

**PROVIDER NOTIFICATION OF POLICY CRITERIA
CHANGE**

POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Transpupillary Thermotherapy for Treatment of Choroidal Neovascularization	2003036	Policy will be archived effective July 15, 2026.	No	7/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2003036
Antiprothrombin Antibody	2003047	Policy will be archived effective July 15, 2026.	No	7/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2003047