September 2026

PROVIDERS' NEWS

Published for providers and their office staffs by Arkansas Blue Cross and Blue Shield*

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Labor Day
Monday, September 7

Arkansas
BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

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To receive Providers' News via email, please submit a request to providersnews@arkbluecross.com

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PROVIDERS' NEWS

Thank you for taking the time to review the September 2026 edition of Arkansas Blue Cross and Blue Shield's Providers' News. This publication provides important updates regarding payment processes, payment policies, and operational guidance. Please review the information applicable to your facility or practice. We appreciate your ongoing commitment to delivering quality care to your patients and serving our members.

What's inside?

Arkansas Blue Cross and Blue Shield

2027 Open Enrollment – Please use Availity

The 2027 Open Enrollment period begins October 1, 2026, and will continue through January 15, 2027. The enrollment of many new members and renewal of current members produces extremely high call volumes, which are expected to remain elevated through January 31, 2027.

Arkansas Blue Cross and Blue Shield strongly encourage provider offices and facilities to use the ABCBS website for the following:

- **Availity** – Availity provides the same information available to our customer service representatives and saves valuable time. Use Availity to check eligibility, review benefits, confirm claim status, and submit authorization requests. Availity also provides benefit details helpful for scheduling appointments and verifying coverage.
- **Carelon Provider Portal** to request a prior authorization for imaging and high-tech radiology.

August 1, 2026, Payment Policy Criteria Change

Notice of Material Amendment

Payment Policy #AR_PC_000016, Incident to Services: Physical Therapist Assistants (PTAs) and Certified Occupational Therapy Assistants (COTAs), has been updated to clarify the services subject to this policy.

This revision clarifies the existing application of the policy and does not represent a change in policy intent.

To provide additional clarity, the policy language under the policy section has been revised. The previous statement, "This policy applies to professional claims only," has been updated to state:

> "This policy applies to professional services, including Home Health Services billed on a UB-04 claim form or an 837I electronic claim transaction."

The intent of the policy has always been to apply to all outpatient PTA and COTA professional services, including home health services. However, Arkansas Blue Cross and Blue Shield identified some variation in the application of the policy for home health services billed on a UB-04 claim form or an 837I electronic claim transaction across certain lines of business.

Effective November 1, 2026, covered "incident to" services rendered in accordance with this policy, including services billed on a UB-04 claim form or an 837I electronic claim transaction, will be reimbursed across all lines of business at 85% of the calculated PT/OT allowable amount.

This amendment clarifies existing reimbursement methodology and supports correct application of the policy across all lines of business.

August 1, 2026, Policy Criteria Change

Notice of Material Amendment

POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDEMENT	EFFECTIVE DATE	LINK TO FULL POLICY
RTM_Prenatal Screening (Nongenetic)	2024030	Coverage criteria revised. A. Nongenetic prenatal screening meets member benefit certificate **Primary Coverage Criteria** that there be scientific evidence of effectiveness in improving health outcomes or for members with contracts **without Primary Coverage Criteria**, is considered **Medically Necessary** and is covered, for the following tests for **all** pregnant individuals: 1. Determination of blood type, Rh(D) status, and antibody status during the first prenatal visit, and repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative individuals at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative. 2. Screening for anemia with a CBC or hemoglobin and hematocrit with mean corpuscular volume; 3. Screening for Group B streptococcal disease (once per pregnancy; recommended during gestational weeks 36-37). 4. Rubella antibody testing 5. Testing for varicella immunity C. For individuals who are pregnant with singleton or twin pregnancies and who are presenting in the ambulatory setting with signs or symptoms of preterm labor, a fetal fibronectin (FFN) assay meets member benefit certificate **Primary Coverage Criteria** that there be scientific evidence of effectiveness in improving health outcomes or for members with contracts without Primary Coverage Criteria, is considered Medically Necessary and is covered. **Does Not Meet Primary Coverage Criteria Or Is**	Yes	11/01/2026	https://secure.arkansasbluec ross.com/members/report.aspx?policyNumber=2024030

POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDEMENT	EFFECTIVE DATE	LINK TO FULL POLICY
		Investigational Not Covered For Contracts Without Primary Coverage Criteria Nongenetic prenatal screening for any indication or circumstance not described above, does not meet member benefit certificate **Primary Coverage Criteria** that there be scientific evidence of effectiveness in improving health outcomes and is not covered, including the following: 1. Human chorionic gonadotropin (hCG) hormone testing for individuals with a normal pregnancy without complications; **OR** 2. Testing of salivary hormone levels to assess risk of preterm labor. For members with contracts **without Primary Coverage Criteria**, nongenetic prenatal screening for any indication or circumstance not described above, including the following tests, is considered **not Medically Necessary** or is **investigational** and is not covered. **Investigational** services are specific contract exclusions in most member benefit certificates of coverage. 1. Human chorionic gonadotropin (hCG) hormone testing for individuals with a normal pregnancy without complications; **OR** 2. Testing of salivary hormone levels to assess risk of preterm labor. Codes removed: 81001, 81002, 81003, 81007, 81015, 82677, 82947, 82950, 82951, 82962, 83036, 86480, 86580, 86592, 86593, 86631, 86632, 86704, 86706, 86780, 86803, 86804, 87077, 87081, 87086, 87088, 87110, 87270, 87320, 87340, 87341, 87389, 87490, 87491, 87494, 87590, 87591, 87800, 87810, 87850, G0472			

POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDEMENT	EFFECTIVE DATE	LINK TO FULL POLICY
RTM_General Inflammation Testing	2024051	Coverage criteria revised. Measurement of C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR) for the conditions specified below meets member benefit certificate primary coverage criteria that there be scientific evidence of effectiveness in improving health outcomes. Coverage of CRP, ESR; CRP or ESR, or both CR and ESR is designated based on the diagnosis or suspected inflammatory condition. Either conventional or high-sensitivity CRP testing are allowed methods of testing for CRP levels. **Note:** When either CRP or ESR are allowed, CRP is the preferred biomarker. If CRP and ESR are ordered at the same time for a condition where CRP or ESR are allowed, CRP is the preferred biomarker. ▪ **Acute and Chronic Urticaria** **Test Coverage:** CRP or ESR **Frequency of Testing**: Not specified (NS) ▪ **Acute Hematogenous Osteomyelitis (AHO)** **Test Coverage:** CRP ▪ **Frequency of Testing:** To confirm diagnosis; 2-3 days during the early therapeutic course; weekly until normalization (or a clear trend toward normalization is evident) ▪ **Acute Phase Inflammation** **Test Coverage:** CRP **Frequency of Testing:** Not Specified ▪ **Ankylosing Spondylitis** **Test Coverage:** CRP or ESR **Frequency of Testing:** Regular interval use in patients with active symptoms ▪ **Arthritis** **Test Coverage:** CRP and ESR **Frequency of Testing:** 1-3 months initially; 6-12 months later	Yes	11/01/2026	https://secure.arkansasbluec ross.com/members/report.aspx?policyNumber=2024051

POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDEMENT	EFFECTIVE DATE	LINK TO FULL POLICY
		▪ **Castleman's Disease Test Coverage:** CRP **Frequency of Testing:** Not Specified ▪ **General Inflammation Test Coverage:** CRP **Frequency of Testing:** Not Specified ▪ **Hodgkin Lymphoma Test Coverage:** ESR **Frequency of Testing: E**very 3-6 months for 1-2 years; every 6-12 months for the next 3 years; annually thereafter ▪ **Irritable Bowel Syndrome Test Coverage: CRP and ESR** **Frequency of Testing:** During initial assessment to exclude other diagnoses (e.g., inflammatory bowel disease). ▪ **Large Vessel Vasculitis (Giant Cell Arteritis, Takayasu Arteritis)** **Test Coverage:** CRP and ESR **Frequency of Testing:** To confirm diagnosis; every 1-3 months during the first year; every 3-6 months thereafter ▪ **Multisystem Inflammatory Syndrome in Children (MIS-C)** **Test Coverage:** CRP **Frequency of Testing:** To establish diagnosis; ▪ **Nonradiographic Axial Spondyloarthritis** **Test Coverage:** CRP or ESR **Frequency of Testing:** Regular interval use in patients with active symptoms ▪ **Pediatric Chronic Nonbacterial Osteomyelitis (CNO)** **Test Coverage:** CRP and ESR **Frequency of Testing:** To confirm diagnosis for individuals meeting ALL the following criteria: - Bone pain and/or musculoskeletal functional limitation for six or more weeks - Onset before 18 years of age - Abnormal radiograph or advanced imaging (MRI, CT, bone scintigraphy at nonarthritic bone sites) findings			

POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDEMENT	EFFECTIVE DATE	LINK TO FULL POLICY
		▪ **Periprosthetic Joint Infections (PJI)** **Test Coverage:** CRP and ESR **Frequency of Testing:** Not Specified ▪ **Polymyalgia Rheumatica** **Test Coverage:** CRP or ESR **Frequency of Testing:** At initial diagnosis; every 3 months during long-term steroid therapy ▪ **Rheumatoid Arthritis** **Test Coverage:** CRP or ESR **Frequency of Testing:** Prior to treatment; every 1-3 months during active disease; annually when disease is inactive. ▪ **Systemic Lupus Erythematosus** **Test Coverage:** CRP or ESR **Frequency of Testing:** At initial assessment; every 1-3 months during active disease; every 6-12 months during stable disease; during pregnancy ▪ **T-Cell Lymphomas** **Test Coverage:** CRP and ESR **Frequency of Testing:** Not Specified **Does Not Meet Primary Coverage Criteria Or Is Not Covered For Contracts Without Primary Coverage Criteria** Measurement of C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR) for inflammatory conditions not specified above does not meet member benefit certificate primary coverage criteria that there be scientific evidence of effectiveness in improving health outcomes and is not covered.			

POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDEMENT	EFFECTIVE DATE	LINK TO FULL POLICY
		For members with contracts without primary coverage criteria, measurement of C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR) for inflammatory conditions not specified above is considered **investigational** and is not covered. **Investigational** services are specific contract exclusions in most member benefit certificates of coverage. For individuals without a diagnosed or suspected inflammatory condition, measurement of ESR does not meet member benefit certificate primary coverage criteria that there be scientific evidence of effectiveness in improving health outcomes and is not covered. For members with contracts without primary coverage criteria, for individuals without a diagnosed or suspected inflammatory condition, measurement of ESR is considered **investigational** and is not covered. **Investigational** services are specific contract exclusions in most member benefit certificates of coverage. Measurement of C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR) during general exam without abnormal findings does not meet member benefit certificate primary coverage criteria that there be scientific evidence of effectiveness in improving health outcomes and is not covered. For members with contracts without primary coverage criteria, measurement of C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR) during general exam without abnormal findings is considered **investigational** and is not covered. **Investigational** services are specific contract exclusions in most member benefit certificates of coverage.			
RTM_Testing for Alpha-1 Antitrypsin Deficiency	2024057	No change in coverage criteria. Codes removed: 82542, 83789	Yes	11/01/2026	https://secure.arkansasbluecro ss.com/members/report.aspx?policyNumber=2024057

Blueprint Portal Digital ID Cards: A Convenient Solution for Members

When a member arrives without their ID card, providers can now direct them to the Blueprint Portal mobile app for quick access to their digital member ID card. Printable provider flyers are available through Provider Network Operations or your Network Development Rep. and include a QR code that automatically directs members to the appropriate app download page based on their device.

Using Blueprint Portal allows members to view, download, share, or save their ID cards directly from their mobile device, helping reduce delays during office visits. This resource can also help minimize calls to Customer Service when member identification information cannot be accessed through other channels.

The flyers are designed for display in your office and other member-facing locations, making it easier for members to access their coverage information whenever they need it. With upcoming member transitions later this year, this tool provides an additional convenient option for members who may not have their physical ID card available.

Introducing Tapestry Link: A New Utilization Management Portal

Beginning on **November 1, 2026**, the Arkansas Blue Cross and Blue Shield family of health plans and plan administrators (Arkansas Blue Cross and Blue Shield, Arkansas Blue Medicare, BlueAdvantage Administrators of Arkansas, the Federal Employee Program, Health Advantage, Octave Blue Cross and Blue Shield and Skai Blue Cross and Blue Shield) will transition from **Availity** to **Tapestry Link** – an Epic Systems Corporation platform – as our new utilization management portal. This change is part of our continued integration with the Epic electronic health records (EHR) system, **streamlining processes and improving access to patient information**.

However, the user account provisioning and login experience will not change. You will continue to log in to Availity and access Tapestry Link directly through a single sign-on (SSO) within the Availity portal. You must have pop-ups enabled to access the authorization workflow after October 31, 2026.

What is Tapestry Link?

Tapestry Link for prior authorization

Tapestry Link is an online portal that will allow you to electronically:

- **Submit** prior authorization requests
- Centrally **track the status** of those requests
- Respond to **requests for additional information**
- **Receive notifications** when authorization decisions are made

Additionally, you can now electronically submit:

- **Network exception** requests

- **Benefit exception** requests
- **Organizational determinations**

Tapestry Link also enables limited access to **patient data** and **authorization letters**. Access is limited to patient and authorization information relevant to your organization and the patients you are treating.

Tapestry Link for appeals

As an added benefit, this introduces a new **electronic appeals process**. This does not replace the existing manual process but provides a faster, more streamlined submission option, making it easier to **submit** and **manage appeals**.

What about historical submissions?

Within Tapestry Link, you will have access to **one year's worth** of authorization information for previously submitted requests, regardless of the initial submission method.

What isn't changing?

- For providers using Availity, your **login experience** will not change. Once you are logged in to Availity, you will be automatically redirected to Tapestry Link for prior authorization or appeals requests by accessing one of two workflows. **Please note, you must have pop-ups enabled for this to work**.
  - For **prior authorizations**, navigate to the Authorization Request workflow.
  - For **appeals**, select the link under Resources > Pre-service Authorization Status/Dispute Management in either the Arkansas Blue Cross or Skai Blue payer space.
- For requests where Arkansas Blue Cross is the **host plan (Blue Card members)** — delivering the benefits of another Blue Cross and Blue Shield plan's arrangements with its local providers — the process will not change. All **host plan (Blue Card members) requests** will **continue** to be submitted through **Availity**. For support with this process, contact Availity at **800-282-4548**. Availity's hours are Monday-Friday, 7 a.m. to 7 p.m. CST.
- The current authorization process for **behavioral health, imaging,** or **oncology** will not change. You will continue to use Lucet, Carelon, or eviCore as you do today.
- Other existing processes and parameters that will not change include:
  - Utilization Management review criteria
  - Authorization requirements
  - Reconsiderations
  - Escalations
  - Peer-to-peer review
  - Utilization Management notifications *(However, you will also now be able to receive notifications directly in Tapestry Link.)*

What if I'm not using Availity?

If you do not currently use Availity, you can register for an account by visiting www.availity.com and selecting "Get Started" in the upper right-hand corner of the screen. For registration questions, contact Availity at **800-282-4548**. Availity's hours are Monday-Friday, 7 a.m. to 7 p.m. CST.

What if I don't have Epic as my EHR?

Tapestry Link will be available to **all providers (in- and out-of-state)** submitting medical prior authorizations, regardless of whether you currently use Epic as your EHR.

Training materials

Ahead of the transition, we will provide training materials and host webinars to introduce the new process in Tapestry Link. Webinar dates to be announced.

Thank you for your cooperation and collaboration as we continue to enhance processes that improve operational efficiencies.

Inpatient Hospital Stay

Effective October 1, 2026, Arkansas Blue Cross Blue Shield will follow CMS in using the new 2027 DRG Weights.

Please note that the contract effective at the time of discharge will dictate the rate for inpatient claims.

Partnering for Better Care: Unlocking the Value of Pharmacist-Delivered Services

As students head back to school, flu season quickly follows. With increased exposure to flu and other communicable diseases in classrooms and communities, now is the time to ask: are your patients ready? Proactive steps like vaccinations and prevention strategies can help keep patients healthy.

To improve timely access to health care, especially in areas with limited primary care resources, ABCBS now allows credentialed pharmacists to deliver and bill for an expanded set of preventative and test-and-treat services under the medical benefit. These services can reduce barriers to care, strengthen the relationship between primary care clinics and pharmacists, and help prevent unnecessary emergency room or urgent care visits. Pharmacists are highly accessible healthcare providers, offering convenient, one-stop and same-day care for members.

Credentialed pharmacists can provide the following services:

- Test and treat for COVID 19, strep, and flu
- Oral contraceptive prescription for individuals 18 years of age and older
- Tobacco cessation prescription
- Naloxone (Narcan) nasal spray prescription (in case of accidental opioid overdose)
- Test for HIV and prescription of preventive medications for pre-exposure or post-exposure for negative test results
- Hemoglobin A1C testing (for diabetes or antipsychotic medication monitoring)

Protocols for pharmacist-delivered services have been created jointly by the state's Board of Pharmacy and Board of Medicine. Some protocols mandate that the pharmacist refers to a primary care provider, such as the protocol for initiation of contraceptive services to see a primary care provider within 6 months if a member has not seen one recently. Data shows that new relationships with primary care providers have been established after a referral from a pharmacist.

Why Provider Support Matters

Pharmacists are an integral part of the care team, helping connect patients back to primary care, extending reach, and enabling you to focus on those with the most complex needs. Their services are designed to complement—not replace—provider care by serving as an extension of your clinical team. This model supports higher-quality care without negatively affecting reimbursement.

Recommendation of pharmacist-delivered services to your patients can help:

- Improve timely access
- Reduce avoidable ER/urgent care use
- Strengthen follow-up and primary care linkage
- Improve access in care desert areas

How Providers Can Help

Here's how you can help advance this important initiative and improve access to care:

- Discuss the pharmacist-delivered services with patients who struggle to get timely appointments or live far from care.
- Encourage members to connect with credentialed pharmacists in their community. Members can locate an in-network pharmacist by using the provider finder on our **website**.
- Reinforce pharmacists as a trusted part of the care team, with services covered under the medical benefit.

By partnering together, providers and pharmacists can expand access to convenient, high-quality care while reinforcing strong connections to primary care. This collaborative model helps ensure patients receive timely services and appropriate follow-up, ultimately improving health outcomes. Together, we can better serve patients where they are and deliver more coordinated, effective care.

Solicitated Attachments Request

Solicited attachments request are sent electronically from Arkansas Blue Cross Blue Shield (and Skai BlueCross Blue Shield) to providers requesting medical records related to a specific claim. Solicited attachments can be found in the Attachment Dashboard and the Digital Correspondence Hub Inbox. The process of submitting records using the Attachment Dashboard remains the same. Providers can now view additional letters by using the Digital Correspondence Inbox Hub.

How to respond:

For requests received through the Attachments Dashboard:

- Select the Inbox tab. Select a request, upload file(s) and submit.

