

Provider Notification of Policy Criteria Change					
Policy Title	Policy Number	Criteria Change	Material Amendment	Effective Date	Link to Full Policy
Neutron Therapy and Boron Neutron Capture Therapy	1997027	Title and all sections updated. Statement of non-coverage added for neutron therapy. CPT 77423 added as non-covered.	YES	04/01/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1997027
PET or PET/CT for Hodgkin's Lymphoma	2013002	For disease management, coverage criteria for the timing of the single PET/CT follow-up scan changed from "when first post-treatment baseline PET showed Deauville 4 or 5 findings" to "following completion of all therapy when last post-treatment PET was Deauville 4 or 5" eff 04/04/2026.	YES	04/04/2026	https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=201302
PET or PET/CT for Thyroid Cancer	2004024	<p>For FDG-PET/CT:</p> <ul style="list-style-type: none"> For diagnostic workup: removing oncocytic carcinoma as an indication For disease management: simplifying criteria and requiring a specific calcitonin level for suspected recurrent medullary cancer <p>For SSR PET/CT:</p> <ul style="list-style-type: none"> For disease management: requiring a specific calcitonin level for suspected recurrent medullary cancer 	YES	04/04/2026	https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2004024
Intensity Modulated Radiation Therapy (IMRT), Prostate	2009034	<ol style="list-style-type: none"> For clarification, specifically state in the disease definition and the coverage criteria, that the disease categories of low-, intermed-, high-risk for recurrence and for local disease do not include cancer that has metastasized. Under the fractionation allowance, added a minimum of IPSS 8 and above for men with significant baseline obstructive urinary symptoms. 	YES	04/04/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2009034
Brachytherapy, Prostate, High-	2006019	Clarifying wording added to disease definition and the coverage criteria to indicate that the disease categories of low-, intermediate-, high-risk for	YES	04/04/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2006019

Dose Rate Temporary		recurrence and for local disease do not include cancer that has metastasized.			
Brachytherapy, Prostate, Low- dose Rate	1998001	Clarifying wording added to disease definition and the coverage criteria to indicate that the disease categories of low-, intermediate-, high-risk for recurrence and for local disease do not include cancer that has metastasized.	YES	04/04/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1998001
Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy Gamma Knife Surgery, Linear Accelerator, Cyberknife, TomoTherapy	1997210	Coverage criteria updated for intracranial arteriovenous malformations (AVM), Metastatic Lesions in Brain and Spine, Hepatocellular Carcinoma, Pancreatic Cancer, Renal Cancer, Non-Small Cell Lung Cancers, Prostate cancer, Prostate cancer with Metachronous Oligometastases, Extracranial Oligometastases, and Sarcoma/Chondrosarcoma.	YES	04/04/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1997210
Magnetic Resonance Imaging (MRI), Breast	2001028	<ul style="list-style-type: none"> Added coverage for Paget Disease. Policy guidelines updated. 	YES	04/04/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2001028
Intensity Modulated Radiation Therapy (IMRT), Breast	2009036	Coverage added for Breast IMRT for treatment requiring arms down position, bilateral implant-based reconstruction, and whole breast radiotherapy with bilateral augmentation implants.	YES	04/04/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2009036
Intensity Modulated Radiation Therapy (IMRT)	2003015	Coverage for IMRT for Sarcoma expanded to include Chondrosarcoma.	YES	04/04/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2003015
Accelerated Breast Irradiation and Brachytherapy for Breast and Gynecological Cancers	2002011	<ol style="list-style-type: none"> Added indications for: <ul style="list-style-type: none"> Multicatheter brachytherapy for early-stage cancer Single-entry intracavitary brachytherapy for early-stage breast cancer Under APBI-added further criteria that must be met (per updated ASTRO guidelines): <ul style="list-style-type: none"> without germline BRCA 1 / 2 mutation, ER-positive histology, Grade 1-2 disease Under WBI, clarification of dosimetric inhomogeneity criteria. 	YES	04/04/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2002011

		4. Added coverage criteria for Cervical cancer.			