

December 2024

# PR **NEWS** PROVIDERS'

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



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Management Initial  
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**Upcoming holidays**

**Winter Holidays**  
December 24  
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**New Years**  
January 1



**Arkansas  
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

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## Arkansas Blue Cross and Blue Shield

Thank you for reviewing Arkansas Blue Cross Blue Shield's December 2024 Providers' News. The purpose of this communication is to provide updates on revisions to payment process, payment policy, and guidance. Please take time to review the content specific to your facility or practice and thank you for your continued service to your patients and our members.

### 2025 Open Enrollment – Please Use Availity

2025 Open Enrollment period began October 1, 2024, and will continue through January 15, 2025. The enrollment of many new members and renewal of current members produces extremely high call volumes, which are expected to remain elevated through January 31, 2025.

Arkansas Blue Cross and Blue Shield strongly encourages provider offices and facilities to use the website for the following:

- **Availity** – Availity houses the same information available to our customer service representatives and can save you valuable time when seeking information regarding eligibility, benefits, claims status, as well as submitting authorization requests. Availity displays information helpful when scheduling appointments, checking eligibility, and identifying benefits.
- **Carelon portal** – If you need to request a prior authorization for imaging and high-tech radiology, please continue to use the Carelon portal.

During the enrollment period, please be aware that call volume can spike and exceed our ability to answer every call in a timely manner. Please use Availity or Carelon for the reasons noted above.

### Avalon: What You Need to Know

**This policy applies to health plans that utilize a routine laboratory management vendor, which include Arkansas Blue Cross and Blue Shield, Federal Employee Health Benefit Plan and Postal Service Health Benefit Plan, Health Advantage, and Octave Blue Cross and Blue Shield fully insured plans, including the Metallic and ARHOME plans and Complete/Complete Plus plans. Additionally, this policy will apply to the Farm Bureau and Level Funded plans.**

Arkansas Blue Cross and Blue Shield has previously communicated information about our implementation of the Avalon program in the September 2024 Provides News, the Availity Payer Space, as well as some direct mailing. Below is another reminder of our February 1, 2025, implementation.

Beginning **February 1, 2025**, Arkansas Blue Cross and Blue Shield will be implementing a new **laboratory benefit management** (LBM) review program that aligns with our existing claims review processes. This process will apply once lab claims are submitted and entail post-service and pre-payment policies based on the latest science and clinically accepted, peer-reviewed guidelines for such services. The LBM review will provide consistent enforcement of laboratory policies via an automated review of 24 sets of high-volume, low-cost routine laboratory tests. This type of review is already in place for many other lab tests and other medical services.

We believe this new process, will ensure members and patients receive high-quality, medically appropriate and affordable laboratory services. Details of this process include new and revised medical coverage criteria, guidelines and consistent reviews for certain laboratory services. This process will not apply to services performed in a hospital setting.

- Effective February 1, 2025, new and revised medical coverage criteria and guidelines will take effect that will affect certain laboratory, services, tests and procedures. These policies and guidelines, which align with our existing claims review processes, are available for review on the Arkansas Blue Cross website ([https://secure.arkansasbluecross.com/providers/coverage\\_policy.aspx](https://secure.arkansasbluecross.com/providers/coverage_policy.aspx)).
- The affected policies are:
  - 2024023                      - 2024030                      - 2024045                      - 2024051                      - 2024056
  - 2024025                      - 2024031                      - 2024046                      - 2024052                      - 2024057
  - 2024026                      - 2024035                      - 2024048                      - 2024053                      - 2024058
  - 2024027                      - 2024036                      - 2024049                      - 2024054                      - 2024059
  - 2024028                      - 2024044                      - 2024050                      - 2024055
- Arkansas Blue Cross uses these evidence-based policies aligned with the latest scientific research to ensure the appropriateness of lab testing. The lab policies are reviewed annually, or more often when the science has changed, to account for the latest evidence and the development of new types of tests.
- Effective for dates-of-service **February 1, 2025**, and thereafter, Arkansas Blue Cross will apply automated policy enforcement (post-service and pre-payment) to claims reporting laboratory services performed in office, hospital outpatient and independent laboratory locations.
- Laboratory services, tests and procedures provided in emergency room, hospital observation and hospital inpatient settings are **excluded** from this program.
- Additionally, codes reporting multiple units billed will be reviewed referencing code-specific unit allowances under Arkansas Blue Cross laboratory policies and guidelines.

We value and appreciate you for working to provide high-quality care and produce better healthcare outcomes for our members. If you have questions about this program, please reach out to your Arkansas Blue Cross representative.

## Avality Reminders

When using the Availity portal please consider frequent visits to the Availity Payer space for Arkansas Blue Cross and Blue Shield specific updates. Availity publishes monthly communication that includes updates, changes or

new functionality available for Arkansas Blue Cross providers. In addition, Payer specific help is available by clicking the question mark icon located throughout the portal or by clicking Help & Training in the upper right portion of your menu bar. Availability can also be used to access data for payers not associated with Arkansas Blue Cross therefore screens may look or function differently for each payer.

**New functionality coming soon:** prior authorization concurrent review and additional benefit notes. Updates regarding these two functions in the coming weeks.

## Benefit Exceptions Request

To request a benefit exception that is not included in the Arkansas Blue Cross Blue Shield policy, for example a lab test that is not covered, you as the provider may request an exception. The Authorization/Organizational Determination Request Form is available on our website (<https://www.arkansasbluecross.com/providers/resource-center/provider-forms>) Please select exception under request type on the form and place exception related comments in the "other clinical information" section on the form. Once reviewed by the organization, the decision will be communicated promptly.

