June 2026

PROVIDERS' NEWS

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

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PROVIDERS' NEWS

Thank you for reviewing Arkansas Blue Cross Blue Shield's June 2026 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.

What's inside?

Arkansas Blue Cross and Blue Shield

2026 InterQual Update Summary

This is a notice of material amendment for adoption of 2026 InterQual® content release. The following is a summary of changes that will be effective 8/15/2026.

Durable Medical Equipment

New HCPCS codes:

Orthoses, Lower Extremity, Knee-Ankle-Foot (KAFO) and Ankle-Foot (AFO)

- L1933 was added to Prefabricated, off-the-shelf orthosis (minimal modifications)
- L1952 was added to Prefabricated, off-the-shelf orthosis (minimal modifications)

Prosthetics, Lower Extremity

- L5657 was added to Socket suspension and inserts
- L5783 was added to Socket additions and modifications and Other socket additions and modifications
- L5827 was added to Upgrades for endoskeletal knee-shin system
- L5841 was added to Upgrades for endoskeletal knee-shin system
- L5982 was added to Ankle axial rotation unit or multiaxial ankle, swing phase active dorsiflexion feature
- L5926 was added to Other additions and accessories to above knee prostheses

Orthoses, Cranial Remodeling

In Orthoses, Cranial Remodeling, a replacement request pathway was added so that users can now request a replacement cranial remodeling orthosis (S1040) or cranial cervical orthosis (L0112 & L0113). This pathway was created to improve usability and align with other DME subset formatting.

The indications for cranial remodeling orthoses (S1040) changed so that questions related to torticollis were removed, as these orthoses address positional plagiocephaly and are not primarily used to address torticollis.

The indications for cranial cervical orthoses (L0112 & L0113) also changed so that questions related to positional plagiocephaly were removed as these orthoses address torticollis and are not primarily used to address positional plagiocephaly.

Prosthetics, Lower Extremity

Changed Subset:

To better align with clinical practice, the subset was change to allow individuals with a K2 functional level consideration for prosthetic upgrades for:

- Features for functional level K2 or above (L5613, L5822, L5824, L5826, L5827, L5828, L5830, L5840, L5841) When Upgrades for endoskeletal knee-shin system (L5611, L5613, L5616, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5827, L5828, L5830, L5840, L5841)
- HCPCS code L5614 describes an addition to an exoskeletal prosthesis system. This code was removed from questions specific to upgrades to endoskeletal knee-shin systems to improve accuracy and usability.

Initial Request or Request for additional components and accessories only

- Added axial rotation unit L5982. HCPCS code L5982 can be used to request an exoskeletal prosthetic accessory for a below knee prosthesis and an exoskeletal prosthetic accesory for a hip disarticulation or hemiplevectomy prosthesis.Replacement of current prosthesis, components, and/or accessories
- Changed Axial rotation unit with or without adjustability (L5984) to Axial rotation unit (L5982, L5984)
- Changed Upgrades for exoskeletal knee-shin system (L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780) to Upgrades for exoskeletal knee-shin system (L5614, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780). Included L5614 to criterion to improve clarity and better improve usability
- Added Type of prosthesis and/or associated components/accessories requested, Exoskeletal (L5982); Endoskeletal (L5984)

Wheelchair Options and Accessories

In the subset, Wheelchair Options and Accessories, the replacement battery pathway was combined with the replacement request pathway to assist with review efficiency and eliminate separate reviews if both replacement options or accessories and batteries are requested.

Procedures Criteria

Exercise Treadmill Testing

Criteria updated throughout to improve usability.

- Changed Resting electrocardiogram (ECG) interpretable to Resting electrocardiogram (ECG) interpretable for ischemia
- Removed indication Evaluate effectiveness of rate-responsive pacemaker due to low usage.
- Changed indication Presyncope or syncope by history with nondiagnostic electrocardiogram (ECG) To Presyncope or syncope by history
- Changed indication Nonsustained (≤ 30 seconds) ventricular tachycardia (VT) by electrocardiogram (ECG) To Nonsustained ventricular tachycardia (NSVT) by electrocardiogram (ECG). Reflects current guideline terminology.
- Changed Exercise-induced presyncope or syncope To Presyncope or syncope during or immediately after exertion. Reflects current guideline terminology.
- Added Contraindications to stress testing when Structural heart disease (SHD) by transthoracic echocardiogram (TTE) or transesophageal echocardiogram (TEE). Certain types of structural heart disease are a contraindication to stress testing.

- Added Contraindications to stress testing When New palpitations or tachycardia with structural heart disease (SHD). Certain types of structural heart disease are a contraindication to stress testing.

Percutaneous Coronary Intervention

Single vessel disease; Two vessel disease; Three vessel disease; Previous coronary artery bypass grafting (CABG)

- Changed ≥ 3 hours and ≤ 24 hours To ≥ 2 hours and ≤ 24 hours when ST-elevation myocardial infarction (STEMI) (urgent) When Status post fibrinolytic. Percutaneous coronary intervention (PCI) is considered appropriate when the listed criteria are met.

Decompression +/- Fusion, Lumbar

Changed "nerve root compression" to "nerve or nerve root compression" for all indications within Decompression +/- Fusion, Lumbar subset. Surgical decompressive spinal procedures may be appropriate when imaging shows either a nerve or a nerve root being compressed.

Obstetrics & Gynecology

For individuals aged 45 or older with abnormal uterine bleeding, criteria were added for endometrial evaluation to rule out endometrial cancer or other causes of bleeding before any interventions are performed.

- The definition of infertility was clarified and updated to align with current guidelines.
- Criteria for simple hysterectomy were added for individuals with cervical cancer stage IA2 or IB1 when specific tumor characteristics (e.g., histology, size, conization findings, depth of invasion) are present.
- Throughout the updated subsets listed below, removed criteria referring to continued symptoms or findings after treatment to streamline criteria, since pathways are often structured to to review symptoms and findings first, then review the prior treatments, and the continued nature of symptoms or findings is implied.

Dilatation and Curettage (D & C)

- Postpartum uterine bleeding. Removed Continued bleeding after treatment when Abnormal bleeding ≤ 24 hours post delivery (urgent) When NO Hemodynamic instability.
- Abnormal uterine bleeding in individual age < 45. Changed Thyroid disease excluded or treated to Thyroid disease not suspected or excluded or treated. Although thyroid function testing is commonly part of the evaluation of abnormal uterine bleeding, there are clinical scenarios where it may not be necessary, such as when an etiology has already been identified or when the clinical evaluation does not suggest thyroid abnormalities.

Hysterectomy, +/- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy

Subset

Changed indication Cervical cancer stage IA1 with no lymphovascular space invasion (LVSI) to Cervical cancer stage IA1 or IA2 or IB1 with no lymphovascular space invasion (LVSI). Hysterectomy may be appropriate for select patients with cervical cancer stage IA1, IA2, or IB1.

- Cervical cancer stage IA1 or IA2 or IB1 with no lymphovascular space invasion (LVSI). Added Stage IA2; Stage IB1. Hysterectomy may be appropriate for patients with cervical cancer stage IA2 or IB1 if tumor characteristics (e.g., histology, size, conization findings, depth) meet specific criteria.
- Cervical cancer stage IA1 or IA2 or IB1 with no lymphovascular space invasion (LVSI). Changed recommendation from Hysterectomy +/- BSO or Bilateral Salpingectomy for Endocervical adenocarcinoma in situ or Cervical cancer stage IA1 with no lymphovascular space invasion To Hysterectomy +/- BSO or Bilateral Salpingectomy for Endocervical adenocarcinoma in situ or Cervical cancer with no lymphovascular space invasion. When no lymphovascular space invasion (LVSI) is present, hysterectomy may be appropriate for individuals with cervical cancer stage IA2 or IB1 as well as individuals with cervical cancer stage IA1.

