

June 2025

PR*NEWS*VIDERS'

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



Behavioral Health

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Hub Apply portal

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Upcoming holidays

Independence Day
Thursday, July 4



**Arkansas
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

Editor : Christy Givens

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



Thank you for taking time to review Arkansas Blue Cross Blue Shield's June 2025 Providers' News. Our goal with this communication is to provide updates on revisions to payment process, payment policy, and guidance. Please pay careful attention to content specific to your facility or practice. Thank you for your continued service to your patients and our members.

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Arkansas Blue Cross and Blue Shield

Behavioral Health In 2025.

Information You Asked For.

We invite Behavioral Health providers and their staff both clinical and administrative. Please join us for a live webinar where we discuss Behavioral Health covering questions most often asked:

- Risk Adjustment
 - How it affects my practice and patient care
- CMS documentation guidelines
 - What are they for my practice
 - How can I be compliant in documentation and reporting on claims
 - How to pass an audit
- DSM 5 vs ICD-10
- True disease state and claim coding
 - What about conditions I am not the treating provider of
- Medical Record Requests
 - Why am I being asked for patient records
 - What to send – what not to send

Registration Links:

Register via link by clicking date and time you would like to attend. Registration is required.

DATES ANDTIMES (Additional dates and times upon request):

Spring / Early Summer		
Tuesday, May 6 – 8:00 am	Tuesday, May 20 – Noon	Thursday, June 5 – Noon
Fall		
Tuesday, September 9 – 8:00am	Tuesday, September 23 – Noon	Thursday, October 7 – Noon

For more information contact:

Kim Hahn, CPC, CDEO, CRC
Risk Adjustment Provider
Engagement Specialist

Coding Guidelines

Arkansas Blue Cross and Blue Shield has added coverage criteria and the following coding guidelines for Magnetic Resonance Imaging (MRI)-Ultrasound Fusion Prostate Biopsy to medical Coverage Policy 2015032, effective July 01, 2025. This information was published on Availity as a Material Amendment on March 27, 2025, and is republished here as a courtesy reminder.

- For MRI-Ultrasound Fusion Prostate Biopsy in which the ultrasound biopsy portion is performed separately from the MRI, 55700 (Biopsy, prostate; needle or punch, single or multiple, any approach) plus 76942 [Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation] should be billed when the biopsy is performed.
- For MRI-Ultrasound Fusion Prostate Biopsy in which ultrasound is performed concurrently with MRI to obtain the biopsy, 77021 [Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation] plus 55700 (Biopsy, prostate; needle or punch, single or multiple, any approach) plus 76942 [Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation] should be billed when the biopsy is performed.
- 76872 (Ultrasound, transrectal) is not accepted for billing for the ultrasound portion of the MRI-Ultrasound Fusion Prostate Biopsy
- 55706 (Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance) is non-covered based on Coverage Policy 2013006.

Additional coverage policy information can be found on our [website](#).

Coverage Policy Pricing

As reinforcement to the notification published on Availity, effective April 1, 2025, Arkansas Blue Cross and Blue Shield began including allowances on fee schedules regardless of coverage. This change will support Blue Card payment efficiencies by reducing pended claims when benefit policies vary and will facilitate more timely payments when codes are covered under alternate plans. The presence of an allowance associated with a code does not indicate the service is covered under the coverage policy or benefits of a member's particular health plan. As always, the best means of determining whether a service is covered is to perform a benefits & eligibility check.

Fax Standards for Providers

Arkansas Blue Cross and Blue Shield maintains an enterprise fax system that sends and receives approximately 2 million faxes per year. Our average success rate measures between 94 and 97%. We expect most faxes to be delivered successfully. However, in some cases there may be an interoperability issue. Please note the following items in case of any issues. It may be necessary to contact your IT or Telecom support to review the following items.

- Industry standard faxing protocol is T.38
- 14.4 kbps is the max speed supported for transmission
- Busy signals to ABCBS fax system should not be expected. Please reach out to your office telecom internal support first if you encounter them.

For issues that require assistance from ABCBS, please reach out to your Network Development representative, who will then create an internal ticket for review by ABCBS's faxing support team.

General Coding Guideline Payment Policy Revision-Revenue Code Section

AR_PC_000020, General Coding Guidelines, has been revised. This revision includes the following new policies that will be effective August 01, 2025:

Claims submitted for outpatient institutional claims bill types 13X, 14X and 85X with the following revenue codes require the appropriate associated HCPCS or CPT codes to be submitted for reimbursement: 0270, 0271, 0272, 0273, 0274, 0276, 0277, 0279, 0290, 0291, 0292, 0293, 0294, and 094. If a claim submitted for one of these revenue codes does not include an associated CPT/HCPCS code, the service will be rejected and not reimbursed.

Effective August 01, 2025, the noncovered revenue code list has been revised and will include the following: 0275, 0518, 0528, 0963, 0973, 0983, 0278, 0519, 0529, 0964, 0974, 0984, 0510, 0520, 0681, 0965, 0975, 0985, 0511, 0521, 0682, 0966, 0976, 0986, 0512, 0522, 0683, 0967, 0977, 0987, 0513, 0523, 0684, 0968, 0978, 0988, 0514, 0524, 0689, 0969, 0979, 0989, 0515, 0525, 0960, 0970, 0980, 0516, 0526, 0961, 0971, 0981, 0517, 0527, 0962, 0972, 0982.

Claims filed for a noncovered revenue code will not be reimbursed. For complete details of new policies and current revenue code policies, please refer to the [General Coding and Billing Guidelines](#) policy on the Arkansas Blue Cross Blue Shield website.

Inpatient Readmission Payment Policy

A new payment policy "Inpatient Readmission" has been published with an effective date of August 1, 2025. This policy addresses inpatient hospital readmissions with a goal to minimize unnecessary hospital readmissions within a 7-day period post-discharge.

Readmission to the same hospital (having the same NPI as the discharging facility), for the same, similar or related diagnosis or a complication arising from the initial admission within 7 days from a previous discharge is considered a continuation of initial treatment and not separately reimbursable. The claim for the initial admission and claims for all eligible subsequent readmissions within the seven-day period will be considered a single admission/claim when determining the DRG reimbursement. The claim with the lower allowed amount will not be reimbursed separately which may result in a refund request.