## Dedicated Website Launch for Behavioral Health Providers

We're excited to announce the launch of our new website, designed specifically for providers working in the fields of mental health and substance use. This new resource aims to support you with quick access to essential tools and information that will simplify your daily practice.

On the site, you'll find a list of helpful contacts, including credentialing and pharmacy support numbers, to assist you and your team in providing seamless care. We've also included two comprehensive, downloadable guides: the Mental Health and Substance Use Benefit and Billing Guide and the Residential Treatment Center Billing Guide. These documents offer clear, up-to-date guidance on benefit utilization and billing processes.

The website also provides a chance to meet our behavioral health team, including our dedicated nurses, social workers, and peer support specialists. Get to know the people working with you to ensure our members receive high-quality care.

<https://www.arkansasbluecross.com/providers/mental-health-providers>

## General Coding Guideline Payment Policy

New payment policy #AR\_PC\_000020, General Coding Guidelines, has been published. This policy is a publication of our current coding guidelines and code editing.

The policy includes guidelines required for submission of NDC numbers on professional and outpatient institutional claims for reimbursement of physician administered drugs. The NDC must match the valid HCPCS code submitted for the medical drug. Additionally, the appropriate HCPCS/NDC combination should be billed when available instead of a not otherwise specified code (i.e., J3490, J3590, J7999, J8499, J9999, A4641, A9699, and C9399). Although this is the current policy, to streamline claims processing, decrease pending claims and medical record requests, **effective February 01, 2025, if the claim does not include the appropriate HCPCS/NDC**



**combination, the entire claim will reject.** A notice of material amendment for this change was published on the Availity portal November 01, 2024. For complete details, please refer to the payment policy section on the web, [www.arkansasbluecross.com/providers](http://www.arkansasbluecross.com/providers).

## New Method to Submit Utilization Management Initial Authorizations Using the Availity Portal

We're excited to announce that providers can now submit Initial Authorization requests through the Availity provider portal. Simply fill out the required information in Availity and upload/attach the supporting clinical information.\*

When submitting a request through Availity, the system will assign a certification (cert) number, also known as an authorization (auth) number. If additional supporting clinical is needed after your initial submission, fax or email it along with the assigned cert/auth number so it can be matched up with the request.

Please note that this method is currently only for Initial Authorization requests. Currently, Availity does not support Concurrent reviews or Organizational Determination/Benefit Inquiry (OD/BI) requests. Availity submissions are automatically sent to Arkansas Blue Cross and Blue Shield and assigned a standard (not urgent) turnaround time. For urgent, concurrent, and OD/BI requests, please continue to use the fax or email process.

\*Availity training is available on demand in the **Availity Learning Center**. Go to **Help & Training** in the upper right corner of your Availity Essentials home page. Then click **Get Trained**. Search for **Arkansas Blue Cross and Blue Shield – Prior Authorization – Recorded Webinar** (June 5, 2024). If you have questions about how to submit an authorization, how to find out who your Availity Essentials administrator is, or how to register via Availity portal you can contact Availity Client Services at **800-282-4548**.

## Updates to Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guidelines

### Notice of Material Amendment

Effective for dates of service on and after March 23, 2025, the following updates will apply to the Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guidelines. As part of the Carelon guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services.

### Advanced Imaging/Radiology

#### Oncologic Imaging

- NCCN alignments for Cancer Screening and tumor-specific indications (see Change Summary), largely addressing time intervals of screening or surveillance imaging.
- Added FDG PET allowances for Colorectal Cancer and Lung Cancer (Small Cell) accounting for nondiagnostic standard imaging.

#### Imaging of the Abdomen and Pelvis

- Tumor or neoplasm – Added requirement for initial evaluation of testicular masses with US

- Endometriosis – Removed US requirement for follow-up of patients with established diagnosis
- Obstetric indications – Specified that fetal MRI is indicated in second or third trimester
- Diffuse liver disease – Removed criteria for LiverMultiScan
- Abdominal and/or pelvic pain, undifferentiated – clarified language regarding initial imaging and lab evaluation

### Imaging of the Chest

- Added indication for dyspnea

## Radiation Oncology

### Radiation Therapy

- Special Treatment Procedure and Special Physics Consult: Limited the scenarios where special treatment procedure and special physics consult are indicated, to more closely align with recent ASTRO guidance.
- Breast cancer - Reduced the minimum age at which patients with invasive disease meet criteria for accelerated partial breast irradiation (APBI).
- Head and neck cancer - Removed indication for neutron therapy as this is no longer routinely used.
- Lung cancer - Clarified that the maximum number of fractions for SBRT is 5 in both NSCLC and SCLC.
- Oligometastatic extracranial disease - Added scenario for oligoprogressive extracranial disease.
- Other tumor types.
- Combined criteria for IMRT, SRS, and SBRT.
- Expanded criteria for SRS and SBRT to include any radiosensitive tumor.
- Prostate cancer.
  - Modified number of fractions indicated, due to larger dose given in each individual fraction (no change in total dose to be given).
  - Added scenario for salvage treatment after prostatectomy
  - Added max fraction number for salvage RT
- Modified number of fractions indicated, due to larger dose given in each individual fraction (no change in total dose to be given).
- Added scenario for salvage treatment after prostatectomy.
- Added max fraction number for salvage RT.

### Hydrogel Spacers

- Expanded the use of hydrogel spacers to include them in patients receiving other forms of external beam radiation therapy for prostate cancer.

### Proton Beam Therapy

- Added clarifying statement that generic case control plan comparison is insufficient and that patient-specific IMRT isodose comparison is required.