- Fibroids by imaging in premenopausal or perimenopausal individual. Added Age < 45 years, Age ≥ 45 years. Individuals aged 45 or older with abnormal uterine bleeding should be evaluated for endometrial cancer before a hysterectomy is performed.
- Abnormal uterine bleeding in premenopausal individual. Changed Thyroid disease excluded or treated to Thyroid disease not suspected or excluded or treated. Although thyroid function testing is commonly part of the evaluation of abnormal uterine bleeding, there are clinical scenarios where it may not be necessary, such as when an etiology has already been identified or when the clinical evaluation does not suggest thyroid abnormalities.
- Adenomyosis suspected by imaging. Added Age < 45 years; Age ≥ 45 years. Individuals aged 45 or older with abnormal uterine bleeding should be evaluated for endometrial cancer before a hysterectomy is performed.

Hysterectomy, Radical

- Cervical cancer stage IB1. Added recommendations Hysterectomy, Modified Radical, Laparoscopic for Cervical Cancer (Limited Evidence, additional review required); Pelvic Lymph Node Dissection (Limited Evidence, additional review required) When YES Minimally invasive surgical approach planned. In addition to a laparoscopic radical hysterectomy with pelvic lymph node dissection (PLND), a modified laparoscopic hysterectomy with PLND may be appropriate for patients with stage IB1 cervical cancer when a minimally invasive approach is preferred.
- Cervical cancer stage IB1. Added recommendations Hysterectomy, Modified Radical, Open for Cervical Cancer; Pelvic Lymph Node Dissection When NO Minimally invasive surgical approach planned. In addition to an open radical hysterectomy with pelvic lymph node dissection (PLND), a modified open hysterectomy with PLND may be appropriate for patients with stage IB1 cervical cancer.
- Abnormal uterine bleeding in premenopausal individual. Changed Thyroid disease excluded or treated to Thyroid disease not suspected or excluded or treated. Although thyroid function testing is commonly part of the evaluation of abnormal uterine bleeding, there are clinical scenarios where it may not be necessary, such as when an etiology has already been identified or when the clinical evaluation does not suggest thyroid abnormalities.

Hysteroscopy, Operative

- Resection of submucosal fibroids in premenopausal individual. Added Age < 45 years; Age ≥ 45 years. Individuals aged 45 or older with abnormal uterine bleeding should be evaluated for endometrial cancer.
- Resection of submucosal fibroids in premenopausal individual. Changed Infertility to Infertility (inability to achieve or maintain pregnancy)When Age < 45 years. Change was made to clarify the intent of the criteria. Infertility is defined as the inability to achieve pregnancy (conceive) or to maintain a pregnancy to live birth.
- Resection of submucosal fibroids in premenopausal individual. Changed Age < 35 with inability to become pregnant ≥ 1 year; Age ≥ 35 with inability to become pregnant ≥ 6 months To Age < 35 with inability to achieve successful pregnancy ≥ 1 year; Age ≥ 35 with inability to achieve successful pregnancy ≥ 6 months. When Age < 45 years When Infertility (inability to achieve or maintain pregnancy). Evaluation or intervention for infertility is appropriate when an individual is unable to achieve a successful pregnancy after 12 months if under age 35, or after 6 months if age 35 or older.
- Resection of submucosal fibroids in premenopausal individual. Removed Thyroid disease excluded or treated When Age < 45 years When Infertility (inability to achieve or maintain pregnancy) When Age < 35 with inability to achieve successful pregnancy become pregnant ≥ 1 year; Age ≥ 35 with inability to achieve successful pregnancy become pregnant ≥ 6 months. Although thyroid function testing is commonly part of the evaluation of abnormal uterine bleeding, there are clinical scenarios where it may not be necessary, such as when an etiology has already been identified or when the clinical evaluation does not suggest thyroid abnormalities.
- Resection of submucosal fibroids in premenopausal individual. Added ≥ 2 episodes spontaneous abortion or

recurrent pregnancy loss occurring ≥ 6 weeks from last menstrual period (LMP) When Age < 45 years When Infertility (inability to achieve or maintain pregnancy).
Operative hysteroscopy may be appropriate for individuals with infertility who have recurrent pregnancy loss or 2 or more spontaneous abortions occurring at least 6 weeks after the last menstrual period.

- Endometrial ablation for abnormal uterine bleeding in premenopausal individual. Changed Thyroid disease excluded or treated to Thyroid disease not suspected or excluded or treated. Although thyroid function testing is commonly part of the evaluation of abnormal uterine bleeding, there are clinical scenarios where it may not be necessary, such as when an etiology has already been identified or when the clinical evaluation does not suggest thyroid abnormalities.
- Endometrial ablation for abnormal uterine bleeding in premenopausal individual. Added Biopsy planned with operative hysteroscopy
When Age ≥ 45. Operative hysteroscopy is appropriate for individuals aged 45 or older with abnormal uterine bleeding when a biopsy is planned during the procedure.

Hysteroscopy, Operative

- Tubal cannulation. Changed Age < 35 with inability to become pregnant ≥ 1 year; Age ≥ 35 with inability to become pregnant ≥ 6 months To Age < 35 with inability to achieve successful pregnancy ≥ 1 year; Age ≥ 35 with inability to achieve successful pregnancy ≥ 6 months.Evaluation or intervention for infertility is appropriate when an individual is unable to achieve a successful pregnancy after 12 months if under age 35, or after 6 months if age 35 or older.
- Tubal cannulation. Added ≥ 2 episodes spontaneous abortion or recurrent pregnancy loss occurring ≥ 6 weeks from last menstrual period (LMP). Operative hysteroscopy may be appropriate for individuals with infertility who have recurrent pregnancy loss or 2 or more spontaneous abortions occurring at least 6 weeks after the last menstrual period.

Laparoscopy, Diagnostic (Pelvic)

- Subset- Removed indication Infertility. Indication was removed due to low usage.

Myomectomy

- Intramural or subserosal fibroids by imaging in premenopausal or perimenopausal individual.Added Age < 45 years; Age ≥ 45 years.
Individuals aged 45 or older with abnormal uterine bleeding should be evaluated for endometrial cancer before a myomectomy is performed.
- Intramural or subserosal fibroids by imaging in premenopausal or perimenopausal individual. Changed Infertility to Infertility (inability to achieve or maintain pregnancy) When Age < 45 years. Change was made to clarify the intent of the criteria. Infertility is defined as the inability to achieve pregnancy (conceive) or to maintain a pregnancy to live birth.
- Intramural or subserosal fibroids by imaging in premenopausal or perimenopausal individual. Changed Age < 35 with inability to become pregnant ≥ 1 year; Age ≥ 35 with inability to become pregnant ≥ 6 months To Age < 35 with inability to achieve successful pregnancy ≥ 1 year; Age ≥ 35 with inability to achieve successful pregnancy ≥ 6 months When Age < 45 years When Infertility (inability to achieve or maintain pregnancy). Evaluation or intervention for infertility is appropriate when an individual is unable to achieve a successful pregnancy after 12 months if under age 35, or after 6 months if age 35 or older.
- Intramural or subserosal fibroids by imaging in premenopausal or perimenopausal individual. Added ≥ 2 episodes spontaneous abortion or recurrent pregnancy loss occurring ≥ 6 weeks from last menstrual period (LMP) When Age < 45 years When Infertility (inability to achieve or maintain pregnancy). Myomectomy may be appropriate for individuals with fibroids and infertility who have recurrent pregnancy loss or 2 or more spontaneous abortions occurring at least 6 weeks after the last menstrual period.