This policy does not apply to the following:

Readmissions unrelated to the initial diagnosis; Transfer from one inpatient stay at an acute care hospital to an inpatient stay at another acute care hospital; Unavoidable complications or member non-compliance, or discharge from hospital against medical advice; Obstetrical or neonatal care; Admissions for mental health/substance abuse; Long-term care facilities and critical access hospitals; Approved transfers and readmissions within the 7-day time frame post previous discharge; Planned readmissions for cancer chemotherapy, immunotherapy, transfusion for chronic anemia or other similar repetitive treatments; Readmission for the medical treatment of rehabilitation care; Medical treatment for oncologic diagnoses or chemotherapy; Hospice care; Sick cell crisis; Ophthalmologic emergency; or Services for Transplant, CAR-T and Gene Therapy within the global period.

For complete policy details, please refer to the [Inpatient Readmission](#) policy on the Arkansas Blue Cross Blue Shield website.

In-Network Providers and the No Surprises Act: A Crucial Reminder on Dispute Eligibility

As the healthcare landscape continues to evolve under the guidance of the No Surprises Act (NSA), it's critical, as a provider, to understand your responsibilities and limitations under this law. Please be reminded that the No Surprises Act open negotiation and independent dispute resolution process (IDR) is for out-of-network providers only.

The No Surprises Act, enacted in January 2022, is designed to protect patients from unexpected medical bills, especially in scenarios where they receive care from out-of-network providers at in-network facilities or during emergencies. It outlines a federal arbitration process to resolve payment disputes between out-of-network providers and insurers in certain situations that fall under the scope of the NSA.

As an in-network provider, your agreement includes the negotiated rates and payment terms of that contract. That means:

- Disputes about payment amounts must be resolved under your existing contract and in accordance with its dispute resolution terms.
- Patients cannot be billed beyond their agreed cost-sharing responsibilities.
- The NSA's open negotiation and IDR process cannot be used to challenge a payment amount.

For more guidance on navigating payment disputes, consult your Network Development Representative.

Capitalization - Laboratory Management Review Program Expanding To Additional Point of Service Sites

This information was published on Availity as a material amendment on April 29, 2025, and is republished here as a courtesy reminder.

The Arkansas Blue Cross and Blue Shield family of health plans is expanding its laboratory benefit management (LBM) review program to include claims for services provided at **additional types of care sites**. This change is effective for claims with dates of service of **August 1, 2025**, and later.

Since its beginning (**February 1, 2025**) the laboratory benefit management review program has applied only to – and **will continue** to apply to – laboratory services performed at the following point of services sites:

- 11** – Healthcare provider offices
- 22** – Hospital outpatient facilities
- 81** – Independent laboratory locations

For claims with **dates of service beginning August 1, 2025**, the LBM review program will include all places of service (points of service) sites, other than those listed below shown as being excluded. For example, the sites that will be added to our LBM review program will include, but are not limited to the following:

- | | |
|--|---|
| 01 – Pharmacy | 32 – Nursing facility |
| 02 – Telehealth provided other than in patient's home | 33 – Custodial care facility |
| 03 – School | 34 – Hospice |
| 04 – Homeless shelter | 41 – Ambulance – land |
| 05 – Indian Health Service free-standing facility | 42 – Ambulance – air or water |
| 06 – Indian Health Service provider-based facility | 49 – Independent clinic |
| 07 – Tribal 638 free-standing facility | 50 – Federally Qualified Health Center |
| 08 – Tribal 638 provider-based facility | 52 – Psychiatric facility-partial hospitalization |
| 09 – Prison/correctional facility | 53 – Community mental health center |
| 10 – Telehealth provided in patient's home | 54 – Intermediate care facility/individuals with intellectual disabilities |
| 12 – Home | 57 – Non-residential substance abuse treatment facility |
| 13 – Assisted living facility | 58 – Non-residential opioid treatment facility |
| 14 – Group home | 60 – Mass immunization center |
| 15 – Mobile unit | 62 – Comprehensive outpatient rehabilitation facility |
| 16 – Temporary lodging | 65 – End-Stage renal disease treatment facility |
| 17 – Walk-in retail health clinic | 66 – Programs of All-Inclusive Care for the Elderly (PACE) Center |
| 18 – Place of employment worksite | 71 – Public health clinic |
| 19 – Off-campus outpatient hospital | 72 – Rural health clinic |
| 20 – Urgent care facility | 99 – Other place of service |
| 24 – Ambulatory surgical center | |
| 25 – Birthing center | |
| 26 – Military treatment facility | |
| 27 – Outreach site/street | |

Excluded: The laboratory benefit management review program **does not apply** to services performed in:

- 21** – Hospital inpatient setting
- 23** – Emergency room
- 31** – Skilled nursing facilities
- 51** – Inpatient psychiatric facilities
- 55** – Residential treatment facilities
- 56** – Psychiatric residential facilities
- 61** – Inpatient rehabilitation facilities

Providers who have questions about this change may contact your assigned Arkansas Blue Cross [Network Development Rep. \(NDR\)](#).

Notification of Current Anesthesia Conversion Factor

Arkansas Blue Cross Blue Shield's current anesthesia conversion factor is \$55.96 for all lines of business. This rate has been effective since April 1, 2019, for commercial and April 1, 2023, for exchange, and applies to all relevant anesthesia billing and reimbursement calculations. If you have any questions or require further clarification, please contact providerreimbursement@arkbluecross.com.

Notification Required for Admission

Correction

This is a correction and clarification of what was previously published as a Notice of Material Amendment in the March 2025 Providers' News as it relates to Fully Insured Plans. To clarify, notification is not required as a condition of coverage determination or condition of payment determination for a healthcare service before the healthcare service is rendered. Instead, notification is and remains a means to allow payers such as ABCBS to better serve its members, to help with the process of receiving supporting medical record documentation tied to the service, and to help with facilitating the payment of claims in a timely and accurate manner once the claims for the inpatient admission have been submitted.