For questions related to guidelines, please contact Carelon via email at [MedicalBenefitsManagement.guidelines@Carelon.com](mailto:MedicalBenefitsManagement.guidelines@Carelon.com). Additionally, you may access and download a copy of the current and upcoming guidelines [here](#).



## Voicemail Transition

As part of our ongoing efforts to respect your time and reduce the frustration of long hold times being experienced with our increase in call volume, Arkansas Blue Cross and Blue Shield, Blue Advantage Administrators of Arkansas and Health Advantage Inpatient Utilization Management nurse team has transitioned to a voicemail-only phone system for incoming calls.

By leaving a voicemail, you can ensure your message is directed appropriately and someone will get back to you as soon as possible. We believe this will improve the efficiency of our communication and better serve your needs.

For new admissions, please submit your authorization request through the Availity portal or by completing the Authorization form and faxing to the appropriate fax line listed at the top of the form, or by emailing the form with clinical to [intaketeam@arkbluecross.com](mailto:intaketeam@arkbluecross.com). The form can be accessed at [www.arkansasbluecross.com](http://www.arkansasbluecross.com) or by using the direct link below.

[www.arkansasbluecross.com/docs/librariesprovider9/providers/abcbs-authorization-org-det-request.pdf?sfvrsn=6d8c58fd\\_32](http://www.arkansasbluecross.com/docs/librariesprovider9/providers/abcbs-authorization-org-det-request.pdf?sfvrsn=6d8c58fd_32)

Status checks on pending reviews may still be called into Customer Service by dialing the number on the back of the member's insurance card.

We appreciate your understanding and cooperation.

## 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.

Policy ID#	Coverage Policy Name
1997007	Antithrombin III Replacement
1997080	Neuromuscular Stimulation, Functional
1997088	Hyperbaric Oxygen Pressurization (HBO)
1997105	Interferon Gamma-1B
1997113	Immune Globulin, Intravenous and Subcutaneous
1997126	Low Level Laser Therapy (LLL) and High Intensity Laser Therapy
1997128	Leuprolide (e.g., Lupron) for Oncologic Indications
1997210	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy Gamma Knife Surgery, Linear Accelerator, Cyberknife, TomoTherapy
1998070	Cochlear Implant
1998095	Intraoperative Neurophysiologic Monitoring
1998109	Tisagenlecleucel (e.g., Kymriah)
1998144	Pulmonary Arterial Hypertension, Infusion and Selected Inhalation therapy
1998150	Angioplasty/Stenting, Percutaneous, Carotid Artery
1998154	Electrical Stimulation, Transcutaneous Electrical Nerve Stimulator
1998158	Trastuzumab AND Trastuzumab and Hyaluronidase-oysk

Policy ID#	Coverage Policy Name
1998161	Infliximab (e.g., Remicade and Unbranded Infliximab)
1999001	Nerve Conduction Studies (NCS), Electromyography (EMG) and Surface EMG (SEMG)
2002002	Genetic Test: Genetic (TPMT, NUDT15, CEP72) and Metabolite (6-MMP, 6-TGN) Testing for Thiopurine Treatment
2004017	Genetic Test: Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer
2004053	Circulating Tumor Cells and Cell-Free DNA in the Management of Patients with Cancer, Detection of
2006016	Rituximab (e.g., Rituxan) and Biosimilars- Oncologic Indications
2008006	Transcatheter Arterial Chemoembolization (TACE) to Treat Primary or Metastatic Liver Malignancies
2008010	Certified Nurse Practitioners
2008013	Certified Nurse Midwives
2008014	Physician Assistants
2008015	Clinical Nurse Specialist
2008017	Genetic Test: Molecular Testing for the Management of Pancreatic Cysts, Barrett Esophagus, and Solid Pancreaticobiliary Lesions (PathFinderTG®)
2008027	Somatic Biomarker Testing (including Liquid Biopsy) for Targeted Treatment in Metastatic Colorectal Cancer (KRAS, NRAS, BRAF, and HER2)
2009004	Biochemical Markers, Alzheimer's Disease
2009023	Pain Management, Radiofrequency Facet Joint Denervation
2009044	Vagus Nerve Stimulation
2010016	Electrical Stimulation, Occipital and Transcutaneous Peripheral Nerve Stimulation for Treatment of Headaches
2010023	Orthopedic Applications of Stem Cell Therapy
2011006	Ipilimumab (e.g., Yervoy™)
2011056	Electrical Stimulation, Percutaneous and Subcutaneous Tibial Nerve Stimulation for the Treatment of Voiding Dysfunction
2011061	Genetic Test: Melanoma and Glioma, Testing to Predict Response to Targeted Therapy
2011066	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OVERVIEW
2011070	Electrical Stimulation, Auricular Stimulation and Cranial Electrotherapy Stimulation
2012005	Genetic Test: Molecular Testing of Tumors for Genomic Profiling as a Therapeutic Guide
2012009	Skin and Soft Tissue Substitutes, Bio-Engineered Products (Including Prosthetic Material)
2012029	Biomarker Testing in Risk Assessment and Management of Cardiovascular Disease
2012054	Measurement of Serum Antibodies to Infliximab, Adalimumab, Vedolizumab, and Ustekinumab
2012068	Genetic Test: Preconception or Prenatal Testing as a Carrier Screen
2013026	Intraoperative Assessment of Tissue
2013035	Genetic Test: Whole Exome and Whole Genome Sequencing
2013043	Genetic Test: Fetal RHD Genotyping Using Maternal Plasma
2013045	Genetic Test: Microarray-based Gene Expression Profile Analysis for Prostate Cancer Management
2013046	Genetic Test: Testing for the Diagnosis and Management of Mental Health Conditions
2014017	Transcatheter Mitral Valve Repair or Replacement
2015002	Genetic Test: Somatic Biomarker testing (including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Non-Small-Cell Lung Cancer (EGFR, ALK, BRAF, ROS1, RET, MET, KRAS, HER2, PD-L1, TMB)