For requests received through the Digital Correspondence Inbox Hub:

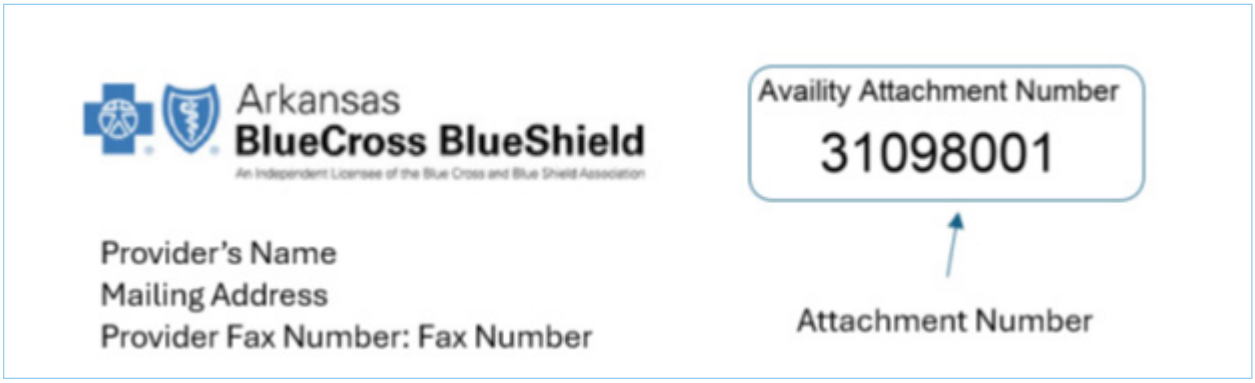
Select the Digital Correspondence Hub Inbox, select Claim Letter as the Correspondence Type.

Select the ⋮ icon and "View Details" to view Medical Record Request letter.

- **Fax:**
  Download and print barcoded letter. Return using the barcoded sheet as the cover page to the fax number listed on the letter. Include requested information and any related correspondence for the patient.
- **Electronically:**

From the Attachments Dashboard, select Send Attachment dropdown and select Medical Attachment. Enter provider's information including NPI from the claim and member/patient information.

In the attachment field, enter the Availity Attachment Number, located at the top of the barcoded letter, add medical records requested in the barcoded letter and click the "Send Attachments" button.



Upcoming Change to Elective Procedure Authorization with Inpatient Admission Review Requirements

Notice of Material Amendment

As part of our ongoing efforts to streamline utilization management processes and ensure inpatient admissions are evaluated based on the member's clinical condition and medical necessity at the time services are rendered, Arkansas Blue Cross and Blue Shield is updating the review process for elective procedures that may result in inpatient admission.

What's Changing?

Effective November 1, 2026, Arkansas Blue Cross and Blue Shield will no longer review or authorize inpatient level of care as part of the prior authorization process for elective procedures.*

Continue to obtain prior authorization for elective procedures when required by the member's benefit plan. Authorization decisions will apply only to the requested procedure and will not include a determination regarding inpatient level of care.

This approach is similar to a process implemented by other Blue plans where elective procedures continue to be authorized while inpatient status is evaluated separately based on the member's clinical condition and supporting documentation following the procedure. Separating procedure authorization from the inpatient level of care review will provide greater clarity when inpatient care is not approved because observation or outpatient care is determined to be the more appropriate setting. In these situations, the denial applies only to the inpatient admission and does not affect approval of the procedure or services that do not require prior authorization.

New Inpatient Admission Notification Process

If an inpatient stay is required following an elective procedure:

- The facility submits an Inpatient Admission Notification on the date of the procedure or admission by submitting a request through the portal or by faxing an Arkansas Authorization | Organizational Determination Request Form.

- Clinical documentation supporting the need for inpatient care must be available for review.
- The inpatient admission will be reviewed separately to determine medical necessity for the inpatient level of care.
- Authorization of the elective procedure does not guarantee approval of inpatient admission.

Action Required

Beginning November 1, 2026:

1) Continue to request prior authorization for elective procedures when required.
2) Do not request inpatient authorization as part of the elective procedure authorization submission.
3) Submit an inpatient admission notification on the day of the procedure if the member's condition warrants inpatient admission.
4) Maintain complete clinical documentation to support the medical necessity of the inpatient stay. If an inpatient admission review does not support inpatient level of care, the admission may be denied at the inpatient level and determined to be appropriate for coverage at an observation or outpatient level of care based on the clinical information submitted.

*Exceptions

This change does not apply to:

- Federal Employee Program (FEP) members
- Medicare Advantage Members

Current authorization and admission review requirements will remain in place for these lines of business unless otherwise communicated.

Frequently Asked Questions

Q: Is prior authorization still required for elective procedures?

A: Yes. Existing prior authorization requirements for elective procedures remain unchanged. Requirements vary depending on the member's plan.

Q: Will inpatient level of care continue to be reviewed during the procedure authorization process for elective procedures?

A: No. Effective November 1, 2026, inpatient level-of-care determinations will no longer be made during the elective procedure authorization review. See Exceptions.

Q: What should providers do if a member requires inpatient admission after an elective procedure?

A: Submit an inpatient admission notification on the date of service/admission and provide supporting clinical information when requested.

Q: Does approval of the elective procedure mean the inpatient stay is approved?

A: No. Inpatient admissions will be reviewed separately based on medical necessity and the member's clinical presentation.

Q: What happens if inpatient admission does not meet medical necessity criteria for an inpatient level of care?

A: If the clinical documentation does not support inpatient level of care, the inpatient admission may be denied. In these situations, the member's services may still be considered medically necessary; however, observation would be the appropriate level of care rather than impatient. Reimbursement will be determined based on the

appropriate level of care.

Q: How should providers request a voluntary review (Organizational Determination/Benefit Inquiry - ODBI) for an elective procedure that may result in inpatient admission?

A: The ODBI process will follow the same workflow as the prior authorization process. Providers can submit the request for review of the outpatient service or procedure only. Inpatient level of care will not be reviewed as part of the ODBI request. If the member requires inpatient admission following the procedure, the facility must submit an inpatient admission notification on the date of the procedure or admission for a separate review of the inpatient level of care.

Questions?

For questions regarding this change, please contact **Provider Services at 501-210-7050** or your **Network Development Representative**.

Thank you for your continued partnership and commitment to providing high-quality care to our members.

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.

PolicyID#	PolicyName
1997005	Ambulatory Blood Pressure Monitoring
1997011	Discectomy: Percutaneous and Percutaneous Endoscopic, Manual, Automated or Laser
1997018	Implantable, Subcutaneous, Extravascular, and Wearable (VEST) Cardioverter Defibrillators and Automated External Defibrillators (AED)
1997036	Cognitive Rehabilitation
1997066	Treatment of Urinary and Fecal Incontinence
1997080	Neuromuscular Stimulation, Functional
1997088	Hyperbaric Oxygen Pressurization (HBO)
1997113	Immune Globulin, Primary and Secondary Immunodeficiencies
1997128	Leuprolide (e.g., Lupron) for Oncologic Indications
1997133	Risk-Reducing Mastectomy
1997192	Reduction Mammoplasty
1997195	Sleep Apnea Ventilation Support and Respiratory Assist Devices
1997201	EKG, Signal Averaged
1997208	Spinal Cord Neurostimulation for Treatment of Intractable Pain
1997210	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy Gamma Knife Surgery, Linear Accelerator, Cyberknife, TomoTherapy
1997248	Pain Management, Facet Joint Block
1998010	Transplant, Small Bowel
1998031	Airway Clearance Devices
1998043	Biofeedback
1998044	Neurofeedback

PolicyID#	PolicyName
1998054	Genetic Test: Germline Mutations of the RET Protooncogene in Medullary Carcinoma of the Thyroid
1998068	Scintimammography and Gamma Imaging of the Breast and Axilla
1998070	Cochlear Implant
1998099	Electrical Stimulation, Deep Brain (e.g. Parkinsonism, Dystonia, Multiple Sclerosis, Post-Traumatic Dyskinesia)
1998105	Transplant, Lung and Lobar Lung
1998106	Transplant, Heart/Lung
1998107	Transplant, Heart
1998108	Ventricular Assist Devices
1998114	Pulmonary Rehabilitation
1998118	Bariatric Surgery
1998137	Genetic Test: Alzheimer's Disease
1998147	Electrical and/or Magnetic Stimulation, Pelvic Floor Muscles-Adult Urinary and Fecal Incontinence
2001012	Laser or Radiofrequency Treatment, Chronic Back Pain
2001028	Magnetic Resonance Imaging (MRI), Breast
2002002	Genetic Test: Genetic (TPMT, NUDT15, CEP72) and Metabolite (6-MMP, 6-TGN) Testing for Thiopurine Treatment
2002013	Auditory Brain Stem Implant
2002019	Cold and Heat Therapy
2002025	Allogeneic Donor Leukocyte Infusion
2002033	Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain
2003003	Sacral Nerve Stimulation for the Treatment of Neurogenic Bladder Secondary To Spinal Cord Injury
2003015	Intensity Modulated Radiation Therapy (IMRT): Head and Neck, Thyroid, Central Nervous System, and Other Malignancies
2003034	Nutritional Supplements
2003043	Sensory Integration Therapy and Auditory Integration Therapy
2003050	Hippotherapy
2003055	Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric Disorders
2003057	Soft Tissue Substitutes, Orthobiologic Implant
2003059	Oophorectomy, Prophylactic
2004017	Genetic Test: Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer
2004020	Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea
2004038	Genetic Test: Lynch Syndrome and Inherited Intestinal Polyposis Syndromes
2004043	Genetic Test: Melanoma, Hereditary
2004046	Genetic Test: FMR 1 Mutations Including Fragile X Syndrome
2004047	PET or PET/CT, for Alzheimer's Disease, Dementia, or Cognitive Impairment
2004053	Circulating Tumor Cells and Cell-Free DNA in the Management of Patients with Cancer, Detection of
2005003	Genetic Test: Cytochrome p450 Genotype Guided Treatment Strategy
2005004	Sacral Nerve Stimulation for the Treatment of Fecal Incontinence
2005010	Cardiac and Coronary Artery Computed Tomography, CT Derived Fractional Flow Reserve and CT Coronary Calcium Scoring
2005020	Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate the Diagnosis and Management of Asthma and Other Respiratory Disorders
2005021	Preimplantation Genetic Diagnosis, Testing or Treatment