Therefore, the list of notifications for the acute hospital care (admission, continued stay, discharge), post-acute inpatient facility care (admission, continued stay and discharge from an SNF, LTACH or Rehab), and inpatient/outpatient standard medical procedures and surgeries are not notifications required as a condition of coverage or payment. However, failure to submit the notifications could lead to payments being delayed until medical records are received to ensure that payment is made at the appropriate level of care.

Suggested Information for Notifications:

▪ Acute hospital care

- Admission: Notify ABCBS regarding all emergent admissions and include medical records that support the need for an inpatient stay, per provider contract.
- Continued stay: Notify ABCBS when a member's inpatient stay needs to be extended longer than planned or approved. Include medical records that support the need for continued stay.
- Discharge from hospital: Notify ABCBS when a member is discharged from the acute level of care. Include the discharge summary with the date and location (i.e., Home or SNF) of discharge.

▪ Post-acute Inpatient facility care (SNF, LTACH and Rehab)

- Admission: Post-acute care includes acute rehabilitation, long term acute care and skilled nursing facility care. Submit the notification along with medical records that support the need for the requested level of care.
- Continued stay: All continued inpatient stays at a post-acute facility. Please include medical records that support the need for additional days at the requested level of care.
- Discharge from a post-acute facility: Notify ABCBS when a member is discharged. Include the discharge summary with the date and location (i.e., Home or SNF) of discharge. Upon discharge, some members may be referred to Case Management to provide members with assistance to available resources to reduce readmission risks.

▪ Inpatient or Outpatient - Standard Medical/Procedures/Surgical

- All non-emergent inpatient hospitalizations.
- In-patient and outpatient procedures may be subject to prior authorization where applicable.

These notifications are commonplace in the provider/payer industry and are encouraged to be continued for the benefit of the members, providers, and payers. Providers are encouraged to continue to submit notifications utilizing the previous and still current methods for submitting notifications and organizational determinations/benefit inquiries, and the forms provided on the ABCBS, Health Advantage, BlueAdvantage and Octave website pages. This does not amend or change any notification requirements that may be in place for self-insured plans.

The Hub Apply Portal Powered by HealthStream

(Originally appeared in the April Providers' News Special Issue.)

Arkansas Blue Cross and Blue Shield, BlueAdvantage Administrators of Arkansas, Health Advantage and Octave Blue Cross and Blue Shield ("Arkansas Blue Cross") are pleased to announce that later this Summer, we will begin using an electronic credentialing application process, the Hub Apply Portal, powered by HealthStream and their CredentialStream tool, for all provider enrollments, initial credentialing, recredentialing, provider contracts and provider data updates. With the Hub, we anticipate several process enhancements that will enable Arkansas Blue Cross to utilize a more efficient method for the network management process for all commercial and Blue Medicare product lines.

Once we have fully implemented HealthStream, which will be accessed using a web browser, some of the benefits include the following:

- Consolidated Applications
 - You will have a reduced number of applications and forms to complete. All the required elements will automatically merge into the Hub to streamline the application process.
- Enhanced Documentation
 - The Hub will allow you to upload your documentation directly into your application, decreasing the amount of paper generated during the process and creating efficiencies in the application process.
- Decreased Processing Time
 - The online application eliminates manual data entry for Arkansas Blue Cross further allowing our team to begin processing requests more quickly upon receipt.
 - This new process also allows Arkansas Blue Cross to automate reports and other tasks eliminating some manual processes, further allowing our team to focus on your applications.

Above all these benefits, the main objective of utilizing the Hub is to allow medical providers in our network, applying and recredentialing faster access to network inclusion.

All providers with non-delegated credentialing must have their own account setup in the Hub. After the provider account is set up, you may assign an admin who can manage your enrollment applications, credentialing submissions, and other network forms on your behalf. Without the provider account setup, you will not be able to update your credentialing information or be able to add an administrative contact to update your credentialing information on your behalf. Without updated credentialing information future claim payments may be suspended.

The process to obtain an account on the Hub for providers **with non-delegated credentialing** is as follows:

- 1) Each provider should complete the survey linked below to provide their name, NPI, email address, administrative contact information (if applicable), and their organization NPI that they are participating with.
 - Survey Link: arkansasbluecross.com/providers/provider-and-admin-request-for-information
- 2) After Arkansas Blue Cross receives the completed survey, we will create the account in the Hub for the provider and administrative contact (if applicable). Both the provider and the administrative contact will receive automated emails from the Hub to complete the account setup.

For providers with delegated credentialing with Arkansas Blue Cross, we will begin outreach to discuss the process for these providers soon.

More information will be announced as we begin implementation of HealthStream. If you have any questions, please contact the Provider Network Operations team at ProviderNetwork@arkbluecross.com

USable Managed Care Organization (MCO) Changes

USable MCO, a workers' compensation product of Arkansas Blue Cross and Blue Shield, maintained a relationship with Systemedic, a medical case management company for workers' compensation, for more than 20 years. Effective immediately the relationship has ended and Systemedic is no longer entitled access to True Blue PPO pricing information as a part of either normal bill review processes or for purposes of medical bill negotiation. The current contract for worker's compensation bill review with Public Employee Claims Division (PECD, state of Arkansas workers' compensation) will end on June 13, 2025, and this group will no longer have access to True Blue PPO pricing for any treatment provided past that date.

In August of 2024, USable MCO partnered with CompBR, a workers' compensation solutions company out of Merriam, Kansas, for bill review services. In January of 2025, USable MCO partnered with JMS Consulting, LLC, an Arkansas nurse case management company specializing in workers' compensation. These relationships aid USable MCO in meeting all requirements for certification as a managed care organization (MCO) by the Arkansas Insurance Department.

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.