Policy ID#	Coverage Policy Name
2015007	Laboratory Tests for Chronic Heart Failure and Organ Transplant Rejection
2015009	Genetic Test: Next-Generation Sequencing for Cancer Susceptibility Panels and the Assessment of Measurable Residual Disease
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
2015035	Sleep Apnea, Minimally Invasive Surgical Treatment
2016004	Lab Test: Identification of Microorganisms Using Nucleic Acid Probes
2016005	Anti-PD-1 (programmed death receptor-1) Therapy (e.g., Nivolumab) (e.g., Durvalumab) (e.g., Cemiplimab)
2016013	Ravulizumab-cwvz (e.g., Ultomiris)
2016018	Natalizumab (e.g., Tysabri)
2017006	Bevacizumab (e.g., Avastin) and biosimilars (e.g., Zirabev, Mvasi, Vegzelma, Alymsys) for Oncologic Indications
2017007	Cetuximab (e.g., Erbitux™)
2017008	Brentuximab (e.g., Adcetris™)
2017009	Denosumab (e.g., XGEVA™ and Prolia™)
2017012	Nab-Paclitaxel (e.g., Abraxane™)
2017015	Avelumab (e.g., Bavencio™)
2017021	Ocrelizumab (e.g., Ocrevus)
2017033	Octreotide Acetate for Injectable Suspension (e.g., Sandostatin LAR Depot)
2017034	Inotuzumab Ozogamicin (e.g., Besponsa™)
2017035	Gemtuzumab Ozogamicin (e.g., Mylotarg™)
2019009	Romosozumab-aqqg (e.g., Evenity)
2019012	Brexanolone (e.g., Zulresso™)
2020005	Self-Administered Medication
2020009	Givosiran (e.g., GIVLAARI®)
2020015	Fam-trastuzumab deruxtecan-nxki (e.g., Enhertu®)
2020022	Tocilizumab (e.g., Actemra™) and Biosimilars
2020026	Canakinumab (e.g., Ilaris™)
2021024	White Blood Cell Growth Factors (Colony Stimulating Factors)
2021034	Rituximab (e.g., Rituxan) and Biosimilars – Non-Oncologic Indications
2021040	Amivantamab-vmjw (e.g., Rybrevant™)
2021043	Leuprolide Acetate (e.g., Lupron Depot; Fensolvi) for Non-oncologic Indications
2021044	Cabotegravir extended release – rilpivirine extended release (e.g., Cabenuva)
2022001	Efgartigimod (e.g., Vyvgart) and Efgartigimod alfa and Hyaluronidase-qvfc (e.g., Vyvgart Hytrulo)
2022011	Genetic Test: Testing for Neurotrophic Receptor Tyrosine Kinase (NTRK) Gene Fusions
2022013	Medical Technology Assessment, Non-Covered Services
2022028	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: PREVENTION OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION, PREEXPOSURE PROPHYLAXIS
2022046	Betibeglogene autotemcel (e.g., Zynteglo)
2023035	Sebelipase alfa (e.g., Kanuma)

Policy ID#	Coverage Policy Name
2023036	Glofitamab-gxbm (e.g., Columvi)
2023037	Pegcetacoplan Intravitreal (e.g., Syfovre)
2023038	Lanreotide (e.g., Lanreotide injection, Somatuline depot®)
2023041	Ublituximab-xiiy (e.g., Briumvi)
2023045	Eculizumab (e.g., Soliris)
2024004	Rozanolixizumab-noli (e.g., Rystiggo)
2024014	Lovotibeglogene autotemcel (e.g., Lyfgenia)
2024018	Histreltin Implant (e.g., Supprelin LA)
2024019	Lifileucel (e.g., Amtagvi)
2024023	Vitamin B12 and Methylmalonic Acid Testing
2024025	Helicobacter pylori Testing
2024026	Thyroid Disease Testing
2024027	Epithelial Cell Cytology in Breast Cancer Risk Assessment
2024028	In Vitro Chemoresistance and Chemosensitivity Assays
2024030	Prenatal Screening (Nongenetic)
2024031	Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing
2024035	Salivary Hormone Testing
2024036	Diagnostic Testing of Iron Homeostasis and Metabolism
2024037	Certolizumab pegol (e.g., Cimzia)
2024038	Axicabtagene Ciloleucel (e.g., Yescarta)
2024039	Brexucabtagene Autoleucel (e.g., Tecartus)
2024040	Ciltacabtagene Autoleucel (e.g., Carvykti)
2024041	Idecabtagene Vicleucel (e.g., Abecma)
2024042	Lisocabtagene Maraleucel (e.g., Breyanzi)
2024043	Atidarsagene autotemcel (e.g., Lenmeldy)
2024044	Serum Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases
2024045	Evaluation of Dry Eyes
2024046	Pediatric Preventive Screening
2024048	Serum Testing for Evidence of Mild Traumatic Brain Injury
2024049	Pancreatic Enzyme Testing for Acute Pancreatitis
2024050	Folate Testing
2024051	General Inflammation Testing
2024052	Urine Culture Testing for Bacteria
2024053	Beta-Hemolytic Streptococcus Testing
2024054	Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing
2024055	Gamma-glutamyl Transferase Testing
2024056	Venous and Arterial Thrombosis Risk Testing
2024057	Testing for Alpha-1 Antitrypsin Deficiency
2024058	Onychomycosis Testing
2024059	Flow Cytometry
2024060	Factor VIII (e.g., Advate, Adynovate, Afstyla, Alphanate, Altuviiiio, Eloctate, Esperoct, Jivi, Hemofil-M, Humate-P, Koate, Kogenate, Kovaltry, Novoeight, Nuwiq, Obizur, Recombinate, Wilate, Xyntha)
2024061	Triptorelin (e.g., Triptodur, Trelstar)

