PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	**POLICY NUMBER**	**CRITERIA CHANGE**	**MATERIAL AMENDEMENT**	**EFFECTIVE DATE**	**LINK TO FULL POLICY**
Ablative Procedures for Benign Prostatic Hyperplasia (BPH) and Minimally Invasive Benign Prostatic Hyperplasia Treatments	**2015024**	Statement of non-coverage added for use of permanently implanted prostatic stent devices as a treatment of lower urinary tract symptoms due to BPH: The use of permanently implanted prostatic stent devices (e.g., ProVee System, Zenflow Spring Implant) as a treatment of lower urinary tract symptoms due to benign prostatic hyperplasia does not meet member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes. For members with contracts without Primary Coverage Criteria, the use of permanently implanted prostatic stent devices (e.g., ProVee System, Zenflow Spring Implant) as a treatment of lower urinary tract symptoms due to benign prostatic hyperplasia is considered Not Medically Necessary or is investigational and is not covered. Not Medically Necessary or investigational services are specific contract exclusions in most member benefit certificates of coverage.	Yes	11/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2015024
Orthopedic Implants	**2017032**	The use of implantable shock absorbers as a treatment for knee osteoarthritis added as non-covered. Agili-C added as example of non-covered cartilage implant: **Does Not Meet Primary Coverage Criteria Or Is Not Covered For Contracts Without Primary Coverage Criteria** The use of cartilage implants (e.g., the Cartiva implant, Agili-C) for the treatment of articular cartilage damage does not meet member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes. For members with contracts without Primary Coverage Criteria, the use of cartilage implants (e.g., the Cartiva implant, Agili-C) for the treatment	Yes	11/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2017032

		of articular cartilage damage is considered Not Medically Necessary or is investigational and is not covered. Not Medically Necessary or investigational services are specific contract exclusions in most member benefit certificates of coverage. The use of implantable shock absorbers as a treatment for knee osteoarthritis does not meet member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes. For members with contracts without Primary Coverage Criteria, the use of implantable shock absorbers as a treatment for knee osteoarthritis is considered Not Medically Necessary or is investigational and is not covered. Not Medically Necessary or investigational services are specific contract exclusions in most member benefit certificates of coverage.			
Percutaneous Electrical Nerve Field Stimulation for Irritable Bowel Syndrome	**2023022**	Policy title updated to Percutaneous Electrical Nerve Field Stimulation for Disorders of Gut-Brain Interaction Coverage statement updated to include the following as noncovered: percutaneous electrical nerve field stimulation for abdominal pain in individuals with disorders of gut-brain interaction, including but not limited to irritable bowel syndrome and functional dyspepsia. **Does Not Meet Primary Coverage Criteria Or Is Not Covered For Contracts Without Primary Coverage Criteria** Percutaneous electrical nerve field stimulation for abdominal pain in individuals with disorders of gut-brain interaction, including but not limited to irritable bowel syndrome and functional dyspepsia, does not meet member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes.	Yes	11/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2023022

		For members with contracts without Primary Coverage Criteria, percutaneous electrical nerve field stimulation for abdominal pain in individuals with disorders of gut-brain interaction, including but not limited to irritable bowel syndrome and functional dyspepsia, is considered Not Medically Necessary or is investigational and is not covered. Not Medically Necessary or investigational services are specific contract exclusions in most member benefit certificates of coverage.			
Maternal Serum Biomarkers for Prediction of Adverse Obstetric Outcomes	**2022007**	Policy title updated to Maternal Serum Testing for Prediction of Adverse Obstetric Outcomes Coverage statement updated to include testing of maternal serum cell-free RNA tests as noncovered. Biomarker nomenclature removed from policy statement. **Does Not Meet Primary Coverage Criteria Or Is Not Covered For Contracts Without Primary Coverage Criteria** The use of maternal serum tests, including maternal serum cell-free RNA tests, with or without additional algorithmic analysis for prediction of preeclampsia does not meet member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes. For members with contracts without Primary Coverage Criteria, the use of maternal serum tests, including maternal serum cell-free RNA tests, with or without additional algorithmic analysis for prediction of preeclampsia is considered Not Medically Necessary or is investigational and is not covered. Not Medically Necessary or investigational services are specific contract exclusions in most member benefit certificates of coverage. The use of maternal serum tests with or without additional algorithmic analysis for prediction of spontaneous preterm birth does not meet member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes.	Yes	11/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2022007

		For members with contracts without Primary Coverage Criteria, the use of maternal serum tests with or without additional algorithmic analysis for prediction of spontaneous preterm birth is considered Not Medically Necessary or is investigational and is not covered. Not Medically Necessary or investigational services are specific contract exclusions in most member benefit certificates of coverage.			
Skin and Soft Tissue Substitutes, Bio-Engineered Products (Including Prosthetic Material)	**2012009**	Restricted coverage added for Kerecis Omega3 (Q4158): Treatment of chronic, noninfected, full-thickness diabetic lower-extremity ulcers using the following tissue engineered skin substitutes 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: • AlloPatch* (Q4128) • Apligraf** (Q4101) • Dermagraft** (Q4106) • Integra Omnigraft Dermal Regeneration Matrix (also known as Omnigraft) (Q4105) and Integra Flowable Wound Matrix (Q4114) • mVASC (A4100, not otherwise specified) • TheraSkin (Q4121) • Kerecis Omega3 (Q4158)	No	10/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2012009