PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	**POLICY NUMBER**	**CRITERIA CHANGE**	**MATERIAL AMENDEMENT**	**EFFECTIVE DATE**	**LINK TO FULL POLICY**
Tumor-informed Circulating Tumor DNA Testing (e.g., Signatera) for Cancer Management	2022020	The use of Signatera tumor-informed circulating tumor DNA (ctDNA) test (Natera, Inc) (0340U) 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 to detect molecular residual disease and guide adjuvant management for individuals with newly diagnosed Merkel Cell Carcinoma. Tumor-informed circulating tumor DNA testing (ctDNA) for any indication or circumstance not addressed in this or other policies does not meet member benefit certificate Primary Coverage Criteria or for members with contracts without Primary Coverage Criteria is considered Not Medically Necessary or is investigational and is not covered.	No	5/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2022020
Transplant, Liver	1998104	Policy was reformatted separating living donor criteria and deceased donor transplant criteria, removing requirement for exploratory laparoscopy/laparotomy for ruling out abdominal cavity metastasis.	No	5/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1998104
Functional Anesthetic Discography	2012001	Policy will be archived effective April 15, 2026.	No	5/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2012001
Endothelial Function Testing	2012020	Policy will be archived effective April 15, 2026.	No	5/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2012020
Macular Translocation	1998136	Policy will be archived effective April 15, 2026.	No	5/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1998136
Needle Arthroscopy	2013039	Policy will be archived effective April 15, 2026.	No	5/15/2026	https://secure.arkansasbluecross.com/member

					s/report.aspx?policyNumber=2013039
Pilot Policy: SKY 92 Gene Expression Classification for Multiple Myeloma	2021031	Policy will be archived effective April 15, 2026.	No	5/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2021031