Abecma	idecabtagene vicleucel	Q2055	
Actemra IV	tocilizumab IV	J3262	
Acthar	corticotropin	J0801	
Adakveo	crizanlizumab-tcma	J0791	
Adstiladrin	nadofaragene firadenovec-vncg	J9029	
Adzynma	ADAMTS13, recombinant-krhn	J7171	
Ahzantive	Afilbercept-mrbb	Q5150	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Cimerli (Q5128), Eylea HD (J0177) or Eylea (J0178) preferred]
Aldurazyme	laronidase	J1931	
Allymsys	bevacizumab-maly	Q5126	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Amtagvi	lifileucel	J9999	
Amvuttra	vutrisiran	J0225	
Anktiva	nogapendekin alfa inbakicept-pmln	J9028	
Aralast NP	alpha-1 proteinase inhibitor (human)	J0256	
Arcalyst	rilonacept	J2793	

Asparlas	calaspargase pegol	J9118	
Aucatzyl	obecabtagene autoleucel	C9301	
Avastin	bevacizumab	J9035	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Avsola	infliximab-axxq	Q5121	Non-preferred [Inflectra (Q5103), Infliximab (J1745), Remicade (J1745) preferred]
Benlysta IV	belimumab IV	J0490	
Beovu	brovacizumab-dbl	J0179	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byovoiz (Q5124), Cimerli (Q5128), Eylea HD (J0177) or Eylea (J0178) preferred]
Beqvez	fidanacogene elaparovovec-dzkt	J1414	
Beriner	c1 esterase, inhibitor, human	J0597	
Bizengri	zenocutuzumab-zbco	J9999	
Bkemv	eculizumab-aeeb	Q5152	Non-preferred [Soliris (J1299) preferred]
Blinicyto	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	
Casgev	exagamglogene autotemcel	J3392	
Cerezyme	imiglucerase	J1786	
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	J9999	
Daxxify	daxibotulinumtoxina-lanm	J0589	
Duopa	levodopa-carbidopa intestinal gel	J7340	
Dysport	abobotulinumtoxin a	J0586	
Elahere	mirvetuximab soravtansine-gynx	J9063	
Elaprase	idursulfase	J1743	
Ellyso	taliglucerase alfa	J3060	
Elevidys	delandistrogene moxeparvover-rol	J1413	
Elfabrio	pegunigalsidase alfa-iwxj	J2508	
Elrexfio	elranatamab-bcmm	J1323	
Elzonris	tagrazofusp-erzs	J9269	
Enjaymo	sutimlimab-jome	J1302	

Entyvio IV	vedolizumab IV	J3380	
Enzeevu	Afilbercept-abzv	Q5149	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Cimerli (Q5128), Eylea HD (J0177) or Eylea (J0178) preferred]
Epkinly	epcoritamab-bysp	J9321	
Epysqli	eculizumab-aagh	Q5151	Non-preferred [Soliris (J1299) preferred]
Erzofri	paliperidone palmitate	J2428	
Evenity	romosozumab-aqqg	J3111	
Evkeeza	evinacumab-dgnb	J1305	
Fabrazyme	agalsidase beta	J0180	
Flolan	epoprostenol	J1325	
Fulphila	pegfilgrastim-jmdb	Q5108	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Fyarro	sirolimus protein-bound particles	J9331	
Fylnetra	pegfilgrastim-pbbk	Q5130	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Gamifant	emapalumab-lzsg	J9210	
Givlaari	givosiran	J0223	
Glassia	alpha-1 proteinase inhibitor human	J0257	
Grafapex	Treosulfan	J9999	
Granix	tbo-filgrastim	J1447	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Hemgenix	etranacogene dezaparvovec-drlb	J1411	
Herceptin	trastuzumab	J9355	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Hercessi	trastuzumab-strf	Q5146	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Herzuma	trastuzumab-pkrb	Q5113	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Ilaris	canakinumab	J0638	
Ilumya	tildrakizumab-asmn	J3245	
Imdelltra	tarlatamab-dlle	J9026	
Inflectra	infliximab-dyyb	Q5103	Preferred
Invega Sustenna	paliperidone palmitate	J2426	
Invega Trinza	paliperidone palmitate	J2427	
Istodax	romidepsin	J9319	
Ixifi	infliximab-qbtx	Q5109	Non-preferred [Inflectra (Q5103), Infliximab (J1745), Remicade (J1745) preferred]
Jemperli	dostarlimab	J9272	
Jevtana	cabazitaxel	J9043	
Kadcyla	ado-trastuzumab emtansine	J9354	
Kalbitor	ecallantide	J1290	

Kanjinti	trastuzumab-anns	Q5117	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) 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	
Lamzedo	velmanase alfa-tycv	J0217	
Lanreotide (Cipla)	lanreotide	J1932	
Lemtrada	alemtuzumab	J0202	
Lenmeldy	atidarsagene autotemcel	J3590	
Leqvio	inclisiran	J1306	
Leukine	sargramostim	J2820	
Lumizyme	alglucosidase alfa	J0221	
Lunsumio	mosunetuzumab-axgb	J9350	
Lutathera	lutetium Lu 177 Dotatate	A9513	
Luxturna	voretigene neparvovec-rzyl	J3398	
Lyfgenia	lovotibeglogene autotemcel	J3394	
Mepsevii	vestronidase alfa-vjbk	J3397	
Monjuvi	tafasitamab-cxix	J9349	
Mvasi	bevacizumab-awwb	Q5107	Preferred
Naglazyme	galsulfase	J1458	
Neulasta	pegfilgrastim	J2506	Preferred
Neupogen	filgrastim	J1442	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Nexviazyme	avalglucosidase alfa-ngpt	J0219	
Niktimvo	axatilimab	J9038	
Nivestym	filgrastim-aafi	Q5110	Preferred
Nplate	romiplostim	J2802	
Nypozi	filgrastim-txid	Q5148	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Nyvepria	pegfilgrastim-apgf	Q5122	Preferred
Ocrevus	ocrelizumab	J2350	
Ocrevus Zunovo	ocrelizumab and hyaluronidase-ocsq	J2351	
Ogivri	trastuzumab-dkst	Q5114	Preferred
OmvoH	mirikizumab-mrkz	J2267	
Oncaspar	pegaspargase	J9266	
Onivyde	irinotecan liposomal	J9205	
Onpattro	patisiran	J0222	