- Intramural or subserosal fibroids by imaging in premenopausal or perimenopausal individual. Removed Thyroid disease excluded or treated When Age < 45 years When Infertility (inability to achieve or maintain pregnancy) When Age < 35 with inability to achieve successful pregnancy ≥ 1 year; Age ≥ 35 with inability to achieve successful pregnancy ≥ 6 months. Change was made to streamline the criteria and remove redundancy. Thyroid function testing is part of a standard evaluation for ovulatory function for the individual presenting with infertility. Testing for ovulatory function is captured in other criteria.
- Intramural or subserosal fibroids by imaging in premenopausal or perimenopausal individual. Removed Age > 50 When Age < 45 years When Infertility (inability to achieve or maintain pregnancy) When Age < 35 with inability to achieve successful pregnancy ≥ 1 year; Age ≥ 35 with inability to achieve successful pregnancy ≥ 6 months When YES Laparoscopic power morcellation with tissue containment system planned. Criteria were removed because an individual's age range will be established earlier in the review.
- Intramural or subserosal fibroids by imaging in premenopausal or perimenopausal individual. Removed Age > 50 When Age < 45 years When Abnormal uterine bleeding interferes with ADLs or anemia by history; Significant enlargement of uterine or fibroid size by imaging within 1 year; Ureteral compression by imaging; Pelvic or abdominal pain or discomfort and other etiologies excluded; Urinary frequency or urgency and other etiologies excluded; Dyspareunia and other etiologies excluded When YES Laparoscopic power morcellation with tissue containment system planned. Criteria were removed because an individual's age range will be established earlier in the review.

Uterine Artery Embolization (UAE)

- Fibroids by imaging in premenopausal individual. Added Age < 45 years; Age ≥ 45 years. Individuals aged 45 or older with abnormal uterine bleeding should be evaluated for endometrial cancer before a uterine artery embolization (UAE) is performed.

Oro-Maxillo-Facial, Dental & Otolaryngology

Arthroplasty, Temporomandibular Joint (TMJ): revised the required therapies that should be tried prior to arthroplasty, and expanded the indications with additional subtypes of intra-articular temporomandibular disorder.

Orthognathic Surgery: Requirement for dental model assessments were removed to streamline criteria as there are variations in practice in how these models are completed, utilized, and documented in the medical record.

Orthopedic – Upper Extremity

Median Nerve Decompression +/- Neurolysis, Wrist: added severity of symptoms for carpal tunnel syndrome (CTS) as defined by guidelines. Created distinct pathways for patients who have mild, moderate, and severe carpal tunnel syndrome (CTS). Included the CTS-6 score and ultrasound (US) or MRI that can be utilized to help confirm the diagnosis of carpal tunnel syndrome prior to surgical intervention. Clarified that nerve conduction studies (NCS) with or without electromyography (EMG) are appropriate for diagnosis of carpal tunnel syndrome (CTS). Added corticosteroid injection as a conservative treatment for patients with carpal tunnel syndrome (CTS). Added limited evidence pathways in patients who have moderate severity symptoms of carpal tunnel syndrome (CTS) with a high probability CTS-6 score of at least 12 without prior conservative treatment.

Median Nerve Decompression +/- Neurolysis, Wrist

- Left wrist; Right wrist. Changed 2-point discrimination > 6 mm in median nerve distribution or Semmes-Weinstein value > 3.61 To Constant sensory deficits in median nerve distribution. The change was made to align with current guidelines. Severe carpal tunnel syndrome (CTS) is described as a constant loss of sensation in the median nerve distribution.
- Left wrist; Right wrist. Changed Electromyography (EMG) and nerve conduction study (NCS) positive for median nerve compression at the wrist To Nerve conduction studies (NCS) with or without electromyography (EMG) shows moderate or severe median nerve compression at the wrist When Weakness of thenar muscles;

Atrophy of thenar muscles; Constant sensory deficits in median nerve distribution. The change was made to align with current guidelines. Nerve conduction studies (NCS) with or without electromyography (EMG) can be performed to confirm carpal tunnel syndrome (CTS).

- Left wrist; Right wrist. Added Ultrasound (US) or MRI shows moderate or severe median nerve compression at the wrist; CTS-6 score ≥ 12; None of the above, more choicesWhen Weakness of thenar muscles; Atrophy of thenar muscles; Constant sensory deficits in median nerve distribution. Median nerve decompression is appropriate in patients who have severe clinical symptoms or findings of carpal tunnel syndrome (CTS) along with findings of moderate or severe median nerve compression by Ultrasound (US) or MRI or a high probability CTS-6 score of at least 12.
- Left wrist; Right wrist. Changed Pain in median nerve distribution; Paresthesias or numbness in median nerve distribution To Pain or paresthesias or numbness in median nerve distribution When None of the above, more choices. The change was made to streamline and expand criteria to include clinical presentation of moderate carpal tunnel syndrome (CTS) to align with current guidelines.
- Left wrist; Right wrist. Added Frequent nighttime awakenings or frequent activity-related symptoms When None of the above, more choices. Frequent nighttime awakenings or frequent activity-related symptoms are symptoms of a patient who has moderate carpal tunnel syndrome (CTS).
- Left wrist; Right wrist. Changed rule of at least ONE to a combination rule for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices. The severity and appropriate treatment of carpal tunnel syndrome (CTS) depend on the individual's symptom presentation. This criteria rule change supports different treatment pathways based on whether the condition is classified as mild or moderate. Patients who have moderate CTS present with frequent nighttime awakenings or frequent activity-related symptoms or impaired dexterity with or without pain, paresthesias or numbness in median nerve distribution. Patients who have mild CTS present with pain, paresthesias or numbness in median nerve distribution.
- Left wrist; Right wrist. Changed Decreased light touch or vibratory sense or 2-point discrimination in median nerve distribution To Decreased light touch or vibratory sense or 2-point discrimination When None of the above, more choices When Rule of at least TWO for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity. The change was made to streamline criteria. Median nerve distribution was moved to a header in the pathway for patients who have moderate carpal tunnel syndrome (CTS).
- Left wrist; Right wrist. Changed Decreased light touch or vibratory sense or 2-point discrimination in median nerve distribution To Decreased light touch or vibratory sense or 2-point discrimination When None of the above, more choices When Rule of ONE and is Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterityThe change was made to streamline criteria. Median nerve distribution was moved to a header in the pathway for patients who have moderate carpal tunnel syndrome (CTS).
- Left wrist; Right wrist. Added Nerve conduction studies (NCS) with or without electromyography (EMG) shows moderate or severe median nerve compression at the wrist; Ultrasound (US) or MRI shows moderate or severe median nerve compression at the wrist; None of the above, more choices When None of the above, more choices When Rule of at least TWO for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity. Median nerve decompression is appropriate in patients who have moderate clinical symptoms or findings of carpal tunnel syndrome (CTS) along with either findings of moderate or severe median nerve compression by nerve conduction studies (NCS) with or without electromyography (EMG) or findings of moderate or severe median nerve compression by Ultrasound (US) or MRI.
- Left wrist; Right wrist. Added Nerve conduction studies (NCS) with or without electromyography (EMG) shows moderate or severe median nerve compression at the wrist; Ultrasound (US) or MRI shows moderate or severe median nerve compression at the wrist; None of the above, more choices When None of the above,

more choices When Rule of ONE and is Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity. Median nerve decompression is appropriate in patients who have moderate clinical symptoms or findings of carpal tunnel syndrome (CTS) along with either findings of moderate or severe median nerve compression by nerve conduction studies (NCS) with or without electromyography (EMG) or findings of moderate or severe median nerve compression by Ultrasound (US) or MRI.

