key reasons why controlling blood pressure is important:

- Prevents heart attack and stroke: Uncontrolled blood pressure is a leading cause of heart attacks and stroke.
- Prevents kidney disease: High blood pressure can damage blood vessels, which can lead to kidney disease.
- Prevents dementia: Lowering blood pressure can reduce the risk of memory loss and dementia.
- Prevents poor birth outcomes: High blood pressure can put a mother and baby at risk for problems during pregnancy.

https://www.arkansasbluecross.com/docs/librariesprovider9/providers/hedis/fep/hedis-controlling-blood-pressure-.pdf?sfvrsn=d8915afd_5

Emergency Department Utilization (EDU)

Proper Emergency Department utilization is important because it ensures that the ER is used for its intended purpose - treating true medical emergencies - which prevents unnecessary strain on the healthcare system, reduces costs, minimizes wait times for patients with urgent needs, and ultimately leads to better patient outcomes by prioritizing care for those who require immediate medical attention.

Key reasons why proper ED utilization matters:

- Cost-effectiveness: Unnecessary ER visits are expensive and consume resources that could be used for more critical patients.

- Access to care for emergencies: When the ER is not overloaded with non-urgent cases, it can effectively treat patients with life-threatening conditions promptly.
- Improved patient experience: Shorter wait times and efficient care delivery in the ER lead to a better patient experience.
- Efficient resource allocation: By utilizing alternative care options for non-emergent issues, healthcare providers can better manage their staff and facilities.
- Quality of care: Appropriate ED utilization allows healthcare professionals to focus on providing the necessary level of care for truly emergent situations.

[https://www.arkansasbluecross.com/docs/librariesprovider9/providers/hedis/fep/emergency-department-utilization-\(edu\)-_abcbs25-508-1.pdf?sfvrsn=20d552fd_3](https://www.arkansasbluecross.com/docs/librariesprovider9/providers/hedis/fep/emergency-department-utilization-(edu)-_abcbs25-508-1.pdf?sfvrsn=20d552fd_3)

Glycemic Status Assessment for Patients with Diabetes (GSD)

A Glycemic Status Assessment for Patients With Diabetes (GSD) is important because it allows healthcare providers to monitor and evaluate how well a diabetic patient is managing their blood sugar levels, which is crucial for preventing serious complications like vision loss, kidney damage, heart disease, and nerve damage associated with poorly controlled diabetes; by identifying patients with poorly controlled blood sugar, healthcare providers can intervene with necessary treatment adjustments to optimize their health outcomes.

Key reasons why glycemic status assessment for patients with diabetes is important:

- Measures blood sugar control: Primarily uses the HbA1c test, which provides an average blood sugar level over the past few months, giving a more comprehensive picture of glycemic control than a single blood sugar reading.
- Early detection of complications: By regularly assessing glycemic status, healthcare providers can identify patients at risk for complications early on and take preventative measures.
- Treatment optimization: GSD results help inform treatment decisions, allowing clinicians to adjust medication dosages or lifestyle recommendations as needed to achieve optimal blood sugar control.
- Quality metric: GSD is often used as a quality measure in healthcare systems, tracking the percentage of diabetic patients with well-managed blood sugar levels.

https://www.arkansasbluecross.com/docs/librariesprovider9/providers/hedis/fep/glycemic-status-assessment-for-patients-with-diabetes.pdf?sfvrsn=cdf65afd_6

Use of Imaging Studies for Low Back Pain (LBP)

Routine imaging (X-ray, MRI, CT scan) for low back pain does not always improve outcomes and could expose an individual to unneeded harms like radiation.

It is critical to reduce imaging when there are no red flags so treatments that are not effective, and that may result in extra costs, are kept to a minimum.

https://www.arkansasbluecross.com/docs/librariesprovider9/providers/hedis/fep/fep-kx-modifier-guidelines-imaging-studies-for-lbp.pdf?sfvrsn=8a6859fd_3



ARHOME & ACA members

2025 Affordable Care Act (ACA) Prefixes

The table below offers a glance of the Arkansas Blue Cross and Blue Shield On/Off Exchange, Health Advantage On/Off Exchange & Octave On/Off Exchange member's medical and prescription card information.

This resource can help locate the alpha prefix, plan name, and network delivery to verify if any out of area benefits are available. For questions contact Exchange Customer Service at 800-800-4298.