Ontruzant	trastuzumab-dttb	Q5112	Preferred
Opdualag	nivolumab and relatlimab-rmbw	J9298	
Orencia	abatacept	J0129	
Otulfu IV	ustekinumab-aaaz	J3590	Non-preferred [Stelara IV (J3358) preferred]
Otulfu SC	ustekinumab-aaaz	J3590	Non-preferred [Stelara SC (J3357) preferred]
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	Non-preferred [Stelara IV (J3358) preferred]
Pyzchiva SC	ustekinumab-ttwe	Q9996	Non-preferred [Stelara SC (J3357) 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 [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Relizorb	digestive enzyme cartridge	B4105	
Remicade and Unbranded Infliximab	infliximab	J1745	Preferred
Remodulin	treprostinil IV	J3285	
Renflexis	infliximab-abda	Q5104	Non-preferred [Inflectra (Q5103), Infliximab (J1745), Remicade (J1745) preferred]
Rethymic	allogeneic processed thymus tissue-agdc	J3590	
Revatio	sildenafil (IV)	J3490	
Revcovi	elapegademase-lvlr	J3590	
Riabni	rituximab-arrx	Q5123	Non-preferred [Ruxience (Q5119) & Truxima (Q5115) preferred]
Rituxan	rituximab	J9312	Non-preferred [Ruxience (Q5119) & Truxima (Q5115) preferred]
Rituxan Hycela	rituximab and hyaluronidase	J9311	Non-preferred [Ruxience (Q5119) & Truxima (Q5115) preferred]
Rivfloza	nedosiran	J3490	
Roctavian	valoctocogene roxaparvovec-rvox	J1412	
Rolvedon	eflapegrastim-xnst	J1449	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Ruconest	c1 esterase, inhibitor, recombinant	J0596	

Ruxience	rituximab-pvvr	Q5119	Preferred
Rybrevant	amivantamab-vmjw	J9061	
Rylaze	asparaginase erwinia chrysanthemi (recombinant)- rywn	J9021	
Ryplazim	plasminogen, human-tvmh	J2998	
Rystiggo	rozanolixizumab-nol	J9333	
Rytelo	imetelstat	J0870	
Ryzneuta	efbemalenograstim alfa-vuxw	J9361	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Saphnelo	anifrolumab-fnia	J0491	
Selarsdi	ustekinumab-aekn	Q9998	Non-preferred [Stelara IV (J3358) & Stelara SC (J3357) preferred]
Simponi Aria	golimumab	J1602	
Skyrizi IV	risankizumab-rzaa IV	J2327	
Skysona	elivaldogene autotemcel	J3590	
Soliris	eculizumab	J1299	Preferred
Somatuline depot	lanreotide	J1930	
Spevigo	spesolimab-sbzo	J1747	
Spinraza	nusinersen	J2326	
Stelara IV	ustekinumab	J3358	Preferred
Stelara SC	ustekinumab	J3357	Preferred
Steqeyma IV	ustekinumab-stba	J3590	Non-preferred [Stelara IV (J3358) preferred]
Steqeyma SC	ustekinumab-stba	J3590	Non-preferred [Stelara SC (J3357) preferred]
Stimufend	pegfilgrastim-fpgk	Q5127	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
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	
Trazimera	trastuzumab-qyyp	Q5116	Preferred
Tremfya IV	guselkumab IV	J1628	
Trodelyv	sacituzumab govitecan-hziy	J9317	
Truxima	rituximab-abbs	Q5115	Preferred
Tyenne IV	tocilizumab-aaqg IV	Q5135	
Tyruko	natalizumab-sztn	Q5134	
Tysabri	natalizumab	J2323	
Tzield	teplizumab-mzwv	J9381	

Udenyca	pegfilgrastim-cbqv	Q5111	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Ultomiris	ravulizumab-cwyz	J1303	
Uplizna	inebilizumab-cdon	J1823	
Uptravi IV	selexipag IV	J3490	
Vegzelma	bevacizumab-adcd	Q5129	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Velettri	epoprostenol	J1325	
Veopoz	pozelimab-bbfg	J9376	
Vimizim	elosulfase alfa	J1322	
Vpriv	velaglucerase alfa	J3385	
Vyepti	eptinezumab-jjmr	J3032	
Vyjuvek	beremagene geperpavec-svdt	J3401	
Vyloy	zolbetuximab	C9303	
Vyvgart	efgartigimod alfa-fcab	J9332	
Wezlana IV	ustekinumab-auub	Q5138	Non-preferred [Stelara IV (J3358) preferred]
Wezlana SC	ustekinumab-auub	Q5137	Non-preferred [Stelara SC (J3357) preferred]
Xenpozyme	olipudase alfa-rpcp	J0218	
Xeomin	incobotulinumtoxin a	J0588	
Xiaflex	clostrisidial collagenase	J0775	
Ycanth	cantharidin	J7354	
Yescarta	axicabtagene ciloleucel	Q2041	
Yesintek IV	ustekinumab-kfce	J3590	Non-preferred [Stelara IV (J3358) preferred]
Yesintek SC	ustekinumab-kfce	J3590	Non-preferred [Stelara SC (J3357) preferred]
Zarxio	filgrastim-sndz	Q5101	Preferred
Zemaira	alpha-1 proteinase inhibitor (human)	J0256	
Zepzelca	lurbinectedin	J9223	
Ziextenzo	pegfilgrastim-bmez	Q5120	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Ziihera	zanidatamab-hrii	C9302	
Zirabev	bevacizumab-bvzr	Q5118	Preferred
Zolgensma	onasemnogene abeparvovec-xioi	J3399	
Zulresso	brexanolone	J1632	
Zynlonta	loncastuximab tesirine-lpyl	J9359	
Zynteglo	betibeglogene autotemcel	J3393	