Policy ID#	Coverage Policy Name
2024062	Factor IX (e.g., AlphaNine, Alprolix, BeneFIX, Idelvion, Ixinity, Mononine, Profilnine, Rebinyn, Rixubis)
2024063	Efgartigimod alfa and Hyaluronidase-qvfc (e.g., Vyvgart Hytrulo)
2024064	Immune Globulin, Autoimmune, Rheumatic and Neurologic indications
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, Vabysmo)
2024067	Fidanacogene elaparvovec-dzkt (e.g., Beqvez)
2024068	Tislelizumab-jsgr (e.g., Tevimbra)
2024069	Progesterin-Releasing Intrauterine Devices (e.g., Kyleena, Mirena, Liletta, Skyla)
2024070	Tarlatamab-dlle (e.g., Imdelltra)
2024071	Guselkumab (e.g., Tremfya )

## 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
000003	Cellular and Gene Therapy Products
000005	Device Intensive Proc Codes
000018	Outpatient Hospital Surgery No Roll Codes
000019	Inpatient Only Procedures
000020	General Coding and Billing

## Metallic Formulary Changes Effective January 1, 2025

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

Drug Label Name	Change	Formulary Options
ADEMPASTAB 2.5MG	No longer covered	Drug is no longer covered-USE sildenafil inj/tab, tadalafil tab
COPAXONE INJ 40MG/ML	No longer covered	Drug is no longer covered-USE BETASERON INJ, dimethyl fumarate cap, fingolimod cap, glatiramer inj, Glatopa inj, teriflunomide tab, TYSABRI INJ
EPIPEN-JR2PK KIT 0.15MG	No longer covered	Drug is no longer covered-USE generic epinephrine inj 0.15mg
EVOTAZTAB 300-150	No longer covered	Drug is no longer covered-USE atazanavir cap PLUS ritonavir tab or NORVIR POW, darunavir tab PLUS ritonavir tab or NORVIR POW, PREZISTA SUS/TAB PLUS ritonavir tab or NORVIR POW, REYATAZ POW PLUS ritonavir tab or NORVIR POW

Drug Label Name	Change	Formulary Options
GEMTESATAB 75MG	No longer covered	Drug is no longer covered-USE darifenacin tab, fesoterodine tab ER, mirabegron tab, MYRBETRIQ SUS, oxybutynin sol/tab/tab ER, solifenacin tab, tolterodine cap ER/tab, trospium cap ER/tab
GENOTROPIN INJ 12MG	No longer covered	Drug is no longer covered-USE HUMATROPE INJ, NORDITROPIN INJ
HAEGARDA INJ 3000UNIT	No longer covered	Drug is no longer covered-USE TAKHZYRO INJ
HUMIRA INJ	No longer covered	Drug is no longer covered-USE BIOSIMILARS ADALIMUMAB-ADAZ INJ OR HYRIMOZ INJ
IMBRUVICATAB 280MG	No longer covered	Drug is no longer covered-USE CALQUENCETAB
JENTADUETOXRTAB 2.5/1000	No longer covered	Drug is no longer covered-USE alogliptin/tab metformin, JANUMETTAB, JANUMET XRTAB
LENVIMA CAP 14 MG	Tier Change	Drug is moving to a higher formulary tier; lower tier options include CABOMETYXTAB, INLYTATAB, pazopanib tab, sunitinib cap
MYRBETRIQTAB 25MG	No longer covered	Drug is no longer covered-USE generic mirabegron tab 25MG ER
POMALYST CAP 1MG	Tier Change	Drug is moving to a higher formulary tier; lower tier options include: REVLIMID CAP
PREZCOBIXTAB 800-150	Tier change	Drug is moving to a higher formulary tier; lower tier options include darunavir tab PLUS ritonavir tab or NORVIR POW, PREZISTA SUS/TAB PLUS ritonavir tab or NORVIR POW
QVAR REDIHAL INH 40MCG	No longer covered	Drug is no longer covered-USE ARNUITY ELPT INH, ASMANEX HFA AER
REMODULIN INJ 10MG/ML	No longer covered	Drug is no longer covered-USE generic treprostinil inj 2.5MG/ML
VELPHORO CHW 500MG	Tier change	Drug is moving to a higher formulary tier; lower tier options include calcium acetate cap/tab, sevelamer carbonate pow/tab StepTherapy Applied: Must try calcium acetate
VEMLIDYTAB 25MG	No longer covered	Drug is no longer covered USE BARACLUDE SOL, entecavir tab, tenofovir tab 300MG, VIREAD POW/TAB
VYVANSE CAP and CHEW	No longer covered	Drug is no longer covered-USE generic lisdexamfetamine cap 30MG

## Standard Formulary Changes Effective January 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
DULERA INHALER	No longer Covered	budesonide-formoterol, fluticasone-salmeterol (except certain NDCs), Breyna, Wixela Inhub, BREO ELLIPTA (except certain NDCs)
JANUMET TABLETS	No longer Covered	saxagliptin-metformin ext-rel, ZITUVIMET, ZITUVIMET XR
JANUVIATAB 100MG	No longer Covered	saxagliptin, ZITUVIO
OVIDREL INJ	No longer Covered	PREGNYL
PROMACTA	No longer Covered	ALVAIZ, DOPTLET
RHOFADE CRE 1%	No longer Covered	azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA
VICTOZA INJ 18MG/3ML	No longer Covered	liraglutide, OZEMPIC, RYBELSUS, TRULICITY
VUMERITY CAP 231MG	No longer Covered	dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, REBIF, ZEPOSIA

## Medical Specialty Medications Prior Authorization Update

The table below lists 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 the table below does not include the medications for those programs.