- Left wrist; Right wrist. Added High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12 When None of the above, more choices When Rule of at least TWO for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices. Median nerve decompression may be appropriate in patients who have moderate clinical symptoms or findings of carpal tunnel syndrome (CTS) along with a high probability CTS-6 score of at least 12.
- Left wrist; Right wrist. Added High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12 When None of the above, more choices When Rule of ONE and is Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices. Median nerve decompression may be appropriate in patients who have moderate clinical symptoms or findings of carpal tunnel syndrome (CTS) along with a high probability CTS-6 score of at least 12.
- Left wrist; Right wrist. Added Corticosteroid injection When None of the above, more choices When Rule of at least TWO for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When YES High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12 Corticosteroid injections are appropriate to perform as a conservative treatment when indicated prior to median nerve decompression for patients who have moderate carpal tunnel syndrome (CTS).
- Left wrist; Right wrist. Added Corticosteroid injection. When None of the above, more choices When Rule of ONE and is Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When YES High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12. Corticosteroid injections are appropriate to perform as a conservative treatment when indicated prior to median nerve decompression for patients who have moderate carpal tunnel syndrome (CTS).
- Left wrist; Right wrist. Added No conservative treatment attempted When None of the above, more choices When Rule of at least TWO for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When YES High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12. The change was made to expand the criteria to include patients who have moderate carpal tunnel syndrome (CTS) clinical symptoms and findings and a high probability CTS-6 score of at least 12 that did not attempt conservative treatment.
- Left wrist; Right wrist. Added No conservative treatment attempted. When None of the above, more choices When Rule of ONE and is Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When YES High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12. The change was made to expand the criteria to include patients who have moderate carpal tunnel syndrome (CTS) clinical symptoms and findings and a high probability CTS-6 score of at least 12 that did not attempt conservative treatment.
- Left wrist; Right wrist. Recommendation. Added new recommendations Median Nerve Decompression +/- Neurolysis, Left Wrist (Limited Evidence, additional review required), Median Nerve Decompression +/- Neurolysis, Right Wrist (Limited Evidence, additional review required) When None of the above, more choices When Rule of at least TWO for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When YES High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12 When Rule of ONE and is No conservative treatment attempted. There is some evidence to support median nerve decompression for patients who have moderate clinical symptoms or findings of carpal tunnel syndrome

(CTS) along with a high probability CTS-6 score of at least 12 without having completed any conservative treatment prior to surgical intervention.

- Left wrist; Right wrist. Recommendation. Added new recommendations Median Nerve Decompression +/- Neurolysis, Left Wrist (Limited Evidence, additional review required), Median Nerve Decompression +/- Neurolysis, Right Wrist (Limited Evidence, additional review required). When None of the above, more choices When Rule of ONE and is Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When YES High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12 When Rule of ONE and is No conservative treatment attempted. There is some evidence to support median nerve decompression for patients who have moderate clinical symptoms or findings of carpal tunnel syndrome (CTS) along with a high probability CTS-6 score of at least 12 without having completed any conservative treatment prior to surgical intervention.
- Left wrist; Right wrist. Added Nerve conduction studies (NCS) with or without electromyography (EMG) shows mild median nerve compression at the wrist; Ultrasound (US) or MRI shows mild median nerve compression at the wrist; Intermediate probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 5 and < 12 When None of the above, more choices When Rule of at least TWO for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When NO High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12 Median nerve decompression is appropriate in patients who have moderate clinical symptoms or findings of carpal tunnel syndrome (CTS) along with either findings of mild median nerve compression by nerve conduction studies (NCS) with or without electromyography (EMG), findings of mild median nerve compression by Ultrasound (US) or MRI, or intermediate probability CTS-6 score after undergoing conservative treatment.
- Left wrist; Right wrist. Added Nerve conduction studies (NCS) with or without electromyography (EMG) shows mild median nerve compression at the wrist; Ultrasound (US) or MRI shows mild median nerve compression at the wrist; Intermediate probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 5 and < 12 When None of the above, more choices When Rule of ONE and is Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When NO High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12
  Median nerve decompression is appropriate in patients who have moderate clinical symptoms or findings of carpal tunnel syndrome (CTS) along with either findings of mild median nerve compression by nerve conduction studies (NCS) with or without electromyography (EMG), findings of mild median nerve compression by Ultrasound (US) or MRI, or intermediate probability CTS-6 score after undergoing conservative treatment.
- Left wrist; Right wrist. Added Positive Phalen test or Tinel sign or median nerve compression test; Decreased light touch or vibratory sense or 2-point discrimination When None of the above, more choices When Rule of ONE and is Pain or paresthesias or numbness in median nerve distribution. Patients who have mild carpal tunnel syndrome (CTS) symptoms or findings must also have physical examination findings of either a positive orthopedic test (i.e., Phalen test, Tinel sign, median nerve compression) or decreased sensory testing (i.e., light touch, vibratory sense, 2-point discrimination).
- Left wrist; Right wrist. Added Nerve conduction studies (NCS) with or without electromyography (EMG) shows positive median nerve compression at the wrist; Ultrasound (US) or MRI shows median nerve compression at the wrist; High or intermediate probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 5 When None of the above, more choices When Rule of ONE and is Pain or paresthesias or numbness in median nerve distribution. Median nerve decompression is appropriate in patients who have mild clinical symptoms or findings of carpal tunnel syndrome (CTS) along with either findings of median nerve compression by nerve conduction studies (NCS) with or without electromyography (EMG), findings of median nerve compression by Ultrasound (US) or MRI, or intermediate or high probability CTS-6 score after undergoing conservative treatment.

Orthognathic Surgery (Pediatric)

- Orthognathic Surgery (Pediatric): Requirement for dental model assessments were removed to streamline criteria as there are variations in practice in how these models are completed, utilized, and documented in the medical record.Anteroposterior discrepancy; Vertical discrepancy; Transverse discrepancy; Asymmetry. Changed Medical record contains preoperative dental model assessment and facial photographs to Medical record contains preoperative facial photographs. Completion of dental model assessments in the preoperative process is a standard component of an evaluation for orthognathic surgery; however, there are variations for how these are completed, utilized for surgical planning, and documenting it in the medical record.

Aligning with CMS Changes to Inpatient only & ASC Procedure/Outpatient Hospital Lists

Arkansas Blue Cross and Blue Shield and its affiliated health plans (Arkansas Blue Medicare, BlueAdvantage Administrators of Arkansas, Health Advantage, Octave Blue Cross and Blue Shield and Skai Blue Cross and Blue Shield) are aligning with changes recently made by the Centers for Medicare & Medicaid Services (CMS) regarding allowed sites of care for more than 574 clinical procedures.

The changes will apply to dates of service of August 1, 2026, or thereafter.

As of January 1, 2026, CMS:

- **Removed** 285 mostly musculoskeletal procedures from its list of procedures that must be performed in an inpatient hospital to be covered (and thus paid for) by Medicare or Medicaid. This change does not preclude those procedures from being performed at in inpatient hospital – it merely means they may be performed in an outpatient hospital setting (based at a hospital but not requiring an overnight stay) when clinically appropriate. See the list of removed procedures in Table 119 of the CMS Final rule at **https://public-inspection.federalregister.gov/2025-20907.pdf**.
- **Added** another 289 procedures (from a wide range of clinical categories) to its list of covered procedures that may be performed in an ambulatory surgery center (ASC) or outpatient hospital setting, when clinically appropriate. ASCs are not located inside an inpatient hospital and cannot accommodate an overnight stay. See the list of added procedures in Tables 131 and 132 at **https://public-inspection.federalregister.gov/2025-20907.pdf**.

The CMS changes will be adopted for Arkansas Blue Cross and all its affiliated health plans (**all lines of business**), both fully insured (those for which claims are paid from the insurance company's funds) and self-funded (those paying claims from their own funds).

The CMS changes are in line with the federal agency's belief that "the evolving nature of the practice of medicine allows more procedures to be performed on an outpatient basis with a shorter recovery time" and give healthcare providers greater flexibility in determining the most appropriate site of service.

For members of self-funded group health plans, a pre-service review is necessary to verify whether the desired site of care meets the clinical criteria for evidence-based medical necessity and level of care.

For members of fully insured group and individual health plans, healthcare providers can voluntarily submit an organizational determination of benefits inquiry ***prior*** to scheduling affected procedures to allow for a pre-service review of evidence-based medical necessity and the site's level of care. These procedures are subject to post-

service utilization management reviews. If an organizational determination of benefits inquiry is not submitted prior to the procedure, it increases the chances of the claim being denied if the procedure is deemed not to meet the criteria for medical necessity and the level of care the site should be able to provide.