PolicyID#	PolicyName
2005026	Electrostimulation and Electromagnetic Therapy for the Treatment of Wounds
2006011	Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb
2006020	Abatacept (e.g., Orencia)
2006023	Artificial Heart, Total
2006041	Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux (VUR)
2007011	Genetic Test: KIT (c-KIT, CD117)
2007015	Genetic Test: Genotype-Guided Warfarin Dosing
2007016	Genetic Test: Amyotrophic Lateral Sclerosis
2007018	Genetic Test: Inherited Thrombophilia, Factor V Leiden, Prothrombin Gene Mutations (G20210A) and MTHFR Mutations
2007023	Genetic Test: Carbamazepine HLA-B*1502
2008001	Ultrasound Treatment for Wounds, Non-Contact
2008017	Genetic Test: Molecular Testing for the Management of Pancreatic Cysts and Solid Pancreaticobiliary Lesions (PathFinderTG®)
2008027	Genetic Test: Somatic Biomarker Testing (including Liquid Biopsy) for Targeted Treatment in Metastatic Colorectal Cancer (KRAS, NRAS, BRAF, RET, and HER2)
2009001	Image Guided Radiation Therapy (IGRT)
2009003	Genetic Test: Tamoxifen Treatment (CYP2D6)
2009023	Facet Joint Denervation
2009025	Biofeedback as a Treatment of Urinary Incontinence in Adults
2009033	Femoroacetabular Impingement, Surgical Treatment of
2009034	Intensity Modulated Radiation Therapy (IMRT), Prostate
2009036	Intensity Modulated Radiotherapy of the Chest (Breast, Lung, Esophagus, and Mediastinum)
2009037	Genetic Test: JAK2, MPL, and CALR Testing for Myeloproliferative Disorders
2010006	Genetic Test: Laboratory and Genetic Testing for Use of 5-Fluorouracil in Patients with Cancer
2010007	Genetic Test: Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia (BCR-ABL)
2010011	Myoelectric Prosthetic and Orthotic Components for the Upper Limb
2010016	Electrical Stimulation, Occipital and Transcutaneous Peripheral Nerve Stimulation for Treatment of Headaches
2010038	Compression Devices and Garments for Treatment of Lymphedema, Burns, Venous Ulcers, and Arterial Insufficiency
2011009	Genetic Test: HLA-B*5701 Testing for Abacavir Hypersensitivity Reaction
2011054	Autism Spectrum Disorder, Other Interventions
2011056	Tibial Nerve Stimulation
2011071	Intensity Modulated Radiation Therapy (IMRT), Abdomen and Pelvis
2011076	Genetic Test: Hypertrophic Cardiomyopathy, Predisposition
2012003	Genetic Test: Molecular Markers in Fine Needle Aspirates of the Thyroid
2012008	Compression Devices for Venous Thromboembolism Prophylaxis for Postsurgical Home Use
2012009	Skin and Soft Tissue Substitutes, Bio-Engineered Products (Including Prosthetic Material)
2012012	Genetic Test: Uveal Melanoma, Gene Expression Profile To Predict Risk Of Metastasis
2012013	Genetic Test: UGT1A1 to Predict Toxicity to Irinotecan (Invader Assay)
2012014	Genetic Test: Asthma, HLA-DR and HLA-DQ Genotyping
2012016	Computed Tomography (CT) Perfusion Imaging
2012019	Genetic Test: FLT, NPM1, and CEBPA Variants in Cytogenetically Normal Acute Myeloid Leukemia
2012029	Biomarker Testing in Risk Assessment and Management of Cardiovascular Disease

PolicyID#	PolicyName
2012049	Genetic Test: Prenatal Analysis of Fetal DNA in Maternal Blood to Detect Fetal Aneuploidy
2012050	Dopamine Transporter Imaging with Single Photon Emission Computed Tomography (DAT-SPECT)
2012068	Genetic Test: Preconception or Prenatal Testing as a Carrier Screen
2012069	Genetic Test: Allopurinol Sensitivity (HLA-B*5801)
2013005	Treatment of Sacroiliac Joint (SIJ) Pain
2013007	Genetic Test: Head and Neck Cancer, EGFR Mutation Analysis to Predict Sensitivity to Chemotherapy
2013010	Genetic Test: PTEN Hamartoma Tumor Syndrome
2013012	Genetic Test: Duchenne and Becker Muscular Dystrophy
2013016	Genetic Test: Celiac Disease, HLA Typing (HLA-DQ)
2013022	Genetic Test: Inherited Peripheral Neuropathies (Charcot Marie Tooth, HNPP)
2013025	Genetic Test: CHARGE Syndrome
2013027	Genetic Test: Facioscapulohumeral Muscular Dystrophy
2013029	Genetic Test: Hereditary Pancreatitis
2013030	Teduglutide (e.g., GATTEX) for Short Bowel Syndrome (SBS)
2013040	Genetic Test: Alpha and Beta Thalassemia
2013042	Genetic Test: Macular Degeneration
2013043	Genetic Test: Fetal RHD Genotyping Using Maternal Plasma
2013044	Genetic Test: Epilepsy
2013046	Genetic Test: Testing for the Diagnosis and Management of Mental Health Conditions
2014001	Genetic Test: Analysis of MGMT Promoter Methylation in Malignant Gliomas
2014002	Genetic Test: Dilated Cardiomyopathy
2014009	Endovascular Procedures for Intracranial Arterial Disease and Extracranial Vertebral Artery Disease
2014012	Genetic Test: Mitochondrial Disorders
2014013	Genetic Test: Li-Fraumeni Syndrome
2015004	Genetic Test: Germline Testing for Gene Variants Associated with Breast Cancer in Individuals at High Breast Cancer Risk (CHEK2, ATM and BARD1)
2015007	Laboratory Tests for Chronic Heart Failure and Organ Transplant Rejection
2015014	Amniotic Membrane and Amniotic Fluid Injections
2015017	Genetic Test: Limb-Girdle Muscular Dystrophies
2015024	Ablative Procedures for Benign Prostatic Hyperplasia (BPH) and Minimally Invasive Benign Prostatic Hyperplasia Treatments
2015027	Polysomnography for Non-Respiratory Sleep Disorders
2015032	Magnetic Resonance Imaging (MRI), Magnetic Resonance Imaging (MRI) Targeted Biopsy, and MRI-Ultrasound Fusion Biopsy for Prostate Cancer
2015035	Sleep Apnea, Minimally Invasive Surgical Treatment
2016002	Genetic Test: Neurofibromatosis
2016012	Daratumumab (e.g., Darzalex) / Daratumumab and Hyaluronidase-fihj (e.g., Darzalex Faspro)
2016021	Paliperidone Palmitate (e.g., Long-acting Injectables Invega Sustenna & Invega Trinza, Erzofri)
2016024	Gender Affirming Surgery
2017009	Denosumab (e.g., Xgeva and Prolia) and Biosimilars
2017016	Ramucirumab (e.g., Cyramza)
2017018	Sphenopalatine Ganglion and Occipital Nerve Injections for Headache
2017019	Molecular Testing in the Management of Pulmonary Conditions
2017020	Pemetrexed (e.g., Alimta)
2017024	Panitumumab (e.g., Vectibix)

PolicyID#	PolicyName
2017029	Immobilized lipase cartridge for enteral feedings (e.g., Relizorb)
2017032	Orthopedic Implants
2017033	Octreotide Acetate (e.g., Sandostatin) for Injectable Suspension (e.g., Sandostatin LAR Depot)
2018002	Chemodenervation, Botulinum Toxins
2018014	Lutetium Lu 177 Dotatate (e.g., Lutathera)
2018015	Genetic Test: Gene Expression Profiling for Cutaneous Melanoma
2018019	Use of Laser Therapy or Radiofrequency Therapy for the Treatment of Vaginal Atrophy or Vaginal Relaxation Syndrome
2018023	Levodopa-carbidopa Intestinal Gel (e.g., Duopa) for Treatment of Advanced Parkinson's Disease
2018028	Minimally Invasive Treatment of Nasal Obstruction
2018030	Site of Care or Site of Service Review
2019007	Electrical Stimulation, Advanced Transcutaneous Electrical Stimulation (Interferential Current Stimulation, Electrical Stimulation Treatment, Combined Electrical Stimulation Treatment, H-Wave Electrical Stimulation
2020005	Self-Administered Medication
2020006	Luspatercept-aamt (e.g., Reblozyl)
2020009	Givosiran (e.g., GIVLAARI)
2020012	Tagraxofusp-erzs (e.g., Elzonris)
2020022	Tocilizumab (e.g., Actemra) and Biosimilars
2021007	Levoleucovorin Calcium (e.g., Khapzory)
2021024	White Blood Cell Growth Factors (Colony Stimulating Factors)
2021028	Ustekinumab (e.g., Stelara) and Biosimilars
2021033	Belimumab (e.g., Benlysta)
2021043	Leuprolide Acetate (e.g., Lupron Depot; Fensolvi) for Non-Oncologic Indications
2022001	Efgartigimod (e.g., Vyvgart)
2022007	Maternal Serum Testing for Prediction of Adverse Obstetric Outcomes
2022011	Genetic Test: Testing for Neurotrophic Receptor Tyrosine Kinase (NTRK) Gene Fusions
2022012	Anifrolumab-fnia (e.g., Saphnelo)
2022013	Medical Technology Assessment, Non-Covered Services
2022022	Sirolimus protein-bound particles for injectable suspension (e.g., Fyarro)
2022023	Tebentafusp-tebn (e.g., Kimmtrak)
2022025	Tisotumab vedotin-tftv (e.g., Tivdak)
2022029	Bortezomib (e.g., Velcade)
2022030	Remote Electrical Neuromodulation for Migraines
2022040	Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer
2023001	Bariatric Surgery for ASE/PSE Contracts
2023004	Digital Health Technologies: Therapeutic Applications
2023014	Bevacizumab (e.g., Avastin) and Biosimilars for Non-Oncologic and Non-Ophthalmologic Indications
2023017	Gene Therapies for Hemophilia (Etranacogene dezaparvovec-drlb [e.g., Hemgenix])
2023019	Mirvetuximab soravtansine-gynx (e.g. Elahere)
2023020	Nadofaragene firadenovec-vncg (e.g., Adstiladrin)
2023022	Percutaneous Electrical Nerve Field Stimulation for Disorders of Gut Brain Interaction
2023023	Genetic Test: Somatic Biomarker Testing for Immune Checkpoint Inhibitor Therapy (BRAF, MSI/MMR, PD-L1, TMB)