Prefix	Plan Names	Network/Delivery	Eff Date
Arkansas Blue Cross and Blue Shield Off-Exchange			
AXC	Gold Standardized, Silver AH, Silver Value, Silver Standardized, Bronze Value, Bronze Exp Standardized	PPO - no out of area benefits	1/1/2018
Arkansas Blue Cross and Blue Shield Off-Exchange – Pharmacy Filing			
RxBin: 004336 RxPCN: ADV RxGRP: RX3961			
Arkansas Blue Cross and Blue Shield On-Exchange			
EXX	Gold Standardized, Silver AH, Silver Value, Silver Standardized, Bronze Value, Bronze Exp Standardized	PPO - no out of area benefits	1/1/2018
Arkansas Blue Cross and Blue Shield On-Exchange – Pharmacy Filing			
RxBin: 004336 RxPCN: ADV RxGRP: RX3956			
Prefix	Plan Names	Network/Delivery	Eff Date
Health Advantage Off-Exchange			
GXH	Gold Standardized, Silver AH, Silver Standardized, Bronze Exp Standardized	HMO/POS Open Access - No out-of-area benefits	1/1/2021
HOG	Silver Premier Suitcase, Bronze Suitcase	HMO/POS Open Access - BlueCard with out-of-area benefits	1/1/2021
Health Advantage On-Exchange			
SXA	Gold Standardized, Silver AH, Silver Standardized, Bronze Exp Standardized	HMO/POS Open Access - No out-of-area benefits	1/1/2021
EXA	Silver Premier Suitcase, Bronze Suitcase	HMO/POS Open Access - BlueCard with out-of-area benefits	1/1/2021
Health Advantage Exchange – Pharmacy Filing			
RxBin: 004336 RxPCN: ADV RxGRP: RX3951			
Prefix	Plan Names	Network/Delivery	Eff Date
Octave Off-Exchange			
OCS	Gold Standardized, Silver AH, Silver Standardized, Bronze Exp Standardized, Bronze Value	HMO/POS Open Access - no out of area benefits	1/1/2024
BOO	Silver Classic Suitcase	HMO/POS Open Access - BlueCard with out-of-area benefits	1/1/2025
Octave On-Exchange			
OOS	Gold Standardized, Silver AH, Silver Standardized, Bronze Exp Standardized, Bronze Value	HMO/POS Open Access - no out of area benefits	1/1/2024
GOE	Silver Classic Suitcase	HMO/POS Open Access - BlueCard with out-of-area benefits	1/1/2025
Octave Exchange – Pharmacy Filing			
RxBin: 004336 RxPCN: ADV RxGRP: RX3970			
  			

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2025 Preventive Health Visits – Information You Asked For! Spring Webinar

The Spring webinar will cover topics and questions most often asked by healthcare providers. Multiple date and time options are available. We encourage all in-network healthcare providers and their staff, both clinical and administrative to attend. Please see attached flier for details and registration links, as well as contact information for additional questions and hand-outs.

Preventive Health Visits

Information You Asked For! ••

We invite in-network healthcare providers and their staff, both clinical and administrative.

Please join us for a live webinar where we discuss Preventive Health Visits covering questions most often asked:

- When to see your patients for a preventive health visit
- What a PHV includes
 - Type of exam required
 - Documentation required
 - Screenings
 - Immunizations
 - Vaccinations
- What to do if a patient comes in for a PHV and you discover an illness or condition that needs to be addressed now.
- How to address Chronic Conditions in a PHV
- Preventive health screening vs diagnostic testing
- Patient roll in a PHV
- CPT codes that apply
- ICD-10 codes that apply

Registration Links:

Register via link for the date(s) you would like to attend. Registration is required

DATES AND TIMES:

April 8 11:30 am - 12:30 pm	April 10 7:00 - 8:00 am	April 15 11:30 am - 12:30 pm	April 17 7:00 - 8:00 am
April 22 11:30 am - 12:30 pm	April 24 7:00 - 8:00 am	April 29 11:30 am - 12:30 pm	

Additional dates and times upon request.

 **Arkansas BlueCross BlueShield**
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For more information or to receive PHV quick reference handouts contact:
Kim Hahn, CPC, CDEO, CRC Risk Adjustment Provider Engagement Specialist
kmhahn@arkbluecross.com