The following medications require Prior Approval. The medications are processed through the medical benefit unless otherwise indicated in the "Benefit" column. There may be additional medications that are handled through the Pharmacy Benefit. Please review the appropriate pharmacy benefit for complete Prior Approval list.

Brand Name	Generic Name	HCPCS	2025 Preferred Product
Abecma	idecabtagene vicleucel	Q2055	
Actemra IV	tocilizumab IV	J3262	
Acthar	corticotropin	J0801	
Adakveo	crizanlizumab-tcma	J0791	



Brand Name	Generic Name	HCPCS	2025 Preferred Product
Adstiladrin	nadofaragene firadenovec-vncg	J9029	
Adzyna	ADAMTS13, recombinant-krhn	J7171	
Aldurazyme	laronidase	J1931	
Alymsys	bevacizumab-maly	Q5126	<b>Non-preferred [Mvasi (Q5107) &amp; Zirabev (Q5118) preferred]</b>
Amtagvi	lifileucel	J9999	
Amvuttra	vutrisiran	J0225	
Aralast NP	alpha-1 proteinase inhibitor (human)	J0256	
Arcalyst	riloncept	J2793	
Asparlas	calaspargase pegol	J9118	
Avastin	bevacizumab	J9035	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Avsola	infliximab-axxq	Q5121	<b>Non-preferred [Inflectra (Q5103), Infliximab (J1745), Remicade (J1745) preferred]</b>
Benlysta IV	belimumab IV	J0490	
Beqvez	fidanacogene elaparvovec-dzkt	C9172	
Berinert	c1 esterase, inhibitor, human	J0597	
Blinicyto	blinatumomab	J9039	
Botox	onabotulinumtoxin a	J0585	
Breyanzi	lisocabtagene maraleucel	Q2054	
Brineura	cerliponase alfa	J0567	

Brand Name	Generic Name	HCPCS	2025 Preferred Product
Briumvi	ublituximab-siiy	J2329	
Cablivi	caplacizumab-yhdp	C9047	
Carvykti	ciltacabtagene autoleucel	Q2056	
Casgevy	exagamglogene autotemcel	J3590	
Cerezyme	imiglucerase	J1786	
Cimzia	certolizumab pego	J0717	
Cinqair	reslizumab	J2786	
Cinryze	c1 esterase, inhibitor, human	J0598	
Columvi	glofitamab-gxbm	J9286	
Cosentyx IV	secukinumab IV	J3247	
Crysvita	burosumab-twza	J0584	
Danyelza	naxitamab-gqgk	J9348	
Daxxify	daxibotulinumtoxina-lanm	J0589	
Duopa	levodopa-carbidopa intestinal gel	J7340	
Dysport	abobotulinumtoxin a	J0586	
Elahere	mirvetuximab soravtansine-gynx	J9063	
Elaprase	idursulfase	J1743	
Elelyso	taliglucerase alfa	J3060	
Elevidys	delandistrogene moxeparover-rolid	J1413	
Elfabrio	pegunigalsidase alfa-iwxj	J2508	
Elrexio	elranatamab-bcmm	J1323	
Elzonris	tagrazofusp-erzs	J9269	

Brand Name	Generic Name	HCPCS	2025 Preferred Product
Enjaymo	sutimlimab-jome	J1302	
Entyvio IV	vedolizumab IV	J3380	
Epkinly	epcoritamab-bysp	J9321	
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	
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]
Herzuma	trastuzumab-pkrb	Q5113	Non-preferred [Trazimera (Q5116), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Ilaris	canakinumab	J0638	
Ilumya	tildrakizumab-asmn	J3245	
Inflectra	infliximab-dyyb	Q5103	Preferred
Invega Sustenna	paliperidone palmitate	J2426	
Invega Trinza	paliperidone palmitate	J2427	
Istodax	romidepsin	J9319	

Brand Name	Generic Name	HCPCS	2025 Preferred Product
Ixifi	infliximab-qbtx	Q5109	Non-preferred [Inflectra (Q5103), Infliximab (J1745), Remicade (J1745) preferred]
Jemperli	dostartlimab	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	
Kimmtrak	tebentafusp-tebn	J9274	
Krystexxa	pegloticase	J2507	
Kymriah	tisagenlecleucel	Q2042	
Kyprolis	carfilzomib	J9047	
Lamzede	velmanase alfa-tycv	J0217	
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-vjvk	J3397	
Monjuvi	tafasitamab-cxix	J9349	
Mvasi	bevacizumab-awwb	Q5107	Preferred
Myobloc	rimabotulinumtoxin b	J0587	

