

PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMEUREMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Donanemab	2024077	<p>Coverage criteria revised.</p> <p>The criterion point related to documentation in medical records was update and the Mini-Mental State Examination (MMSE) score requirement was changed from 20 inclusive to 28 to a MMSE score of 20-30.</p> <p>The following exclusion criteria was added: The individual does not have:</p> <ul style="list-style-type: none"> a. More than 4 microhemorrhages (defined as 10 mm or less at the greatest diameter) (Kisunla, 2025; Sims, 2023); OR b. A single macro hemorrhage greater than 10 mm at the greatest diameter (Kisunla, 2025; Sims 2023); AND 	No	11/01/2025	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024077
Digital Breast Tomosynthesis	2011005	Coverage policy will be archived.	No	01/01/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2011005
Brexanolone (e.g., Zulresso)	2019012	Coverage policy will be archived.	No	11/01/2025	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2019012
Low-Dose Radiotherapy (LDRT)	2023016	<p>Coverage added for nonmelanoma skin cancers.</p> <p>The use of low-dose radiotherapy* (billed with CPT 77401) for the treatment of nonmelanoma skin cancers (NMSC) meets member benefit certificate primary coverage criteria that there be scientific evidence of effectiveness.when the following criteria (A - C) are met: A_ Treating Provider is EITHER: • Radiation Oncologist; or • Dermatologist AND B_ Nonmelanoma skin cancers (NMSC) is EITHER: • Cutaneous basal cell carcinoma (BCC); or</p>	Yes	12/01/2025	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2023016

		<ul style="list-style-type: none"> • Cutaneous squamous cell carcinoma (SCC); or • Cutaneous squamous cell carcinoma (SCC) in situ <p>AND</p> <p>C_ALL of the following are met:</p> <ul style="list-style-type: none"> • Documentation that the individual is a nonsurgical candidate due to one of following: • the surgery would cause loss of function, or • the surgery would result in significant morbidity, or • the lesion is in an anatomically sensitive area with poor cosmesis or adverse functional result (eg, ears, nose, lips, eyelids), and • Lesion size 4 cm or less; and • Lesion depth 6 mm or less <p>Coding Guidelines for LDRT for nonmelanoma skin cancers (NMSC):</p> <p>LDRT should be billed with CPT 77401 (Radiation treatment delivery, superficial and/or ortho voltage, per day).</p> <p>LDRT billed with any other CPT/HCPCS radiation treatment delivery code is not accepted for processing claims.</p> <p>The following treatment planning and dosimetry calculation services will be reimbursed with a limit of once per course of LDRT treatment for NMSC:</p> <ul style="list-style-type: none"> • 77280 (Therapeutic radiology simulation aided field setting; simple) • 77285 (Therapeutic radiology simulation aided field setting; intermediate) • 77300 (Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician) 			
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