PolicyID#	PolicyName
2023024	Mosunetuzumab-axgb (e.g. Lunsumio and Lunsumio Velo)
2023027	Lenacapavir (e.g., Sunlenca)
2023031	Laboratory Testing Investigational Services
2023033	Retifanlimab-dlwr (e.g., Zynyz)
2023034	Epcoritamab-bysp (e.g., Epkinly)
2023035	Sebelipase alfa (e.g., Kanuma)
2023040	Powered Wheelchairs (PWC) and Standing Frames
2023044	Surgical Treatments for Lipedema and Lymphedema
2023050	Valoctocogene roxaparvovec-rvox (e.g., Roctavian)
2024015	Toripalimab-tpzi (e.g., Loqtorzi)
2024018	Histrelin Implant (e.g., Supprelin LA)
2024019	Lifileucel (e.g., Amtagvi)
2024021	Bevacizumab (e.g., Avastin) and Biosimilars for Ophthalmic Use
2024026	RTM_Thyroid Disease Testing
2024028	RTM_In Vitro Chemoresistance and Chemosensitivity Assays
2024038	Axicabtagene Ciloleucel (e.g., Yescarta)
2024039	Brexucabtagene Autoleucel (e.g., Tecartus)
2024040	Ciltacabtagene Autoleucel (e.g., Carvykti)
2024041	Idecabtagene Vicleucel (e.g., Abecma)
2024042	Lisocabtagene Maraleucel (e.g., Breyanzi)
2024043	Atidarsagene autotemcel (e.g., Lenmeldy)
2024045	RTM_Evaluation of Dry Eyes
2024046	RTM_Pediatric Preventive Screening
2024049	RTM_Pancreatic Enzyme Testing for Acute Pancreatitis
2024056	RTM_Venous and Arterial Thrombosis Risk Testing
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
2024078	Afamitresgene autoleucel (e.g., Tecelra)
2024079	New-To-Market Medical Benefit Medication
2025003	Treosulfan (e.g., Grafapex)
2025004	Obecabtagene autoleucel (e.g., Aucatzyl)
2025015	Talimogene laherepvec (e.g., Imlygic)
2025016	Contraceptive Implants (e.g.,Nexplanon)
2025017	Cosibelimab-ipdl (e.g., Unloxcyt)
2025021	Revakinagene Taroretcel-lwey (e.g., Encelto)
2025026	Onasemnogene abeparvovec-xioi (e.g., Zolgensma)
2025029	Nipocalimab (e.g., Imaavy)
2025031	Maximum Dosage and Frequency for Medical Benefit Drugs
2026001	Preventive Services
2026007	Zopapogene imadenovec-drba (e.g., Papzimeos)
2026008	Narsoplimab (e.g., Yartemlea)
2026009	Gemcitabine branded intravenous infusion (e.g., Avgemsi)
2026011	Chemotherapy and Drug Treatment Regimens for Malignancy

Medical Specialty Medications Prior Authorization Update

The table below lists medical specialty medications requiring prior authorization through the member's medical benefit. Any new medication used to treat a rare disease should be considered to require prior authorization. Please note ASE/PSE, ASP and Medicare have their own prior authorization programs and table below does not include the medications for those programs.

*Bevacizumab and bevacizumab biosimilars do not require prior approval for ophthalmic indications.

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
Abecma	idecabtagene vicleucel	Q2055		
Actemra IV	tocilizumab IV	J3262	Preferred	
Acthar	corticotropin	J0801		
Adakveo	crizanlizumab-tcma	J0791		
Adstiladrin	nadofaragene firadenovec-vncg	J9029		
Adzynma	ADAMTS13, recombinant-krhn	J7171		
Ahzantive	aflibercept-mrbb	Q5150	Non-preferred	Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147)
Aldurazyme	laronidase	J1931		
Alymsys*	bevacizumab-maly	Q5126	Non-preferred	Mvasi (Q5107) & Zirabev (Q5118)
Amtagvi	lifileucel	J9999		
Amvuttra	vutrisiran	J0225		
Anktiva	nogapendekin alfa inbakicept-pmln	J9028		
Aralast NP	alpha-1 proteinase inhibitor (human)	J0256		
Arcalyst	rilonacept	J2793		
Asparlas	calaspargase pegol	J9118		
Aucatzyl	obecabtagene autoleucel	Q2058		
Avastin*	bevacizumab	J9035	Non-preferred	Mvasi (Q5107) & Zirabev (Q5118)
Avsola	infliximab-axxq	Q5121	Preferred	
Avtozma	tocilizumab-anoh	Q5156	Preferred	
Avzivi*	bevacizumab-tnjn	C9399	Non-preferred	Mvasi (Q5107) & Zirabev (Q5118)
Benlysta IV	belimumab IV	J0490		
Beovu	brolucizumab-dbll	J0179	Non-preferred	Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147)
Beqvez	fidanacogene elaparvovec-dzkt	J1414		
Berinert	c1 esterase, inhibitor, human	J0597		
Bizengri	zenocutuzumab-zbco	J9382		
Bkemv	eculizumab-aeeb	Q5152	Preferred	

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
Blenrep	belantamab mafodotin-blmf	J9053		
Blincyto	blinatumomab	J9039		
Botox	onabotulinumtoxin a	J0585		
Breyanzi	lisocabtagene maraleucel	Q2054		
Brineura	cerliponase alfa	J0567		
Briumvi	ublituximab-siiy	J2329		
Cablivi	caplacizumab-yhdp	C9047		
Carvykti	ciltacabtagene autoleucel	Q2056		
Casgevy	exagamglogene autotemcel	J3392		
Cerezyme	imiglucerase	J1786		
Cimerli	ranibizumab-eqrn	Q5128	Non-preferred	Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147)
Cimzia	certolizumab pego	J0717		
Cinqair	reslizumab	J2786		
Cinryze	c1 esterase, inhibitor, human	J0598		
Columvi	glofitamab-gxbm	J9286		
Cosela	trilaciclib	J1448		
Cosentyx IV	secukinumab IV	J3247		
Crysvita	burosumab-twza	J0584		
Danyelza	naxitamab-gqgk	J9348		
Datroway	datopotamab deruxtecan-dlnk	J9011		
Daxxify	daxibotulinumtoxina-lanm	J0589		
Duopa	levodopa-carpidopa intestinal gel	J7340		
Dysport	abobotulinumtoxin a	J0586		
Elahere	mirvetuximab soravtansine-gynx	J9063		
Elaprase	idursulfase	J1743		
Elelyso	taliglucerase alfa	J3060		
Elevidys	delandistrogene moxeparvovec-rold	J1413		
Elfabrio	pegunigalsidase alfa-iwxj	J2508		
Elrexfio	elranatamab-bcmm	J1323		
Elzonris	tagrazofusp-erzs	J9269		
Emrelis	telisotuzumab vedotin-tllv	J9326		
Encelto	revakinagene taroretcel-lwey	J3403		
Enjaymo	sutimlimab-jome	J1302		
Entyvio IV	vedolizumab IV	J3380		
Enzeevu	afilbercept-abzv	Q5149	Non-preferred	Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147)
Epkinly	epcoritamab-bysp	J9321		
Epysqli	eculizumab-aagh	Q5151	Preferred	

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
Erzofri	paliperidone palmitate	J2428		
Evenity	romosozumab-aqqg	J3111		
Evkeeza	evinacumab-dgnb	J1305		
Eylea	aflibercept	J0178	Non-preferred	Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147)
Eylea HD	aflibercept	J0177	Non-preferred	Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147)
Fabrazyme	agalsidase beta	J0180		
Flolan	epoprostenol	J1325		
Fulphila	pegfilgrastim-jmdb	Q5108	Preferred	
Fyarro	sirolimus protein-bound particles	J9331		
Fylnetra	pegfilgrastim-pbbk	Q5130	Non-preferred	Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108)
Gamifant	emapalumab-lzsg	J9210		
Givlaari	givosiran	J0223		
Glassia	alpha-1 proteinase inhibitor human	J0257		
Grafapex	treosulfan	J0614		
Granix	tbo-filgrastim	J1447	Non-preferred	Nivestym (Q5110) & Zarxio (Q5101)
Hemgenix	etranacogene dezaparvovec-drlb	J1411		
Herceptin	trastuzumab	J9355	Non-preferred	Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112)
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	Non-preferred	Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112)
Hercessi	trastuzumab-strf	Q5146	Non-preferred	Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112)
Herzuma	trastuzumab-pkrb	Q5113	Non-preferred	Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112)
Ilaris	canakinumab	J0638		
Ilumya	tildrakizumab-asmn	J3245		
Imaavy	nipocalimab-aahu	J9256		
Imdelltra	tarlatamab-dlle	J9026		
Imlygic	talimogene laherparepvec	J9325		
Imuldosa	ustekinumab-srlf	Q5098	Non-preferred	Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)
Inflectra	infliximab-dyyb	Q5103	Preferred	