Brand Name	Generic Name	HCPCS	2025 Preferred Product
Naglazyme	galsulfase	J1458	
Neulasta	pegfilgrastim	J2506	Preferred
Neupogen	filgrastim	J1442	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Nexviazyme	avalglucosidase alfa-ngpt	J0219	
Nivestym	filgrastim-aafi	Q5110	Preferred
Nplate	romiplostim	J2796	
Nyvepria	pegfilgrastim-apgf	Q5122	Preferred
Ocrevus	ocrelizumab	J2350	
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	
Oxlumo	lumasiran	J0224	
Padcev	enfortumab vedotin-ejfv	J9177	
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	
Qalsody	tofersen	J1304	
Radicava IV	edaravone IV	J1301	
Reblozyl	luspatercept-aamt	J0896	

Brand Name	Generic Name	HCPCS	2025 Preferred Product
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	
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	
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	
Ryzneuta	efbemalenograstim alfa-vuxw	J9361	
Saphnelo	anifrolumab-fnia	J0491	
Simponi Aria	golimumab	J1602	
Skyrizi IV	risankizumab-rzaa IV	J2327	

Brand Name	Generic Name	HCPCS	2025 Preferred Product
Skysona	elivaldogene autotemcel	J3590	
Soliris	eculizumab	J1300	
Somatuline depot	lanreotide	J1930	
Spevigo	spesolimab-sbzo	J1747	
Spinraza	nusinersen	J2326	
Stelara IV	ustekinumab	J3358	
Stelara SC	ustekinumab	J3357	
Stimufend	pegfilgrastim-fpgk	Q5127	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Susvimo	ranibizumab implant	J2779	
Talvey	talquetamab-tgvs	J3055	
Tecartus	brexucabtagene autoleucel	Q2053	
Tecvayli	teclistamab-cqyv	J9380	
Tepezza	teprotumumab-trbw	J3241	
Testopel	testosterone pellet	S0189	
Tivdak	tisotumab vedotin-tftv	J9273	
Tofidence	tocilizumab-bavi	Q5133	
Trazimera	trastuzumab-qyyp	Q5116	Preferred
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	



Brand Name	Generic Name	HCPCS	2025 Preferred Product
Uplizna	inebilizumab-cdon	J1823	
Uptravi	selexipag IV	J3490	
Vegzelma	bevacizumab-adcd	Q5129	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Veletri	epoprostenol	J1325	
Veopoz	pozelimab-bbfg	J9376	
Vimizim	elosulfase alfa	J1322	
Vpriv	velaglucerase alfa	J3385	
Vyepti	eptinezumab-jjmr	J3032	
Vyjuvek	beremagene geperpavec-svdt	J3401	
Vyvgart	efgartigimod alfa-fcab	J9332	
Wezlana IV	ustekinumab-auub IV	Q5138	
Wezlana SC	ustekinumab-auub SC	Q5137	
Xenpozyme	olipudase alfa-rpcp	J0218	
Xeomin	incobotulinumtoxin a	J0588	
Xiaflex	clostrisidial collagenase	J0775	
Ycanth	cantharidin	J7354	
Yescarta	axicabtagene ciloleucel	Q2041	
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]
Zirabev	bevacizumab-bvzr	Q5118	Preferred
Zolgensma	onasmnogene abeparvovec-xioi	J3399	
Zulresso	brexanolone	J1632	
Zynlonta	loncastuximab tesirine-lpyl	J9359	

Brand Name	Generic Name	HCPCS	2025 Preferred Product
Zynteglo	betibeglogene autotemcel	J3393	
Beovu	brolocizumab-dbli	J0179	
Tremfya IV	guselkumab IV	J1628	
Anktiva	nogapendekin alfa inbakicept-pmln	C9169	
Imdelltra	tarlatamab-dlle	C9170	

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 can be found at the following link: [www.arkansasbluecross.com/providers/resource-center/prior-approval-for-requested-services](http://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.



# Federal Employee Program

## 2025 FEP Changes

### The Postal Service Health Benefits Program

Starting in 2025, the Postal Service Health Benefits (PSHB) Program is a new health benefits program exclusively for Postal Service employees, retirees and their families. FEP is approved to participate in the PSHB Program, which means we're excited to continue providing our coverage to Postal Service employees, retirees and their families.

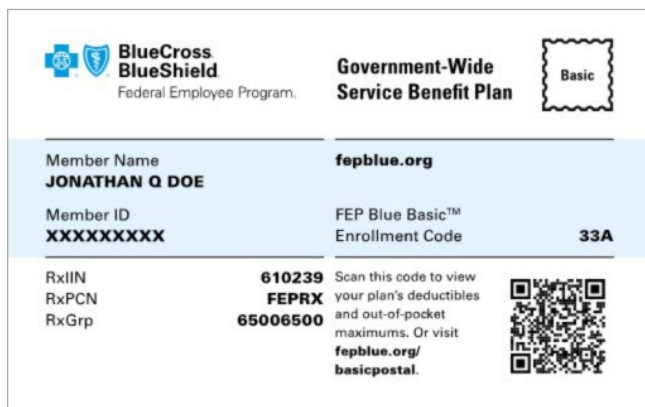
You may have heard about the Postal Service Reform Act of 2022. This law does not impact the Postal Service Health Benefits for 2024. In 2025, there will be a new **Postal Service Health Benefits (PSHB) Program**. PSHB will offer health insurance to Postal Service employees, retirees and eligible family members starting January 1, 2025. Postal Service employees, retirees and their families.

### Recognizing Postal Service Health Benefits Program Members

A PSHB member can easily be identified by their member ID card. The Postal Service Health Benefits Program name will be displayed on the front of the member ID card along with updated plan language. The member ID number will not change for these Federal Employee Program members moving to the new PSHB plan.

Providers will receive two sets of Explanations of Payments (EOPs) for these members, one for postal (designated PSHB) and one for federal (designated FEHB). Nothing additional is required from providers for the two EOPs.