Availity Member Search Requirements

To ensure HIPAA compliance and prevent incidental disclosure of PHI, member search options in Availity will require one of the following combinations, which all include member ID:

- Member ID, Member Last Name, Member First Name, Member Date of Birth
- Member ID, Member Last Name, Member First Name
- Member ID, Member Last Name, Member Date of Birth
- Member ID, Member First Name, Member Date of Birth
- Member ID, Member Date of Birth

The requirement to use Member ID is the same for all lines of business including Arkansas Blue Cross and Blue Shield, Health Advantage, Blue Advantage Administrators, Blue Medicare, Federal Employee Program, Octave, and Skai Blue Cross. Blue Card members have historically required member ID. If you have any questions, contact your **Network Development Rep (NDR)**.

Closing The Access Gap: Small Steps, Big Impact

A survey was recently conducted to gauge members' experience with accessing care and interacting with providers. The results were positive overall with 62% reporting no challenges receiving care and 65% finding it easy to schedule an appointment. Results also showed that 77% of members found it easy to find a specialist, while 63% found it easy to find a behavioral health provider.

Some members identified the following as barriers to accessing care:

- Extended waiting times between scheduling an appointment and the actual appointment date
- Provider directory inaccuracies
- Limited assistance with referrals to other providers

To assist members who have difficulty locating and scheduling appointments with providers, we ask for your help in conveying the following information to members seen in your office:

- **Notify patients of the possibility of extended wait times for specialist appointments.** Arkansas Blue Cross has a robust provider network to serve members' needs. Help adjust member expectations related to specialist appointment scheduling by notifying them that there may be an extended waiting time to be seen. Longer waiting times for appointments is a current trend seen across many healthcare delivery systems. If a patient has an urgent need for an appointment, consider making a direct call to the provider to help facilitate an earlier appointment.
- **Notify patients when telehealth options are available.** Research shows that many patients are open to telehealth visits. This type of visit can be a more convenient option for patients and often allows them to be seen faster. Make patients aware that this is a option if applicable to your practice.
- **Consider integrating behavioral health services into your practice.** Addressing the behavioral health needs of patients can improve their overall health outcomes. Some primary care providers have increased access

to behavioral healthcare for patients by integrating behavioral health clinicians into their practice. The AMA has some online resources with more information on how behavioral health integration could work in your practice.

- **Notify patients that they may need to schedule their own behavioral health appointment.** Behavioral health specialists often require patients to call and schedule appointments themselves to protect confidentiality. Make sure patients are aware of this common requirement when referring for behavioral health.
- **Notify us of necessary updates to the provider directory.** Members rely on the provider directory to find providers needed for their care. If your new patient acceptance status, office location, contact information, or network participation status has changed, please notify your Network Development Representative so the provider directory can be updated.

With your partnership, we can reduce barriers that impede access to care. These small steps can have a big impact on the overall member experience. For additional information, resources, and support:

- Visit arkbluecross.com/providers
- Contact your Network Development Representative

Enhancing Payer–Provider Collaboration to Improve Patient Experience with Prior Authorizations

Effective collaboration between payers and providers is crucial for delivering high-quality, affordable healthcare, especially during the prior authorization (PA) process. By working together quickly, patients obtain faster access to necessary care, which improves health outcomes and maintains continuity of care.

Prompt responses to PA requests help reduce delays and administrative burdens. When supplied with timely, complete documentation, payers can make faster decisions, resulting in better patient outcomes and less strain on staff.

Additionally, timely PA decisions enhance the patient's experience. Delays can cause anxiety and distrust. Proactive management and clear communication about authorization status help build confidence in care teams.

From an operational perspective, effective authorization workflows reduce administrative challenges and frustrations. Simplifying this process can decrease costs and boost overall system efficiency. Strengthening payer-provider collaboration around PA is essential for improving patient care and system sustainability, ensuring patients receive the right care at the right time.

Maternity Services Coding Changes

CPT® code modernization bringing changes in billing for pregnancy/delivery services

The **American Medical Association (AMA)**, which created and administers **Current Procedural Terminology** (CPT®) medical coding system, is modernizing its "global" classification of **maternity care services** to more accurately reflect how, when and where healthcare providers actually deliver those services today.

In basic terms, the changes represent a shift away from "bundling" the entire continuum of maternity services. As part of this transition to group services under the classifications of **antepartum care**, **labor management**, **delivery**

care and **postpartum care**, the AMA will:

- **Delete 17** CPT codes
- **Add 12** CPT codes
- **Revise 6** codes

The AMA's CPT coding changes officially take effect **January 1, 2027**, but because the delivery of maternity care is a monthslong process, Arkansas Blue Cross and Blue Shield is proactively taking steps to ensure that providers can **make this transition smoothly**, with as little disruption as possible to the flow of submitted claims.

Arkansas Blue Cross is following the recommendations the **American College of Obstetricians & Gynecologists** (ACOG) has offered to health insurers regarding the maternity care CPT code changes and is actively engaged in reconfiguring our claims systems to accommodate the shift.

As a lead-up to the AMA's January 1, 2027, CPT code changes, Arkansas Blue Cross recommends a set of **maternity billing guidelines** for the **initial prenatal visits for confirmation of pregnancy** of pregnant Arkansas Blue Cross members within the following date ranges in 2026:

- **Until May 15, 2026** – **Global obstetric codes** still may be used
- **May 15, 2026 - July 14, 2026** – Use **CPT code 59426** + delivery only
- **July 15, 2026 - September 1, 2026** – Use **CPT code 59425** + delivery

These changes in coding for maternity care services apply to **all lines of business**. Arkansas Blue Cross will provide **further guidance** on recommended billing practices for initial prenatal visits (for confirmation of pregnancy) that occur ***on*** or ***after*** **September 1, 2026**.

Providers who have questions about these impending changes should contact their designated Arkansas Blue Cross **Network Development Representative**.

We very much appreciate the high-quality care our valued maternal healthcare providers deliver to the women who trust Arkansas Blue Cross with their health coverage.

TREND Health Partners – Free Credit Balance Resolution Assistance

Arkansas Blue Cross and Blue Shield, Health Advantage, USAble and Blue Advantage Administrators of Arkansas continues to contract with TREND Health Partners to offer credit balance reconciliation and recovery services for in-network physicians and facilities. This service is designed to assist provider partners in researching and resolving outstanding credit balances, reducing the administrative burden on facility staff.

Through this initiative, Arkansas Blue Cross and Blue Shield provides access to a range of vendor-based solutions including an innovative software platform and skilled professional services to aid in credit balance resolution specific to our members. These services support the provider's administrative team by managing credit balances on the facility's books while resolving potential overpayments in real time with Arkansas Blue Cross and Blue Shield and allowing more efficient use of valuable resources.

How This Program Helps

- Assists with researching and resolving outstanding credit balances

- Supports timely resolution of potential overpayments in coordination with Arkansas Blue Cross and Blue Shield
- Helps keep your accounts accurate and up to date
- Allows your team to focus on higher value priorities instead of time consuming reconciliation work
- There is no cost to providers to participate in this program.

Providers interested in learning more or requesting a brief overview of the service may contact:

Walter Schmidt
wschmidt@trendhealthpartners.com
(443) 425-0450

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.

The following medications require Prior Approval. The medications are processed through the medical benefit unless otherwise indicated in the "Benefit" column. There may be additional medications that are handled through the Pharmacy Benefit. Please review the appropriate pharmacy benefit for complete Prior Approval list.