For more information on submitting a request for a 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
1997128	Leuprolide (e.g., Lupron) for Oncologic Indications
1997153	Iron Therapy, Parenteral
1997185	Tumor Markers, Urinary Bladder Cancer
1997210	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy Gamma Knife Surgery, Linear Accelerator, Cyberknife, TomoTherapy
1998051	Genetic Test: BRCA1, BRCA2 or PALB2 Mutations
1998070	Cochlear Implant
1998118	Bariatric Surgery
1998158	Trastuzumab AND Trastuzumab and Hyaluronidase-oysk
2000001	PET or PET/CT for Colorectal Cancer
2000041	Cryoablation of Neoplastic Conditions
2001030	PET or PET/CT for Esophageal or Esophagogastric Junction (EGJ) Cancer
2001036	PET or PET/CT for Breast Cancer
2001037	PET or PET/CT for Ovarian, Fallopian Tube, and Primary Peritoneal Cancer
2004028	Ablation Therapy for Atrial Fibrillation (Pulmonary Venous Isolation, Radiofrequency, Cryoablation, Pulsed Field Ablation, AV Node Ablation)
2004038	Genetic Test: Lynch Syndrome and Inherited Intestinal Polyposis Syndromes
2005010	Cardiac and Coronary Artery Computed Tomography, CT Derived Fractional Flow Reserve and CT Coronary Calcium Scoring
2005026	Electrostimulation and Electromagnetic Therapy for the Treatment of Wounds
2009004	Biomarker Testing for Alzheimer's Disease
2009015	Golimumab (e.g., Simponi Aria)
2009034	Intensity Modulated Radiation Therapy (IMRT), Prostate
2010011	Myoelectric Prosthetic and Orthotic Components for the Upper Limb
2010013	Injection, Clostridial Collagenase for Fibroproliferative Disorders
2010022	Prostate Cancer Predicting Risk of Recurrence, Systems Pathology
2010038	Pneumatic Compression Devices and Non-Elastic Compression Garments for Treatment of Lymphedema, Burns, Venous Ulcers, and Arterial Insufficiency
2011021	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: CERVICAL CANCER AND HUMAN PAPILLOMAVIRUS (HPV) SCREENING
2011053	Autism Spectrum Disorder Adaptive Behavioral Analysis

PolicyID#	PolicyName
2011066	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OVERVIEW
2012008	Compression Devices for Venous Thromboembolism Prophylaxis for Postsurgical Home Use
2012009	Skin and Soft Tissue Substitutes, Bio-Engineered Products (Including Prosthetic Material)
2012026	PET Scan for Alzheimer's Disease, Dementia, or Cognitive Impairment Using Beta Amyloid Imaging
2012029	Biomarker Testing in Risk Assessment and Management of Cardiovascular Disease
2012056	PET or PET/CT for Histiocytic Neoplasms (eg Pulmonary Langerhans Cell Histiocytosis)
2012058	PET or PET/CT for Small Cell Lung Cancer
2013014	Ado-Trastuzumab Emtansine (e.g., Kadcyla (Trastuzumab-DM1)) for Treatment of HER-2 Positive Malignancies
2013046	Genetic Test: Testing for the Diagnosis and Management of Mental Health Conditions
2014008	Infertility Services
2015003	Patient-Actuated Mechanical Devices (Range of Motion & Stretching Devices)
2015005	Genetic Test: Pharmacogenetic Testing for Pain Management
2015007	Laboratory Tests for Chronic Heart Failure and Organ Transplant Rejection
2015009	Genetic Test: Next-Generation Sequencing for Cancer Susceptibility Panels
2015011	Vedolizumab (e.g., Entyvio) for Inflammatory Bowel Disease
2015014	Amniotic Membrane and Amniotic Fluid Injections
2015028	Testosterone Therapy
2015032	Magnetic Resonance Imaging (MRI) and Magnetic Resonance Imaging (MRI) Targeted Biopsy for Prostate Cancer
2015034	Telehealth
2016004	Lab Test: Identification of Microorganisms Using Nucleic Acid Probes
2016007	Noninvasive Imaging Technologies for Evaluation of Hepatic Fibrosis and Other Tissues (Elastography)
2016008	Thermal Ablation of Peripheral Nerves to Treat Pain Associated with Plantar Fasciitis, Knee Osteoarthritis, Sacroiliitis and Other Conditions
2016009	Blinatumomab (e.g., Blincyto)
2016013	Ravulizumab-cwvz (e.g., Ultomiris)
2016016	Atezolizumab and Atezolizumab with Hyaluronidase (e.g., Tecentriq and Tecentriq Hybreza)
2016018	Natalizumab (e.g., Tysabri and biosimilars)
2016021	Paliperidone Palmitate (e.g., Long-acting Injectables Invega Sustenna & Invega Trinza)
2017012	Nab-Paclitaxel (e.g., Abraxane)
2017013	Elotuzumab (e.g., Empliciti)
2017021	Ocrelizumab (e.g., Ocrevus) and Ocrelizumab with Hyaluronidase (e.g., Ocrevus Zunovo)
2018011	PET or PET/CT for Penile, Vaginal, and Vulvar Cancer
2018017	Hydrogel Implant for Prostate Radiation Therapy-Absorbable Perirectal Spacer (APS); SpaceOAR System (Augmenix inc)
2018027	Pegloticase (e.g., Krystexxa)
2018028	Minimally Invasive Treatment of Nasal Obstruction
2019005	Pembrolizumab (e.g., Keytruda)
2020001	Adoptive Immunotherapy
2020008	Isatuximab-irfc (e.g., Sarclisa)
2020020	Sacituzumab govitecan-hziy (e.g., Trodelvy)
2020022	Tocilizumab (e.g., Actemra) and Biosimilars
2020026	Canakinumab (e.g., Ilaris)