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
Invega Sustenna	paliperidone palmitate	J2426		
Invega Trinza	paliperidone palmitate	J2427		
Istodax	romidepsin	J9319		
Ixifi	infliximab-qbtx	Q5109	Non-preferred	Avsola (Q5121), Infliximab (J1745), Remicade (J1745) and Inflectra (Q5103)
Jemperli	dostarlimab	J9272		
Jevtana	cabazitaxel	J9043		
Jobevne*	bevacizumab-nwgd	Q5160	Non-preferred	Mvasi (Q5107) & Zirabev (Q5118)
Kadcyla	ado-trastuzumab emtansine	J9354		
Kalbitor	ecallantide	J1290		
Kanjinti	trastuzumab-anns	Q5117	Preferred	
Kanuma	sebelipase alfa	J2840		
Kebilidi	eladocagene exuparvovec	J3590		
Kimmtrak	tebentafusp-tebn	J9274		
Kisunla	donanemab-azbt	J0175		
Krystexxa	pegloticase	J2507		
Kymriah	tisagenlecleucel	Q2042		
Kyprolis	carfilzomib	J9047		
Lamzede	velmanase alfa-tycv	J0217		
Lanreotide (Cipla)	lanreotide	J1932		
Lemtrada	alemtuzumab	J0202		
Lenmeldy	atidarsagene autotemcel	J3391		
Leqvio	inclisiran	J1306		
Leukine	sargramostim	J2820	Non-preferred	Nivestym (Q5110) & Zarxio (Q5101)
Lumizyme	alglucosidase alfa	J0221		
Lunsumio	mosunetuzumab-axgb	J9350		
Lutathera	lutetium Lu 177 Dotatate	A9513		
Luxturna	voretigene neparvovec-rzyl	J3398		
Lyfgenia	lovotibeglogene autotemcel	J3394		
Lymphir	denileukin diftitox-cxdl	J9161		
Lynozyfic	linvoseltamab-gcpt	J9601		
Mepsevii	vestronidase alfa-vjbk	J3397		
Monjuvi	tafasitamab-cxix	J9349		
Mvasi*	bevacizumab-awwb	Q5107	Preferred	
Naglazyme	galsulfase	J1458		
Neulasta and Neulasta Onpro	pegfilgrastim	J2506	Preferred	

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
Neupogen	filgrastim	J1442	Non-preferred	Nivestym (Q5110) & Zarxio (Q5101)
Nexviazyme	avalglucosidase alfa-ngpt	J0219		
Niktimvo	axatilimab	J9038		
Nivestym	filgrastim-aafi	Q5110	Preferred	
Nplate	romiplostim	J2802		
Nypozi	filgrastim-txid	Q5148	Non-preferred	Nivestym (Q5110) & Zarxio (Q5101)
Nyvepria	pegfilgrastim-apgf	Q5122	Non-preferred	Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108)
Ocrevus	ocrelizumab	J2350		
Ocrevus Zunovo	ocrelizumab and hyaluronidase-ocsq	J2351		
Ogivri	trastuzumab-dkst	Q5114	Preferred	
Omvoh	mirikizumab-mrkz	J2267		
Onapgo	apomorphine hydrochloride	J3490		
Oncaspar	pegaspargase	J9266		
Onivyde	irinotecan liposomal	J9205		
Onpattro	patisiran	J0222		
Ontruzant	trastuzumab-dttb	Q5112	Preferred	
Opdualag	nivolumab and relatlimab-rmbw	J9298		
Opuviz	aflibercept-yszy	Q5153	Non-preferred	Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147)
Orencia	abatacept	J0129		
Otulfi IV and SC	ustekinumab-aauz	Q9999	Non-preferred	Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)
Oxlumo	lumasiran	J0224		
Padcev	enfortumab vedotin-ejfv	J9177		
Papzimeos	zopapogene imadenovec	J3404		
PiaSky	crovalimab-akkz	J1307		
Pluvicto	lutetium lu 177 vipivotide tetraxetan	A9607		
Pombiliti	cipaglucosidase alfa-atga	J1203		
Poteligeo	mogamulizumab- kpkc	J9204		
Prevymis IV	letermovir IV	J3490		
Prolastin	alpha-1 proteinase inhibitor human	J0256		
Pyzchiva IV	ustekinumab-ttwe	Q9997	Preferred	
Pyzchiva SC	ustekinumab-ttwe	Q9996	Preferred	

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
Qalsody	tofersen	J1304		
Radicava IV	edaravone IV	J1301		
Reblozyl	luspatercept-aamt	J0896		
Rebyota	fecal microbiota, live-jslm	J1440		
Releuko	filgrastim-ayow	Q5125	Non-preferred	Nivestym (Q5110) & Zarxio (Q5101)
Relizorb	digestive enzyme cartridge	B4105		
Remicade and Unbranded Infliximab	infliximab	J1745	Preferred	
Remodulin	treprostinil IV	J3285		
Renflexis	infliximab-abda	Q5104	Non-preferred	Avsola (Q5121), Infliximab (J1745), Remicade (J1745) and Inflectra (Q5103)
Rethymic	allogeneic processed thymus tissue–agdc	J3590		
Revatio	sildenafil (IV)	J3490		
Revcovi	elapegademase-lvlr	J3590		
Riabni	rituximab-arrx	Q5123	Preferred	
Rituxan	rituximab	J9312	Non-preferred	Riabni (Q5123) &Truxima (Q5115)
Rituxan Hycela	rituximab and hyaluronidase	J9311	Non-preferred	Riabni (Q5123) &Truxima (Q5115)
Rivfloza	nedosiran	J3490		
Roctavian	valoctocogene roxaparvovec-rvox	J1412		
Rolvedon	eflapegrastim-xnst	J1449	Non-preferred	Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108)
Ruconest	c1 esterase, inhibitor, recombinant	J0596		
Ruxience	rituximab-pvvr	Q5119	Non-preferred	Riabni (Q5123) &Truxima (Q5115)
Rybrevant	amivantamab-vmjw	J9061		
Rylaze	asparaginase erwinia chrysanthemi (recombinant)-rywn	J9021		
Ryoncil	remestemcel-L-rknd	J3402		
Ryplazim	plasminogen, human-tvmh	J2998		
Rystiggo	rozanolixizumab-nol	J9333		
Rytelo	imetelstat	J0870		

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
Ryzneuta	efbemalenograstim alfa-vuxw	J9361	Non-preferred	Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108)
Saphnelo	anifrolumab-fnia	J0491		
Selarsdi	ustekinumab-aekn	Q9998	Preferred	
Simponi Aria	golimumab	J1602		
Skyrizi IV	risankizumab-rzaa IV	J2327		
Skysona	elivaldogene autotemcel	J3387		
Soliris	eculizumab	J1299	Preferred	
Somatuline depot	lanreotide	J1930		
Spevigo	spesolimab-sbzo	J1747		
Spinraza	nusinersen	J2326		
Stelara IV	ustekinumab	J3358	Non-preferred	Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)
Stelara SC	ustekinumab	J3357	Non-preferred	Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)
Steqeyma IV and SC	ustekinumab-stba	Q5099	Non-preferred	Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)
Stimufend	pegfilgrastim-fpgk	Q5127	Non-preferred	Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108)
Susvimo	ranibizumab implant	J2779		
Talvey	talquetamab-tgvs	J3055		
Tecartus	brexucabtagene autoleucel	Q2053		
Tecelra	afamitresgene autoleucel	Q2057		
Tecvayli	teclistamab-cqyv	J9380		
Tepezza	teprotumumab-trbw	J3241		
Tivdak	tisotumab vedotin-tftv	J9273		
Tofidence	tocilizumab-bavi	Q5133	Preferred	
Trazimera	trastuzumab-qyyp	Q5116	Non-preferred	Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112)
Tremfya IV	guselkumab IV	J1628		
Trodelvy	sacituzumab govitecan-hziy	J9317		
Truxima	rituximab-abbs	Q5115	Preferred	
Tyenne IV	tocilizumab-aaqg IV	Q5135	Preferred	
Tyruko	natalizumab-sztn	Q5134		

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
Tysabri	natalizumab	J2323		
Tzield	teplizumab-mzwv	J9381		
Udenyca	pegfilgrastim-cbqv	Q5111	Non-preferred	Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108)
Ultomiris	ravulizumab-cwyz	J1303		
Unloxcyt	cosibelimab ipdl	J9275		
Uplizna	inebilizumab-cdon	J1823		
Uptravi IV	selexipag IV	J3490		
Vegzelma*	bevacizumab-adcd	Q5129	Non-preferred	Mvasi (Q5107) & Zirabev (Q5118)
Veletri	epoprostenol	J1325		
Veopoz	pozelimab-bbfg	J9376		
Viltepso	viltolarsen	J1427		
Vimizim	elosulfase alfa	J1322		
Vpriv	velaglucerase alfa	J3385		
Vyalev	foscarbidopa and foslevodopa	J7356		
Vyepti	eptinezmab-jjmr	J3032		
Vyjuvek	beremagene geperpavec-svdt	J3401		
Vyloy	zolbetuximab	J1326		
Vyvgart	efgartigimod alfa-fcab	J9332		
Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	J9334		
Wezlana IV	ustekinumab-auub	Q5138	Non-preferred	Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)
Wezlana SC	ustekinumab-auub	Q5137	Non-preferred	Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)
Xenpozyme	olipudase alfa-rpcp	J0218		
Xeomin	incobotulinumtoxin a	J0588		
Xiaflex	clostrisidial collagenase	J0775		
Yartemlea	narsoplimab	J1289		
Ycanth	cantharidin	J7354		
Yesafili	aflibercept-jbvf	Q5155	Non-preferred	Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147)
Yescarta	axicabtagene ciloleucel	Q2041		
Yesintek IV and SC	ustekinumab-kfce	Q5100	Preferred	

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
Zarxio	filgrastim-sndz	Q5101	Preferred	
Zemaira	alpha-1 proteinase inhibitor (human)	J0256		
Zepzelca	lurbinectedin	J9223		
Ziextenzo	pegfilgrastim-bmez	Q5120	Non-preferred	Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108)
Ziihera	zanidatamab-hrii	J9276		
Zirabev*	bevacizumab-bvzr	Q5118	Preferred	
Zolgensma	onasmnogene abeparvovec-xioi	J3399		
Zulresso	brexanolone	J1632		
Zynlonta	loncastuximab tesirine-lpyl	J9359		
Zynteglo	betibeglogene autotemcel	J3393		

For more information on submitting a request for medication prior authorization, call the appropriate customer service phone number on the back of the member ID card.