***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		

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
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	
Blenrep	belantamab mafodotin-blmf	C9399		
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		

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
Elevidys	delandistrogene moxeparvover-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	
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		

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
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	
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		

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
Monjuvi	tafasitamab-cxix	J9349		
Mvasi*	bevacizumab-awwb	Q5107	Preferred	
Naglazyme	galsulfase	J1458		
Neulasta and Neulasta Onpro	pegfilgrastim	J2506	Preferred	
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		
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	

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
Pyzchiva SC	ustekinumab-ttwe	Q9996	Preferred	
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		
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		

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
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		
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		

Brand Name	Generic Name	HCPCS	2026 Preferred Product Status (if applicable)	2026 Alternative Preferred Products (if applicable)
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		
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	
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: https://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: https://www.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**.

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
1997007	Antithrombin III Replacement
1997014	Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions
1997026	Blepharoplasty/Blepharoptosis
1997035	Chemical Ecology (Environmental Illness, Multiple Chemical Sensitivities, Environmental Hypersensitivity Disorder, Total Allergy Syndrome)
1997041	Orthopedic Postoperative Rehabilitative Devices in the Home Setting (eg. CPM; ROMTech®)
1997057	Bone Growth Stimulation, Electrical, Appendicular Skeleton
1997087	Growth Hormone, Human
1997105	Interferon Gamma-1B
1997112	Intradialytic Parenteral Nutrition
1997113	Immune Globulin, Primary and Secondary Immunodeficiencies
1997126	Low Level Laser Therapy (LLLT) and High Intensity Laser Therapy
1997128	Leuprolide (e.g., Lupron) for Oncologic Indications
1997137	Strontium 89 (e.g., Metastron)
1997141	Mohs' Micrographic Surgery
1997175	Posturography, Dynamic/Static
1997176	Blood/Platelet-Derived Growth Factors for Wound Healing
1997185	Tumor Markers, Urinary Bladder Cancer
1997192	Reduction Mammoplasty
1998008	Orthoptic Training for the Treatment of Vision and Learning Disabilities
1998023	Low Intensity Pulsed Ultrasound Fracture Healing Device
1998033	Gait Analysis
1998039	Temporomandibular Joint Dysfunction
1998070	Cochlear Implant
1998074	Mastectomy, Male Gynecomastia
1998104	Transplant, Liver
1998110	Chelation Therapy
1998118	Bariatric Surgery
1998119	Intra-articular Hyaluronan Injections for Osteoarthritis

PolicyID#	PolicyName
1998136	Macular Translocation
1998152	Epiduroscopy
1998153	Cardiac Event Recorder, Insertable Loop Recorder
1998154	Transcutaneous Electrical Nerve Stimulator (TENS) and Transcutaneous Afferent Patterned Stimulation (TAPS)
1998158	Trastuzumab (e.g., Herceptin) and Biosimilars and Trastuzumab/Hyaluronidase-oysk (e.g., Herceptin Hylecta)
1998161	Infliximab (e.g., Remicade and Unbranded Infliximab) and Biosimilars
1999012	Minimally Invasive Approaches to Vertebral Fractures and Osteolytic Lesions of the Spine (Vertebroplasty, Sacroplasty, Kyphoplasty, and Mechanical Vertebral Augmentation)
1999016	Annuloplasty, Percutaneous Intradiscal: Electrothermal (IDET), Radiofrequency (PIRFT) or Biacuplasty
1999022	Percutaneous Revascularization Procedures for Lower Extremity, Abdominal Aortic & Visceral Arteries
2000022	Percutaneous Transluminal Endovascular Graft for Abdominal Aortic Aneurysm
2000030	Chemotherapy for Malignancy
2001009	Non-Implantable Insulin Infusion Devices, Hybrid Insulin Infusion Devices, and Continuous Glucose Monitoring Devices
2001012	Laser or Radiofrequency Treatment, Chronic Back Pain
2002013	Auditory Brain Stem Implant
2002023	Pulsed Pressure, Treatment for Meniere's Disease
2003018	Genetic Test: Fecal and Serologic Genetic Testing to Detect Colorectal Cancer, Screening
2003029	Tumor Vaccines
2003035	Antineoplaston Cancer Therapy
2003045	Gastric Neurostimulation for Treatment of Gastric and/or Small Bowel Paresis
2003046	Laser Treatment of Congenital Port Wine Stain Hemangiomas and Burn Scars
2003055	Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric Disorders
2004022	Artificial Vertebral Disc, Lumbar Spine
2004026	MRI-Guided Focused Ultrasound (MRgFUS) Ablation
2004029	Genetic Test: Assays of Genetic Expression in Tumor Tissue to Determine Prognosis in Patients With Breast Cancer (Oncotype DX®, EndoPredict, Breast Cancer Index, Prosigna, Mammaprint)
2004031	Laparoscopic, Percutaneous, and Transcervical Techniques for Uterine Fibroid Myolysis
2005001	Chronic Intermittent Intravenous Insulin Therapy (CIIIT)
2005024	Nesiritide (e.g., Natrecor) for Use in the Outpatient Setting
2006011	Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb
2006016	Rituximab (e.g., Rituxan) and Biosimilars and Rituximab/Hyaluronidase (e.g., Rituxan Hycela)-Oncologic Indications
2006039	Artificial Vertebral Disc, Cervical Spine
2007009	Gastric Neurostimulation for Morbid Obesity
2007018	Genetic Test: Inherited Thrombophilia, Factor V Leiden, Prothrombin Gene Mutations (G20210A) and MTHFR Mutations
2007019	Multiple Sleep Latency/Maintenance of Wakefulness Test
2008007	Cardiac Event Recorder, Mobile Telemetry
2008012	Proton and Neutron Beam Radiation Therapy
2009013	Testing for Drugs of Abuse or Drugs at Risk of Abuse Including Controlled Substances
2009019	Diagnosis of Obstructive Sleep Apnea Syndrome (e.g., polysomnography, sleep study)

PolicyID#	PolicyName
2009035	Intensity Modulated Radiation Therapy (IMRT), Lung and Mediastinum
2009044	Vagus Nerve Stimulation
2009045	Electromagnetic Navigation Bronchoscopy
2009047	Hormone Pellet Implantation for Hormone Therapy
2009049	Platelet-Rich Plasma (Autologous Growth Factors)
2010005	Peripheral Nerve Stimulation
2010006	Genetic Test: Laboratory and Genetic Testing for Use of 5-Fluorouracil in Patients with Cancer
2010011	Myoelectric Prosthetic and Orthotic Components for the Upper Limb
2010012	Magnetic Resonance Imaging (MRI), Positional
2010013	Injection, Clostridial Collagenase for Fibroproliferative Disorders
2010021	Minimally Invasive Image-Guided Spinal Decompression for Spinal Stenosis
2010023	Orthopedic Applications of Stem Cell Therapy
2010025	Irreversible Electroporation, Nanoknife
2010036	Chemical Peels
2010038	Compression Devices and Garments for Treatment of Lymphedema, Burns, Venous Ulcers, and Arterial Insufficiency
2011007	Minimally Invasive Lumbar Interbody Fusion
2011008	Left Atrial Appendage Occlusion, Closure Devices
2011047	Genetic Test: Genotyping for 9p21 Single Nucleotide Polymorphisms to Predict Risk of Cardiovascular Disease or Aneurysm
2011053	Autism Spectrum Disorder Adaptive Behavioral Analysis
2011062	Electrical Stimulation, Baroreflex Stimulation for the Treatment of Hypertension
2011063	Scleral Contact Lens, Gas Permeable
2011070	Electrical Stimulation, Auricular Stimulation and Cranial Electrotherapy Stimulation
2011071	Intensity Modulated Radiation Therapy (IMRT), Abdomen and Pelvis
2012001	Functional Anesthetic Discography
2012009	Skin and Soft Tissue Substitutes, Bio-Engineered Products (Including Prosthetic Material)
2012016	Computed Tomography (CT) Perfusion Imaging
2012020	Endothelial Function Testing, Noninvasive
2012051	Surgical Treatment for Headaches
2012052	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension
2012065	Laser Interstitial Thermal Therapy for Neurological Conditions
2013014	Ado-Trastuzumab Emtansine (e.g., Kadcyla (Trastuzumab-DM1)) for Treatment of HER-2 Positive Malignancies
2013015	Treatment of Varicose Veins/Venous Insufficiency
2013028	Tumor-Treating Fields Therapy
2013035	Genetic Test: Whole Exome and Whole Genome Sequencing
2013039	Needle Arthroscopy
2013047	Navigated Transcranial Magnetic Stimulation
2013048	Repository Corticotropin Injection
2014001	Genetic Test: Analysis of MGMT Promoter Methylation in Malignant Gliomas
2014016	Phosphodiesterase-5 (PDE-5) Inhibitors for Benign Prostatic Hypertrophy (e.g., Tadalafil)
2014023	Responsive Neurostimulation for the Treatment of Epilepsy
2015011	Vedolizumab (e.g., Entyvio) for Inflammatory Bowel Disease

