

Prior Authorization List Updates

Notice of Material Amendment

Effective January 1, 2027, for the following lines of business, Prior Authorization will be required for the codes listed below:

- Blue Advantage Administrators of Arkansas
- Level-Funded
- SKAI Blue Cross Blue Shield

Disclaimer: This list may not apply to all benefit plans. Please refer to the member's specific benefit plan details or contact Customer Service using the phone number on the back of the member ID card.

- 0686U-Oncology (prostate), mRNA, next generation sequencing (NGS) gene expression profiling of 22 genes, formalin fixed paraffin embedded (FFPE) tissue, algorithm reported as risk score
- E0788-Ambulatory infusion pump, specific device drug combination, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
- L1330-Thoracic orthosis, sternal and/or sternocostal compression, may include anterior and/or posterior pads, panels, with or without frame, prefabricated, includes fitting and adjustment
- L1972-Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, off the shelf