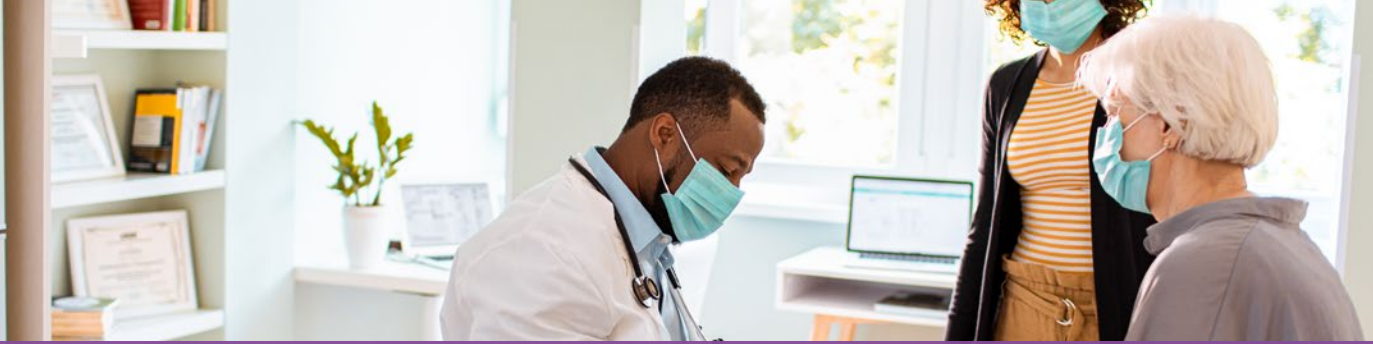
HIPAA and HITECH Reminders

As a Qualified Health Plan participating in the Federal Facilitated Marketplace (FFM) this is Arkansas Blue Cross and Blue Shield's reminder to all network participating providers that they must be compliant with their applicable sections of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economics and Clinical Health (HITECH) to be in our provider networks.

Please be aware that:

- 1) Providers must comply with applicable interoperability standards and demonstrate meaningful use of health information technology in accordance with the HITECH Act; and
- 2) Subcontractors, large providers, providers, vendors, and other entities required by HIPAA to maintain a notice of privacy practices, must post such notices prominently at the point where an Exchange enrollee enters the website or web portal of such subcontractors, large providers, providers and/ or vendors.

For more detailed information, please visit: <https://www.hhs.gov/hipaa/for-professionals/index.html>



Medicare Advantage

CMS Requirement for Provider Certification on National Plan and Provider Enumeration System (NPPES)

The Centers for Medicare and Medicaid Services (CMS) has issued reminders to all provider types to update and certify the accuracy of the National Provider Identifier (NPI) data and provider demographic information maintained on the National Plan and Provider Enumeration System (NPPES). Providers are legally required to maintain the accuracy of this data to not only validate their demographic information, but to reduce the number of verification outreaches to providers by Arkansas Blue Cross and Blue Shield. CMS will continue to monitor and audit the Arkansas Blue Cross and Health Advantage provider directories to enforce action and compliance with the data maintained on the NPPES website. Arkansas Blue Cross will continue to issue quarterly provider demographic verification forms by mail to validate, correct, sign, date and return to Arkansas Blue Cross Provider Network Operations via providernetwork@arkansasbluecross.com.

Using NPPES as a centralized primary data resource will allow Arkansas Blue Cross and Health Advantage to provide reliable information to our commercial and Medicare Advantage members. As of January 1, 2020, NPPES allows providers to log in and attest to the accuracy of the data. This attestation will be reflected and recorded with a certification date that CMS will publish. The core elements maintained on NPPES are:

- Provider Name
- Provider Specialty
- Provider Address(es) – Multiple addresses are allowed to list all active practice locations at which members can be seen.
- Provider Telephone and Fax Number(s)
- National Provider Identifier (NPI)
- Provider Status (Active or Inactive)
- Other Identifiers – i.e., Medicare and Medicaid IDs
- Taxonomy

The NPPES website can be found at NPPES (hhs.gov). If you have any questions pertaining to NPPES, you may reference [NPPES help](#).

CMS References: 45 CFR §162.410(a); [Data Dissemination | CMS](#)

Reminder on Billing Qualified Medicare Beneficiaries

Medicare providers are prohibited by federal law from billing qualified Medicare beneficiaries for Medicare deductibles, copayments, or coinsurance. Providers should accept Medicare and Medicaid payments received for billed services as payment in full. Dual-eligible members classified as qualified Medicare beneficiaries (QMBs) are covered under this rule.

QMBs who are enrolled in any Medicare Advantage plan to administer their Medicare benefits would have Medicare Advantage as their primary coverage and Medicaid as their secondary coverage. Payments are considered accepted in full even if the provider does not accept Medicaid. Please know that you as a provider are subject to sanctions if billing a QMB patient for amounts not paid by any Medicare Advantage plan and Medicaid.

Additional information about dual-eligible coverage is available under the Medicare Learning Network at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf.