PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
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.arkansasbluecross.com/members/report.aspx?policyNumber=2024030

		<u>Investigational Not Covered For Contracts Without Primary Coverage Criteria</u> 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			

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.arkansasbluecross.com/members/report.aspx?policyNumber=2024051

		• **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:** Every 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 • **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. 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.arkansasbluecross.com/members/report.aspx?policyNumber=2024057