Customer service will direct callers to the prior authorization form specific to the member's group. BlueAdvantage members can find the form at the following link:**blueadvantagearkansas.com/providers/resource-center/provider-forms**.

For all other members, the appropriate prior authorization form for medical specialty medications can be found at the following link: **arkansasbluecross.com/providers/resource-center/prior-approval-for-requested-services**.

These forms and any additional documentation should be faxed to **501-210-7051** for BlueAdvantage members. For all other members, the appropriate fax number is **501-378-6647**.

Metallic Formulary Changes Effective October 1, 2026

The formulary table below list covered drugs under the member's benefit plan. On Exchange, Off Exchange, Arkansas Works, Arkansas Blue Cross and Blue Shield small group, and Health Advantage small group use the metallic formulary. If you need assistance determining the appropriate formulary to use, please contact customer service.

Product/Drug Label Name	Change	Formulary Alternatives
EDURANT	No Longer Covered	generic rilpivirine tab
LUMIGAN	No Longer Covered	generic bimatoprost sol
OFEV	No Longer Covered	generic nintedanib cap
SAVELLA	No Longer Covered	generic milnacipran tab
XELJANZ	No Longer Covered	generic tofacitinib tab
XELJANZ XR	No Longer Covered	generic tofacitinib tab

Standard Formulary Changes Effective October 1, 2026

The formulary table below list covered drugs under the member's benefit plan. 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. If you need assistance determining the appropriate formulary to use, please contact customer service.

Product/Drug Label Name	Change	Formulary Alternatives
BRIVIACT	Tier 2 to Tier 3	brivaracetam, carbamazepine/ER, divalproex sodium/ ER, eslicarbazepine, gabapentin, lacosamide, lamotrigine/ ER, levetiracetam/ER, oxcarbazepine/ER, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, valproic acid, zonisamide, OXTELLAR XR, XCOPRI
FARXIGA	Tier 2 to Tier 3	dapagliflozin, JARDIANCE
PRENATAL 19 CHW TAB	No Longer Covered	generic prenatal vitamins are availabe on the formulary
TRINATE TAB	No Longer Covered	generic prenatal vitamins are available on the formulary
XELJANZ TAB	No Longer Covered	tofacitinib, tofacitinib ext-rel, ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SC, ENBREL, HYRIMOZ (except NDCs 61314-XXXX-XX), ORENCIA CJ/SC, OTEZLA, OTEZLA XR, PYZCHIVA SC (except NDCs 61314-XXXX-XX), RINVOQ, SKYRIZI SC, SOTYKTU, TREMFYA SC, VELSIPITY, YESINTEK SC, ZEPOSIA
XELJANZ SOL	No Longer Covered	tofacitinib, tofacitinib ext-rel, ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SC, ENBREL, HYRIMOZ (except NDCs 61314-XXXX-XX), ORENCIA CJ/SC, OTEZLA, OTEZLA XR, PYZCHIVA SC (except NDCs 61314-XXXX-XX), RINVOQ, SKYRIZI SC, SOTYKTU, TREMFYA SC, VELSIPITY, YESINTEK SC, ZEPOSIA
XELJANZ XR	No Longer Covered	tofacitinib, tofacitinib ext-rel, ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SC, ENBREL, HYRIMOZ (except NDCs 61314-XXXX-XX), ORENCIA CJ/SC, OTEZLA, OTEZLA XR, PYZCHIVA SC (except NDCs 61314-XXXX-XX), RINVOQ, SKYRIZI SC, SOTYKTU, TREMFYA SC, VELSIPITY, YESINTEK SC, ZEPOSIA
XIGDUO XR	Tier 2 to Tier 3	dapagliflozin-metformin ext-rel, SYNJARDY, SYNJARDY XR

Federal Employee Program

Claims Reminders

Important reminders for claim submission, coordination of benefits, medical records, remittance advice, waiver requirements, and pre-determinations. Useful for ensuring claims and supporting documentation are submitted accurately and timely. Please review the guidance below and share with billing, coding, and administrative staff.

Coordination of Benefits Submission

When submitting claims involving Coordination of Benefits (COB), ensure the 2430 loop is completed correctly. Arkansas Blue Cross and Blue Shield does not accept paper Explanation of Benefits documents for COB claim submission. Other payer information should be submitted electronically with the claim as required.

Timely Filing Guidelines

Please keep the following timely filing requirements in mind when submitting claims:

- **FEP Primary** - Preferred and Participating (PAR) providers have 180 consecutive days (6 months) from the date of service to submit a claim for primary payment.
- **FEP Primary** - Non-participating (NP) providers have until December 31st of the year following the date of service to submit a claim.
- **VA** - Veterans Affair (VA) has six (6) years from date of service to submit a claim.
- **Medicaid** - up to three (3) years to submit a claim.
- **FEP Secondary** - Preferred and PAR providers have 180 days from the primary payer process or paid date to submit claim with other payer attachment.
- **FEP Secondary** - NP providers have until December 31st of the year following the date of service to submit a claim.

Submitting Medical Records

If a claim is denied for medical records, please submit only the records needed to support the specific request associated with the claim barcode. Submitting the requested documentation only helps reduce delays and ensures the claim can be reviewed efficiently.

Accessing Explanation of Benefits and Remittance Advice

Arkansas Blue Cross and Blue Shield does not fax Explanation of Benefits or Remittance Advice documents. These documents should be accessed through the provider portal. If issues arise, contact your Clearinghouse or Availity Client Services for assistance. You may also contact the member to obtain any Explanation of Benefits information needed. If the member does not have the information, the member may contact Arkansas Blue Cross and Blue Shield directly, and the information will be provided to the member only.

Electronic Claim Submission Requirement

Arkansas Blue Cross and Blue Shield does not accept claims by email, fax, or paper submission unless a proper exception is on file. All claims must be filed electronically.

Predetermination

Predetermination is optional. When submitting a predetermination, please ensure the appropriate box is checked for Organization Determination/Benefit Inquiry only for codes that do not require prior authorization. The typical turnaround time is 10 business days. Predetermination cannot be appealed or expedited because they are optional. Predetermination requests may only be submitted by fax.

Waiver of Health Plan Liability

Waivers of Health Plan Liability are used to educate members about services that may not meet the Primary Coverage Criteria of the member's policy. This applies to all policies under Arkansas Blue Cross and Blue Shield's various products. Waivers allow providers to collect for services that do not meet Primary Coverage Criteria, including services designated as experimental, investigational, cosmetic, or not for the treatment of a medical condition.

It is your responsibility to inform the member before service is provided if the service may not meet coverage criteria. Providers may collect billed charges from members for services that are denied for failure to meet Primary Coverage Criteria only if a written waiver is obtained from the member before the service is rendered.

Valid Waiver Requirements

1) CPT code and/or description of service that may be denied.
2) Reason for likelihood of denial: "...this procedure does not meet coverage criteria" or "procedure is considered experimental and/or investigational".
3) Dollar amount of charges for service.
4) Patient's signature
5) Signature date

General Waiver Guidelines

1) Waivers are only required for services considered as not meeting the Primary Coverage Criteria (e.g., experimental/investigational services) or those services that are not provided to treat an actual medical condition (e.g., cosmetic services and/ or procedures).
2) Patient must sign the waiver before services are performed.
3) "Blanket" waivers are not acceptable. Providers should not require waivers routinely or obtain waivers for all services as a precaution. Waivers should only be used for specific services the provider knows or has reason to believe Arkansas Blue Cross and Blue Shield may deny for failure to meet the Primary Coverage Criteria (e.g., due to the experimental/investigational nature of the service).
4) Patients should not routinely sign a waiver.
5) Additional information should not be added to a waiver after it has been signed by the patient.

6) Patients should not be asked to sign a blank waiver of liability.

7) Each date of service will require a separate waiver.

8) When signing a waver, patients should understand their responsibility and why a waiver is necessary for the service.

Note: Misuse of the waiver process or failure to follow requirements may result in exclusion from the Arkansas Blue Cross network. Access to coverage policies is available through the Arkansas Blue Cross website. Policies can be searched by description, CPT code, or title.

Patient options when advised the Likelihood of a Denial

1) 1. Do not have the service rendered.

2) 2. Sign the waiver and be financially liable for payment of the denied service.