PolicyID#	PolicyName
2015014	Amniotic Membrane and Amniotic Fluid Injections
2015018	Electronic Brachytherapy for Nonmelanoma Skin Cancer
2015024	Ablative Procedures for Benign Prostatic Hyperplasia (BPH) and Minimally Invasive Benign Prostatic Hyperplasia Treatments
2015029	Droxidopa (e.g., Northera)
2015032	Magnetic Resonance Imaging (MRI), Magnetic Resonance Imaging (MRI) Targeted Biopsy, and MRI-Ultrasound Fusion Biopsy for Prostate Cancer
2016001	Multispectral Digital Skin Lesion Analysis (MSDSLA) (e.g., MelaFind®)
2016004	Lab Test: Identification of Microorganisms Using Nucleic Acid Probes
2016008	Thermal Ablation of Peripheral Nerves and Genicular Artery Embolization to Treat Pain (e.g., Plantar Fasciitis, Knee Pain, Sacroiliac Pain, and Other Conditions)
2016013	Ravulizumab-cwvz (e.g., Ultomiris)
2016015	Alemtuzumab (e.g., Lemtrada)
2016018	Natalizumab (e.g., Tysabri) and Biosimilars
2016020	Dry Needling (e.g., Myofascial Trigger Points)
2016021	Paliperidone Palmitate (e.g., Long-acting Injectables Invega Sustenna & Invega Trinza, Erzofri)
2017006	Bevacizumab (e.g., Avastin) and Biosimilars for Oncologic Indications
2017009	Denosumab (e.g., Xgeva and Prolia) and Biosimilars
2017012	Nab-Paclitaxel (e.g., Abraxane)
2017013	Elotuzumab (e.g., Empliciti)
2017021	Ocrelizumab (e.g., Ocrevus) and Ocrelizumab with Hyaluronidase (e.g., Ocrevus Zunovo)
2018007	Balloon Dilation of the Eustachian Tube
2018008	Reslizumab (e.g., Cinqair)
2018021	Gene Therapy for Inherited Retinal Dystrophy-Voretigene (e.g., Luxturna)
2018023	Levodopa-carbidopa Intestinal Gel (e.g., Duopa) for Treatment of Advanced Parkinson's Disease
2018024	Burosumab-twza (e.g., Crysvita)
2018025	Mucopolysaccharidoses Agents
2018026	Lab Test: Hepsin Biomarker Testing
2018027	Pegloticase (e.g., Krystexxa)
2018028	Minimally Invasive Treatment of Nasal Obstruction
2019004	Wilderness Therapy
2019005	Pembrolizumab (e.g., Keytruda)
2019006	Caplacizumab-yhdp (e.g., Cablivi)
2019009	Romosozumab-aqqg (e.g., Evenity)
2020004	Teprotumumab-trbw (e.g., Tepezza)
2020005	Self-Administered Medication
2020008	Isatuximab-irfc (e.g., Sarclisa)
2020011	Crizanlizumab (e.g., Adakveo)
2020016	Inebilizumab-cdon (e.g., Uplizna)
2020018	Digital Health Therapies for Substance Abuse
2020022	Tocilizumab (e.g., Actemra) and Biosimilars
2020026	Canakinumab (e.g., Ilaris)
2021002	Enfortumab Vedotin-ejfv (e.g., Padcev)
2021003	Carfilzomib (e.g., Kyprolis)
2021007	Levoleucovorin Calcium (e.g., Khapzory)

PolicyID#	PolicyName
2021008	Moxetumomab pasudotox-tdfk* (e.g., Lumoxiti)
2021009	Romidepsin (e.g., Istodax)
2021011	Eribulin mesylate (e.g., HALAVEN)
2021013	Cabazitaxel (e.g., Jevtana)
2021014	Siltuximab (e.g., Sylvant)
2021017	Naxitamab-gqgk (e.g., Danyelza)
2021018	Irinotecan Liposomal (e.g., Onivyde)
2021019	Obinutuzumab (e.g., Gazyva)
2021020	Polatuzumab Vedotin-piiq (e.g., Polivy)
2021022	Trabectedin (e.g., Yondelis)
2021024	White Blood Cell Growth Factors (Colony Stimulating Factors)
2021025	Margetuximab-cmkb (e.g., Margenza)
2021027	Evinacumab-dgnb (e.g., Evkeeza)
2021028	Ustekinumab (e.g., Stelara) and Biosimilars
2021031	Pilot Policy: SKY 92 Gene Expression Classification for Multiple Myeloma
2021032	Lumasiran (e.g., Oxlumo)
2021034	Rituximab (e.g., Rituxan) and Biosimilars – Non-Oncologic Indications
2021038	Digital Health Therapies for Attention Deficit/Hyperactivity Disorder
2021042	Monoclonal Antibodies for Treatment of Alzheimer Disease [Aducanumab (e.g., Aduhelm) and Lecanemab (e.g., Leqembi)]
2022005	Non-Invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease, Chronic Respiratory Failure, Thoracic Restrictive Disorders, and Hypoventilation Syndromes
2022008	Dostarlimab (e.g., Jemperli)
2022010	Loncastuximab tesirine-lpyl (e.g., Zynlonta)
2022013	Medical Technology Assessment, Non-Covered Services
2022016	Inclisiran (e.g., Leqvio)
2022020	Tumor-informed Circulating Tumor DNA Testing (e.g., Signatera) for Cancer Management
2022031	Risankizumab (e.g., Skyrizi)
2022032	Air Ambulance
2022034	Allogeneic processed thymus tissue-agdc (e.g., Rethymic)
2022035	Dry Hydrotherapy for Chronic Pain Conditions
2022036	Digital Health Technologies: Diagnostic Applications
2022046	Betibeglogene autotemcel (e.g., Zynteglo)
2023004	Digital Health Technologies: Therapeutic Applications
2023007	Elivaldogene autotemcel (e.g., Skysona)
2023012	Teplizumab-mzwv (e.g., Tzield)
2023013	Enzyme Replacement Therapy (ERT) for Fabry Disease: Agalsidase Beta (e.g., Fabrazyme) and Pegunigalsidase alfa (e.g., Elfabrio)
2023014	Bevacizumab (e.g., Avastin) and Biosimilars for Non-Oncologic and Non-Ophthalmologic Indications
2023015	Teclistamab-cqyv (e.g., Tecvayli)
2023016	Low-Dose Radiotherapy (LDRT)
2023018	Velmanase alfa-tycv (e.g., Lamzede)
2023022	Percutaneous Electrical Nerve Field Stimulation for Irritable Bowel Syndrome
2023028	Fecal microbiota, live-jslm (e.g., Rebyota)
2023031	Laboratory Testing Investigational Services