PolicyID#	PolicyName
2021002	Enfortumab Vedotin-ejfv (e.g., Padcev)
2021009	Romidepsin (e.g., ISTODAX)
2021014	Siltuximab (e.g., SYLVANT)
2021018	Irinotecan Liposomal (e.g., Onivyde)
2021019	Obinutuzumab (e.g., Gazyva)
2021020	Polatuzumab Vedotin-piiq (e.g., Polivy)
2021024	White Blood Cell Growth Factors (Colony Stimulating Factors)
2021025	Margetuximab-cmkb (e.g., MARGENZA)
2021028	Ustekinumab (e.g., Stelara) and Biosimilars
2021034	Rituximab (e.g., Rituxan) and Biosimilars – Non-Oncologic Indications
2021043	Leuprolide Acetate (e.g., Lupron Depot; Fensolvi) for Non-oncologic Indications
2021046	Trilaciclib (e.g., Cosela)
2022001	Efgartigimod (e.g., Vyvgart)
2022008	Dostarlimab (e.g., Jemperli)
2022013	Medical Technology Assessment, Non-Covered Services
2022016	Inclisiran (e.g., Leqvio)
2022019	Asparagine Specific Enzymes (e.g., Rylaze, Asparlas, Oncaspar)
2022029	Bortezomib (e.g., Velcade)
2022031	Risankizumab (e.g., Skyrizi)
2022041	Pegcetacoplan (e.g., Empaveli)
2022048	Tildrakizumab-asmn (e.g., Ilumya)
2023002	Spesolimab-sbzo (e.g., Spevigo)
2023008	Olipudase alfa (e.g., Xenpozyme)
2023010	Tremelimumab-actl (e.g., Imjudo)
2023013	Enzyme Replacement Therapy (ERT) for Fabry Disease: Agalsidase Beta (e.g., Fabrazyme) and Pegunigalsidase alfa (e.g., Elfabrio)
2023044	Surgical Treatments for Lipedema and Lymphedema
2023045	Eculizumab (e.g., Soliris)
2024002	Pozelimab-bbfg (e.g., Veopoz)
2024004	Rozanolixizumab-noli (e.g., Rystiggo)
2024011	Mirikizumab-mrkz (e.g., Omvoh)
2024016	Secukinumab (e.g., Cosentyx)
2024037	Certolizumab pegol (e.g., Cimzia)
2024063	Efgartigimod alfa and Hyaluronidase-qvfc (e.g., Vyvgart Hytrulo)
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)
2024070	Tarlatamab-dlle (e.g., Imdelltra)
2024071	Guselkumab (e.g., Tremfya)
2024077	Donanemab (e.g., Kisunla)
2024078	Afamitresgene autoleucel (e.g., Tecelra)
2024079	New-To-Market Medical Benefit Medication
2025002	Zanidatamab-hrii (e.g., Ziihera)
2025003	Treosulfan (e.g., Grafapex)
2025004	Obecabtagene autoleucel (e.g., Aucatzyl)

PolicyID#	PolicyName
2025005	Zolbetuximab (e.g., Vyloy)
2025006	Eladocagene exuparvovec (e.g., Kebilidi)
2025007	Datopotamab deruxtecan-dlnk (e.g., Datroway)
2025008	Axatilimab (e.g., Niktimvo)
2025009	Zenocutuzumab-zbco (e.g., Bizengri)
2025010	Circulating Tumor Tissue Modified Viral Human Papillomavirus DNA Testing

Payment Policy Manual Updates

The following policies have been added or updated in the Arkansas Blue Cross and Blue Shield's Payment Policy manual.

To view entire payment policies, please refer to the Arkansas Blue Cross Blue Shield website.

Payment Policy ID#	Payment Policy Name
000024	Outpatient Facility Charges Overlapping or Related to an Inpatient Stay
000025	Inpatient Readmission
000026	Never Events

Metallic Formulary Changes Effective July 1, 2025

On Exchange, Off Exchange, Arkansas Works, Arkansas Blue Cross and Blue Shield Small group, Health Advantage small group use the metallic formulary.

Product/Drug Label Name	Change	Formulary Options
NEXIUM GRANULES DELAYED RELEASE	Not Covered	generic esomeprazole granules delayed-release
SOLU-CORTEF INJ	Not Covered	generic hydrocortisone sodium succinate inj

Standard Formulary Changes Effective July 1, 2025

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.

Product/Drug Label Name	Change	Formulary Options
CLIMARA PRO DIS WEEKLY	No longer Covered	COMBIPATCH
DAYVIGOTAB	No longer Covered	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, QUVIVIQ
DIVIGEL GEL	No longer Covered	estradiol
DIVIGEL PAK GEL	No longer Covered	estradiol
ENDOMETRIN SUP	No longer Covered	CRINONE
EVAMIST SPR	No longer Covered	estradiol

Product/Drug Label Name	Change	Formulary Options
HYRIMOZ INJ (Sandoz brand only)	No longer Covered	ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SUBCUTANEOUS, ENBREL, HYRIMOZ (Cordavis will remain covered), ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, OTEZLA, PYZCHIVA SUBCUTANEOUS, RINVOQ, SKYRIZI SUBCUTANEOUS, SOTYKTU, STELARA SUBCUTANEOUS, TREMFYA SUBCUTANEOUS, VELSIPITY, XELJANZ, XELJANZ XR, YESINTEK SUBCUTANEOUS, ZEPOSIA
HYRIMOZ-CROH INJ UC SP (Sandoz brand only)	No longer Covered	ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SUBCUTANEOUS, ENBREL, HYRIMOZ (Cordavis will remain covered), ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, OTEZLA, PYZCHIVA SUBCUTANEOUS, RINVOQ, SKYRIZI SUBCUTANEOUS, SOTYKTU, STELARA SUBCUTANEOUS, TREMFYA SUBCUTANEOUS, VELSIPITY, XELJANZ, XELJANZ XR, YESINTEK SUBCUTANEOUS, ZEPOSIA
HYRIMOZ-PED INJ CROHNS (Sandoz brand only)	No longer Covered	ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SUBCUTANEOUS, ENBREL, HYRIMOZ (Cordavis will remain covered), ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, OTEZLA, PYZCHIVA SUBCUTANEOUS, RINVOQ, SKYRIZI SUBCUTANEOUS, SOTYKTU, STELARA SUBCUTANEOUS, TREMFYA SUBCUTANEOUS, VELSIPITY, XELJANZ, XELJANZ XR, YESINTEK SUBCUTANEOUS, ZEPOSIA
JATENZO CAP	No longer Covered	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO
OCALIVATAB	No longer Covered	IQIRVO
ONETCH FLEX KIT VERIO	No longer Covered	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS
ONE TOUCH TES VERIO	No longer Covered	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS
ONETCH LNC DELICAPL	No longer Covered	ACCU-CHEK LANCETS / LANCING DEVICES
ONE TOUCH TES ULTRA	No longer Covered	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS
ONETCH 30G LNC ULTRSFT2	No longer Covered	ACCU-CHEK LANCETS / LANCING DEVICES
ONETCH KIT ULTRA 2	No longer Covered	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS
ONETOUCH KIT VERIO RE	No longer Covered	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS

Product/Drug Label Name	Change	Formulary Options
SOOLANTRA CRE 1%	No longer Covered	azelaic acid gel, brimonidine gel, ivermectin cream, metronidazole, FINACEA FOAM
XYOSTED INJ	No longer Covered	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO



Federal Employee Program

FEP Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The Federal Employee Program Consumer Assessment of Healthcare and Provider Systems (CAHPS) survey is an annual, Office of Personnel Management (OPM) mandated, survey of members. This survey focuses on Access to Providers, Claims Processing, Customer Service, as well as Coordination of Care, and Provider and Plan Ratings. Its main purpose is to gather information about patients' experiences with healthcare services and providers. The following questions in the areas of Rating a Provider and Coordination of Care are to serve as a resource for you as a provider on best practices when communicating with patients.

