

PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Bariatric Surgery	1998118	<p>Restricted coverage added for Single anastomosis duodeno-ileal (SADI) bypass with sleeve gastrectomy (43659) when the criteria outlined in policy is met:</p> <p>Adult individual [18 years or older] or Adolescents [13 to 20 years old]:</p> <p>A. The recommended surgery is one of the following procedures:</p> <ol style="list-style-type: none"> 1. Biliopancreatic bypass with duodenal switch 2. Laparoscopic adjustable gastric banding 3. Roux-en-Y procedure 4. Sleeve gastrectomy; 5. Single anastomosis duodeno-ileal (SADI) bypass with sleeve gastrectomy (43659); AND <p>B. Either of the below criteria:</p> <ol style="list-style-type: none"> 1. Past participation in a weight loss program; pre-operative medical and mental health evaluations and clearances; pre-operative education which addresses the risks, benefits, realistic expectations and the need for long-term follow-up and adherence to behavioral modifications; and a treatment plan which addresses the pre- and post-operative needs of an individual undergoing bariatric surgery; OR 2. Completion of a multidisciplinary surgical preparatory regimen, AND <p>C. The following eligibility criteria are met:</p> <ol style="list-style-type: none"> 1. Morbid obesity (class III obesity as defined by BMI greater than 40, OR 2. Morbid obesity (class II obesity as defined by BMI greater than 35 to 39.9 with one or more of the following comorbid conditions: <ol style="list-style-type: none"> 1. Type 2 diabetes mellitus, OR 	No	4/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1998118

		<p>2. Cardiovascular disease as defined by one or more of the following documented diagnoses (including but not limited to): prior cerebrovascular infarction/hemorrhage, prior myocardial infarction, prior coronary artery bypass surgery, prior coronary artery stenting, prior ischemic cardiomyopathy, prior congestive heart failure, prior diagnosis of ischemic peripheral artery disease (e.g., claudication, prior stenting, and/or prior vascular surgery), OR</p> <p>3. Uncontrolled hypertension as defined by an average BP greater than 140/90 on combination pharmacotherapy, OR</p> <p>4. Severe obstructive sleep apnea as defined by polysomnography with an AHI or RDI greater than 30; AND</p> <p>D. There is no prior history of a bariatric surgical procedure</p>			
Chemical Ecology (Environmental Illness, Multiple Chemical Sensitivities, Environmental Hypersensitivity Disorder, Total Allergy Syndrome)	1997035	Policy will be archived effective April 15, 2026.	No	4/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1997035
Under Heavy Sedation or General Anesthesia as a Technique of Opioid Detoxification	2003010	Policy will be archived effective April 15, 2026.	No	4/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2003010
Magnetic Resonance Imaging (MRI), Positional	2010012	Policy will be archived effective April 15, 2026.	No	4/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2010012

Orthopedic Applications of Stem Cell Therapy	2010023	Policy will be archived effective April 15, 2026.	No	4/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2010023
Multispectral Digital Skin Lesion Analysis (MSDSLA) (e.g., MelaFind)	2016001	Policy will be archived effective April 15, 2026.	No	4/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2016001
Dry Hydrotherapy for Chronic Pain Conditions	2022035	Policy will be archived effective April 15, 2026.	no	4/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2022035