Provider options if Patient Refuses to Sign the Waiver

1) 1. Render the service. If it is denied, write off the charge.

2) 2. Do not render the service.

It is important to note that the patient must understand the importance of the document being signed. A sample waiver is available here.

End-of-Year Reminders

Year-End Quality Measure Review

As year-end approaches, please confirm blood pressure readings and HbA1c results are documented and coded accurately. Complete reporting supports quality measures and helps ensure patients receive appropriate care. The Nurse Case Management team can support education and care coordination for patients with hypertension or diabetes. Contact them at 1-800-225-1891.

Improve Blood Pressure Documentation

HEDIS guidelines allow providers to use the lowest systolic and lowest diastolic blood pressure readings recorded on the same date of service. If the first reading is elevated, recheck after the patient has rested. A repeat reading may provide a more accurate result and improve quality measure outcomes. Additional guidance is available in the Coding Tip Sheet for Controlling Blood Pressure.

Don't Miss HbA1c Documentation Opportunities

Glycemic Status Assessment for Patients with Diabetes (GSD) is an important diabetes care and quality measure. Accurate HbA1c documentation and coding support patient care, treatment decisions, and quality reporting.

Before end of the year, review records to confirm eligible patients have completed HbA1c testing and that results are documented and coded correctly. Additional guidance is available in the GSD coding tip sheet: Glycemic status assessment for patients with diabetes (GSD)

Take Action

Before year-end, review care gaps, schedule needed follow-up visits and confirm blood pressure, and HbA1c results are documented and coded accurately. Every correctly reported measure supports quality performance and better patient outcomes.

FEP Medical Pharmacy Prior Authorizations Made Easy

Save time by requesting prior authorizations online through Prime Therapeutics* HIPAA-compliant, secure provider portal.

Benefits Include:

- Obtain real time authorizations (in most cases)
- Proactively upload clinical support documents
- View authorizations online
- Access current clinical guidelines

Get started today!

1) Visit Prime's self-service portal at www.GatewayPA.com
2) Click on "**New Provider Access Request**" under the Sign In box
3) Complete the form
4) Save time by requesting authorizations online!

Prime is here to help!

For issues with the portal, please email providerinquiry@primetherapeutics.com. For retrospective requests or questions about existing authorizations, please call **(800) 443-5709**.

*ARBCBS FEP delegates Medical Pharmacy Prior Authorization (PA) management to Prime Therapeutics.

Important Dental Provider Reminder

Claims are being submitted using an individual dentist/provider NPI (Type 1) in the **Billing Provider** field instead of the clinic/group NPI (Type 2).

Impact

- Payment is determined by the **Billing Provider NPI**, not the Tax ID/EIN.
- When an individual provider's NPI is submitted, payment may be issued using the provider's tax information on file with Arkansas Blue Cross, which is often the provider's Social Security Number (SSN).
- If payment is intended for a clinic or group, the clinic/group NPI (Type 2) and associated tax information must be used.

Required Action

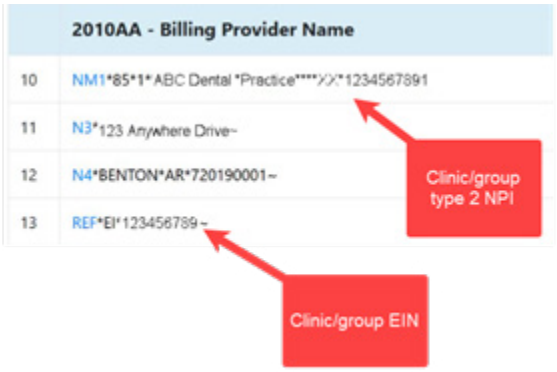
- Review and update billing systems to ensure claims are submitted with the correct **clinic/group billing provider information**.
- Contact your billing agency, Clearinghouse, or software vendor for assistance if necessary.

Technical Guidance

- On the **837D electronic dental claim**, the Billing Provider Name and NPI are reported in:
  - **Loop 2010AA**
  - **Segment NM1*85** (Billing Provider qualifier)
- This field should contain the **clinic/group NPI (Type 2)**, not the individual provider's NPI (Type 1).

Additional Support

- Providing the referenced image to your software vendor or clearinghouse may help them update the billing configuration correctly.



Arkansas School Employees/Public School Employees

Arkansas State Employees and Public School Employees (ASE/PSE) and Arkansas State Police (ASP) Transition to BlueAdvantage Administrators of Arkansas (BAA)

Effective January 1, 2027, the ASE/PSE plan and ASP plan will be under the BAA line of business. Historically, Health Advantage served as the third-party administrator for ASE/PSE and ASP.

The transition to BAA is expected to have minimum impact. Key considerations are listed below that may impact claims filing for dates of service 1/1/2027 and after.

- New ID cards will be issued for ASE/PSE and ASP displaying the BAA brand
- ASE/PSE and ASP will have new division/group numbers
- ASP will have a new prefix for the ID card number
- ASE/PSE will retain their current prefix and ID card number

Claims filing should include applicable information on the new ID card for claims to be accepted through Availity and processed correctly.

Questions regarding this transition can be directed to BAA customer service Monday-Friday, 8 am – 5 pm at **800-482-8416**.

Therapy Services Exception Request Guide

This training guide supports providers in accurately completing and submitting a Therapy Services Exception Request. It covers when an exception is required, what information must be included, and how to submit request for timely review.

Covered Therapy Services

- Occupational Therapy
- Physical Therapy
- Speech Therapy

Annual Therapy Benefit Limit

Coverage is limited to a combined total of 30 therapy visits per calendar year across occupational, physical, and speech therapy. Prior Authorization (PA) is not required for services within the benefit limit. Requests for services beyond this limit require an approved exception based on documented medical necessity and ongoing functional need.

When to Submit an Exception Request

Submit an exception request when:

- Member has reached or will exceed 30 therapy visits in the calendar year.
- Continued therapy is medically necessary.
- Clinical documentation supports continued functional improvement or reestablishing skills or functions that have been impaired or lost because of illness or injury.

Request for Urgency

Requests may be submitted as standard or urgent. Urgent requests should indicate that a delay in services may jeopardize the member's life, health, or ability to regain maximum function. Services submitted as urgent not meeting the above definition may be worked as standard.

Required Form

Exception requests received as an Initial authorization could get an automatic system response of "No PA Required". Prior Authorization is not required within member benefit limits. An exception is the type of review needed to avoid any disruption. Please use the appropriate exception form to ensure we receive your request for review.

Form Name: **Provider Exception Form**

Key Form Sections to Complete

Ensure the following sections are complete and accurate:

- Request type and provider contact information.
- Member information, as it appears in payer records.
- Therapy type, place of service, frequency, duration, and total visits requested.
- Requesting provider and servicing provider details.
- Diagnosis codes, procedure codes, and medical justification.

Required Supporting Documentation

Attach all relevant clinical records, including:

- Member clinical records supporting therapy needs, including documented deficits.
- Initial evaluation
- Treatment plan with measurable functional goals
- Progress notes (required for services exceeding 30 visits)
- Physician referral or prescription, if applicable.

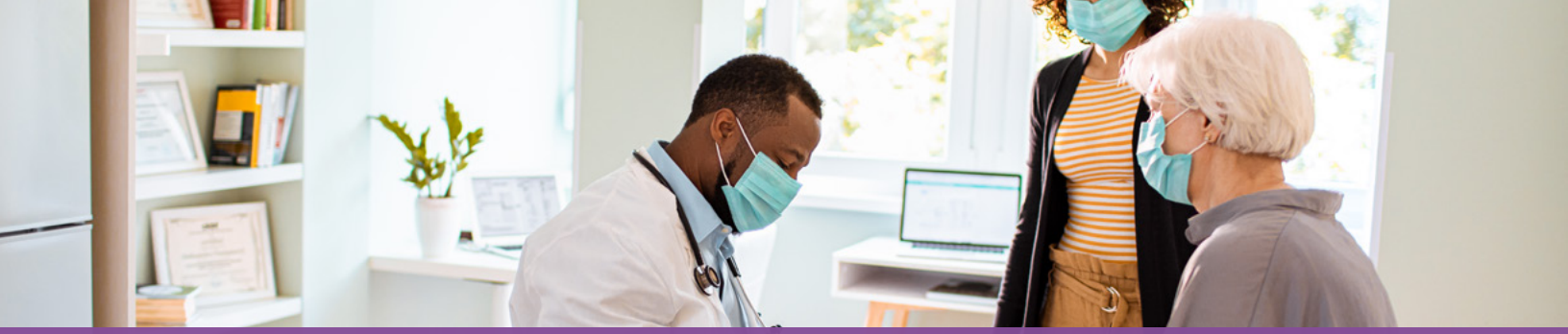
Submission Method

At this time, exception requests should be submitted by fax only. Portal submission could result in a "No PA Required" response. Please fax request to the appropriate number listed on the form.

Final Review Checklist

Before submitting, verify:

- Exception form is used.
- All required sections of the form are complete.
- Dates, codes, and requested visits are consistent.
- Documentation clearly supports medical necessity for visits beyond the annual limit for continued rehabilitation to regain skills or functions that may have been impaired by injury or illness.



Medicare Advantage

Availity – The Key to Self Service

Does your office use Availity? Save valuable time by using Availity to research questions versus contacting Customer Service. Most answers are at your fingertips with Availity, and those that aren't should be sent to your Medicare Advantage Network Specialist. This process ensures you receive the most accurate and complete information.

If you encounter an issue while using Availity, contact your **Medicare Network Specialists - Arkansas Blue Cross and Blue Shield**. Take your self-service to the next level with Availity.

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). You are legally required to maintain the accuracy of this data to not only validate your 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.

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**