PolicyID#	PolicyName
2023033	Retifanlimab-dlwr (e.g., Zynyz)
2023035	Sebelipase alfa (e.g., Kanuma)
2023039	Delandistrogene moxeparvovec-rokl (e.g., Elevidys)
2023041	Ublituximab-xiiy (e.g., Briumvi)
2023043	Safety Beds
2024007	Talquetamab-tgvs (e.g., Talvey)
2024011	Mirikizumab-mrkz (e.g., Omvoh)
2024013	Exagamglogene autotemcel (e.g., Casgevy)
2024014	Lovotibeglogene autotemcel (e.g., Lyfgenia)
2024016	Secukinumab (e.g., Cosentyx)
2024017	Nedosiran (e.g., Rivfloza)
2024021	Bevacizumab (e.g., Avastin) and Biosimilars for Ophthalmic Use
2024023	RTM_Vitamin B12 and Methylmalonic Acid Testing
2024036	RTM_Diagnostic Testing of Iron Homeostasis and Metabolism
2024037	Certolizumab pegol (e.g., Cimzia)
2024064	Immune Globulin, Autoimmune, Rheumatic and Neurologic Indications
2024065	Immune Globulin- Hematologic, Transplant, Infectious Disease and Miscellaneous Indications
2024066	Non-Bevacizumab Vascular Epithelial Growth Factors for Ophthalmic Use (e.g., Beovu, Byooviz, Cimerli, Eylea, Eylea HD, Lucentis, Pavblu, Vabysmo, Enzeevu, Ahzantive, Yesafili, Opuviz)
2024067	Fidanacogene elaparvovec-dzkt (e.g., Beqvez)
2024079	New-To-Market Medical Benefit Medication
2024080	Imetelstat (e.g., Rytelo)
2025004	Obecabtagene autoleucel (e.g., Aucatzyl)
2025006	Eladocagene Exuparvovec (e.g., Kebilidi)
2025007	Datopotamab deruxtecan-dlnk (e.g., Datroway)
2025008	Axatilimab (e.g., Niktimvo)
2025009	Zenocutuzumab-zbco (e.g., Bizengri)
2025013	Copper-Containing Intrauterine Systems (e.g., Miudella, Paragard)
2025019	Remestemcel-L-rknd (Ryoncil)
2025026	Onasemnogene abeparvovec-xioi (e.g., Zolgensma)
2025028	Prademagene Zamikeracel (e.g., Zevaskyn)
2025029	Nipocalimab (e.g., Imaavy)
2025030	Mitomycin Intravesical Solution (e.g., Zusduri)
2025031	Maximum Dosage and Frequency for Medical Benefit Drugs
2025032	Ranibizumab (e.g., Susvimo)
2025033	Apomorphine (e.g., Onapgo)
2025037	Linvoseltamab-gcpt (e.g., Lynozyfic)
2026001	Preventive Services
2026002	Intracoronary Drug Delivery Balloon Procedures
2026003	Pembrolizumab and Berahyaluronidase alfa-pmph (e.g., Keytruda Qlex)

Metallic Formulary Changes Effective July 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
NUCYNTA	Tier 3 to Tier 4	generic tapentadol
ZYLET SUS	Brand no longer covered	generic loteprednol etabonate-tobramycin ophth susp
FYCOMPA	Brand no longer covered	generic perampanel susp
GLEOSTINE	Brand no longer covered	generic lomustine cap

Standard Formulary Changes Effective July 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
COMBIVENT AER	No longer Covered	ipratropium-albuterol inhalation solution, ANORO ELLIPTA, STIOLTO RESPIMAT
PERSERIS INJ	Tier 2 to Tier 3	ABILIFY ASIMTUFII, ABILIFY MAINTENA, INVEGA HAFYERA, INVEGA SUSTENNA, INVEGA TRINZA
STELARA INJ	No longer covered	Stelara biosimilars now covered PYZCHIVA SC (except NDCs 61314-XXXX-XX) and Yesintek SC. Other alternatives include ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SC, ENBREL, HYRIMOZ (except NDCs 61314-XXXX-XX), ORENCIA CJ/SC, OTEZLA, OTEZLA XR, RINVOQ, SKYRIZI SC, SOTYKTU, TREMFYA SC, VELSIPITY, XELJANZ, XELJANZ XR, ZEPOSIA
TWYNEO CRE	No longer covered	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin, AKLIEF, EPIDUO, WINLEVI

Skai Blue Cross and Blue Shield

Claims Submission

Arkansas Blue Cross and Blue Shield has previously announced a new brand within its family of affiliates: Skai Blue Cross and Blue Shield. This new brand launched beginning January 1, 2026, and includes the following groups: ABB, Arvest, JB Hunt, Simmons Foods, Paychex, Walmart, and Uniti.

Arkansas providers should use payer ID BSKAI when submitting claims for Skai Blue Cross members while continuing to submit claims for Arkansas Blue Cross, Health Advantage, Blue Advantage, Blue Medicare and FEP members to payer ID 00520. Submitting claims to the wrong payer ID will result in claims rejecting for members not found and could result in timely filing denials.

Out-of-state providers should follow the current HOME/HOST rules and submit claims to their local Blue plan.

Federal Employee Program

FEP CAHPS (OPM-Mandated): Concise Best-Practice Reminders

The annual FEP CAHPS survey reflects member experience with access, service, and coordination of care. Consider these quick self-checks:

Provider Communication & Experience

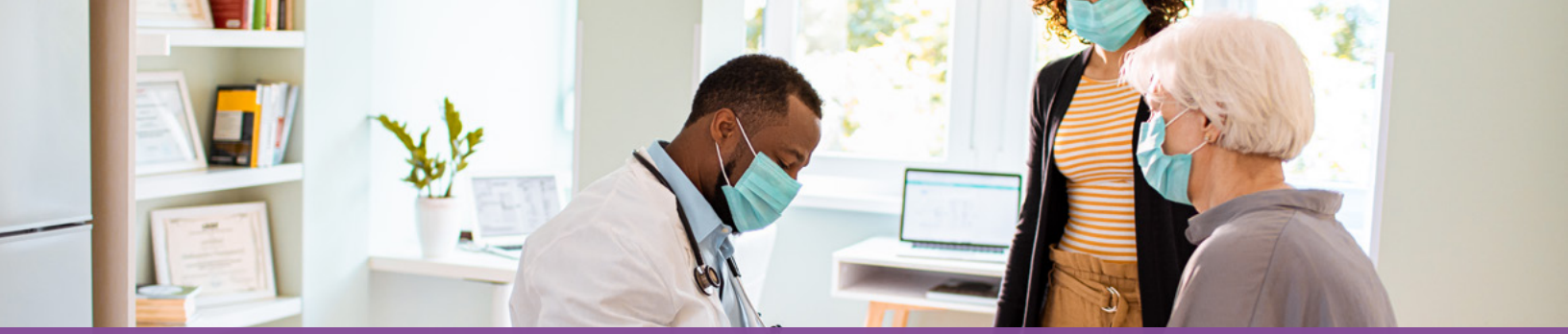
- Listen actively and ensure patients feel heard.
- Explain clearly and confirm understanding of next steps.
- Invite questions and involve patients in decisions—avoid rushing.
- Demonstrate empathy and address concerns respectfully.

Care Coordination

- Coordinate with other clinicians and keep the care plan visible to the care team.
- Close the loop on referrals, consult notes, and test results promptly.
- Support transitions of care, including timely post-discharge follow-up access
- Reconcile medications (encourage patients to bring meds) and ensure timely access to the care team.

Imaging Resource: Low Back Pain

For guidance on appropriate imaging for low back pain, please view: **Imaging & Management of Low Back Pain**



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

Prior Authorization List Updates

In accordance with Arkansas Act 510, Prior Authorization Transparency Act, Arkansas Blue Medicare is providing contracted healthcare providers with written notice of new or amended requirements or restrictions for prior authorization at least ninety (90) days before implementation.

Effective May 1, 2026, the following code **no longer** requires prior authorization:

- 0042T- Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time

Effective September 1, 2026, the following codes **will require** prior authorization:

- 70471- Computed tomographic angiography (CTA), head and neck, with contrast material(s), including non-contrast images, when performed, and image postprocessing
- 70472- Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)