Rating of Provider

Here are some questions to ask yourself about the care you provide:

- 1) Have you actively listened to your patient, without interrupting, so patients feel heard and understood?
- 2) Have you explained medical information in a clear and concise manner, ensuring patients and family members, if present, can follow your guidance?
- 3) Do you value patient feedback and address individual concerns ensuring that you spend enough time during visits, so they don't feel rushed?
- 4) Have you asked patients if they feel adequately involved in decisions about care provided and the treatment plan?
- 5) Have you encouraged your patients, and/or family members if present, to ask questions?
- 6) Have you demonstrated empathy and addressed the patient's emotional needs?

Coordination of Care.

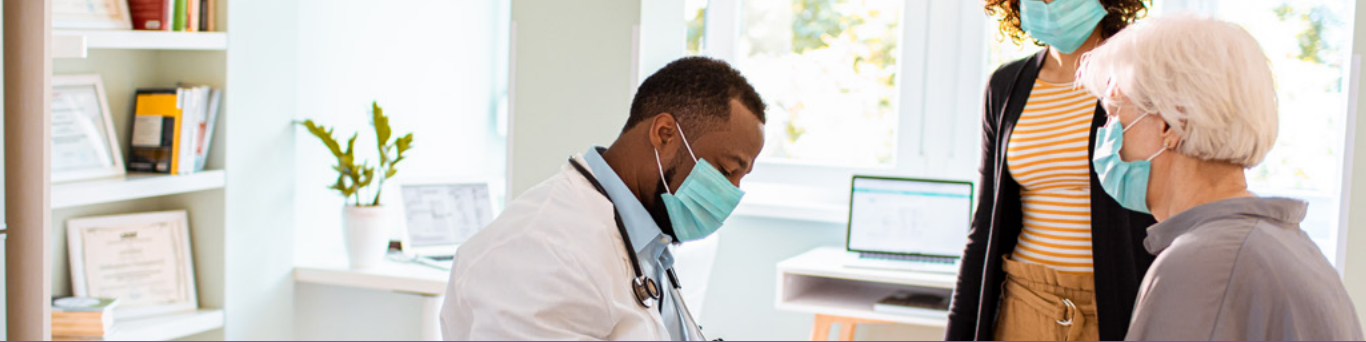
Regarding Coordination of Care, please think about how you help your patients navigate the healthcare system and coordinate care with other providers.

- 1) Do you communicate effectively with other providers involved in this patient's care?
- 2) Do you routinely ask your patient about recent visits to specialists or hospitals and follow up on test results or consult notes?
- 3) Do you ensure referrals and test results are addressed in a timely manner?
- 4) Is the care plan shared with all relevant team members?
- 5) Do you encourage patients to bring their medications to each visit so you can review and reconcile them accurately?

- 6) Do you ensure timely follow-up by keeping appointments available for those recently discharged from a facility?
- 7) Do you help the patient navigate transitions between levels or types of care?
- 8) Do your charts or EHRs contain patients' medical history and any care they've received from other providers to ensure continuity and coordination of care?
- 9) Were there any delays, miscommunications, or gaps in care you could have helped with?
- 10) Are your patients able to reach you or the care team in a timely manner?

Lower Back Pain Resource

Check out this [Imaging & Management of Low Back Pain video](#). It is a great resource when trying to determine the need for imaging when a patient complains of low back pain.



Medicare Advantage

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). Providers 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. Arkansas Blue Cross will continue to issue quarterly provider demographic verification forms by mail to validate, correct, sign, date and return to Arkansas Blue Cross Provider Network Operations via providernetwork@arkansasbluecross.com.

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 \(hhs.gov\)](https://www.hhs.gov/nppes). If you have any questions pertaining to NPPES, you may reference [NPPES help](#).

CMS References: 45 CFR §162.410(a); [Data Dissemination | CMS](#)

EviCore Provider Portal for Prior Authorizations

EviCore manages Radiology, Medical Oncology, Radiation Oncology, and DME requests for ARBCBS Medicare members. The EviCore web portal located at www.evicore.com is the fastest and most efficient method. The registration process only takes a few minutes, and the portal has many benefits!

- **Saves Time:** Quicker process than phone requests
- **Available 24/7:** You can access the portal any day at any time
- **Upload Clinical Information:** No need to fax in supporting clinical documentation since it can be uploaded on the portal to support a new request or when additional information is needed
- **Status Updates:** You can check case status in real-time via Authorization Lookup
- **Print Option:** View and print decision information to keep on file
- **Real-Time Authorizations:** For many requests the portal offers clinical pathways which could lead to a real-time approval based on the information provided

If you have questions, you can reach out to the EviCore web support team at **1-800-646-0418** (option 2) or portal.support@evicore.com.

Reminder on Billing Qualified Medicare Beneficiaries

Medicare providers are prohibited by federal law from billing qualified Medicare beneficiaries for Medicare deductibles, copayments, or coinsurance. Providers should accept Medicare and Medicaid payments received for billed services as payment in full. Dual-eligible members classified as qualified Medicare beneficiaries (QMBs) are covered under this rule.

QMBs who are enrolled in any Medicare Advantage plan to administer their Medicare benefits would have Medicare Advantage as their primary coverage and Medicaid as their secondary coverage. Payments are considered accepted in full even if the provider does not accept Medicaid. Please know that you as a provider are subject to sanctions if billing a QMB patient for amounts not paid by any Medicare Advantage plan and Medicaid.

Additional information about dual-eligible coverage is available under the Medicare Learning Network at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf.

Thank you for reading the ABCBS June Providers' News. We hope you enjoyed the articles and updates! Have a great start to the summer months.