#### Sample ID Card:



Front of Postal Service Health Benefits Program member ID card.

**A new Postal Customer Service line, 855-493-3302, has been implemented effective November 11, 2024, to support this new member offering, along with our existing FEP Customer Service line, 800-482-6655.**

## Member Benefits

All federal members will experience some benefit changes in 2025, but the Postal benefits will mirror the federal employee benefits for 2025. Additional changes and updates will occur in 2026 with the plan evolution.

Members will be sent a welcome mailer with a new member ID card for each member on their contract.

## Changes to all our Federal Employees Health Benefits (FEHB) plans

Waiving the cost-share associated with telehealth professional services when obtained through our preferred telehealth provider Teladoc.

- Added salpingectomies to the family planning benefit
  - Removal of one of both fallopian tubes – will be considered preventive when done for birth control which will be determined by diagnosis code on claim
- Added suction-assisted chest lipectomy related to mastectomy to the gender affirming surgical care benefits.
  - Chest contouring/removes exercise-resistant fat deposits – common for female-to-male transition
- **Real-time Benefit updates:**
  - RSV Vaccine
  - Monkey Pox Vaccine
- Waiving the office visit copayments when performed overseas.
- Waiving member cost-share for services performed overseas in the hospital emergency room.
- No longer accumulating the Medicare Prescription Drug Program (MPDP) catastrophic protection maximum to the medical catastrophic protection maximum
- In 2025, the MPDP catastrophic maximum will be \$2,000 annually per enrolled member – this is for all products in both FEHB and PSHB.
- MPDP members also have another catastrophic maximum for medical expenses. The cat max amount is dependent on product and enrollment type (Self, Self Plus One, Family) – see Section 4 of the brochure.
- For FEP FEHB members enrolled in the MPDP, they must meet both catastrophic maximums separately.
- For FEP PSHB members enrolled in the MPDP, their MPDP catastrophic maximum will accumulate to the medical catastrophic maximum.

## FEP Medicare Prescription Drug Program updates

The annual pharmacy out-of-pocket maximum is now \$2,000 per member for all plans.

### Overseas benefits

- The cost share is waived for primary care, specialists and outpatient emergency room (ER) services for members overseas.

## Pay nothing for all Teladoc Health® visits for FEP\*

Using our telehealth services is a convenient way to get care anytime, anywhere. Next year, we will cover all telehealth visits from Teladoc Health at no out-of-pocket costs to the FEP member.

\*Pending federal legislation approving the extension of free telehealth services on high deductible health plans (HDHP).

## Changes to FEP Blue Basic only

- The specialist visit copay increase from \$45 to \$50.
- The urgent care copay will increase from \$35 to \$50.
- The inpatient hospital care copay will increase from \$250 to \$350 per day/up and from \$1,500 to \$1,750 per admission.
- The outpatient diagnostic testing and treatment services copay will increase from \$200 to \$250.
- The outpatient hospital care copay will increase from \$150 to \$250 per day per facility.
- The outpatient hospital emergency room copay will increase from \$250/day/facility to \$350/day/facility.
- The Preferred brand name (Tier 2) drug copay will increase from \$60 to \$75 for a 30-day supply.
- The Preferred specialty (Tier 4) drug copay will be \$120 for a 30-day supply.
- The non-preferred specialty (Tier 5) drug copay will increase from \$180 to \$200 for a 30-day supply.
- The out-of-pocket maximum will increase from annually \$6,500 to \$7,500 for Self Only and from \$13,000 to \$15,000 for Self + One and Self & Family.

## 2025 Benefit Changes – Standard Option MPDP ONLY

- Tier 2 preferred brand-name:
  - Changed **from** a 15% coinsurance **to** a \$35 copayment for a 30-day supply; and \$105 for a 31 to 90-day supply.
- Tier 2 preferred brand name asthma medications:
  - Changed **from** a 10% coinsurance **to** a \$20 copayment for a 30-day supply; and \$60 for a 31 to 90-day supply.
- Tier 2 preferred diabetic medications and supplies:
  - Changed **from** a 10% coinsurance **to** a \$20 copayment for a 30-day supply; and \$50 for a 31 to 90-day supply.

## Continuing Education Unit (CEU) for Coders and Billers

A free CEU course will be provided to Coders and Billers on April 2, 2025. at 7:30 am and 11:30 am. Documentation and Coding for Quality Measures-AAB, BCS, CCS for providers. This will be a second offering of the course previously presented on October 1, 2024. More information to come.

### HEDIS Coding Reference

Additional coding tips are available on the provider website under the FEP tab at <https://www.arkansasbluecross.com/providers/resource-center/hedis-measures>

## Statin Therapy for Patients with Cardiovascular Disease (SPC) coding information

Description of Measure: The percentage of males aged 21 – 75, and females aged 40-75 who are identified as having clinical ASCVD, and who were dispensed at least 1 high-intensity or moderate-intensity statin medication during the measurement year (MY).

Exclusions Diagnosis of the following codes during the measurement year will exclude the member. Condition ICD-10-Code Myalgia M79.10 – M79.12; M79.18 Myositis M60.80 – M60.819; M60.821 – M60.829; M60.831 – M60.839; M60.841 – M60.849; M60.851 – M60.859; M60.861- M60.871 – M60.879; M60.88; M60.89 Myopathy G72.0; G72.2; G72.9 Rhabdomyolysis M62.82 Cirrhosis K70.30; K70.31; K71.7; K74.3 – K74.5; K74.60; K74.69; P78.81 ESRD N18.5; N18.6; Z99.2

### Tips for Success:

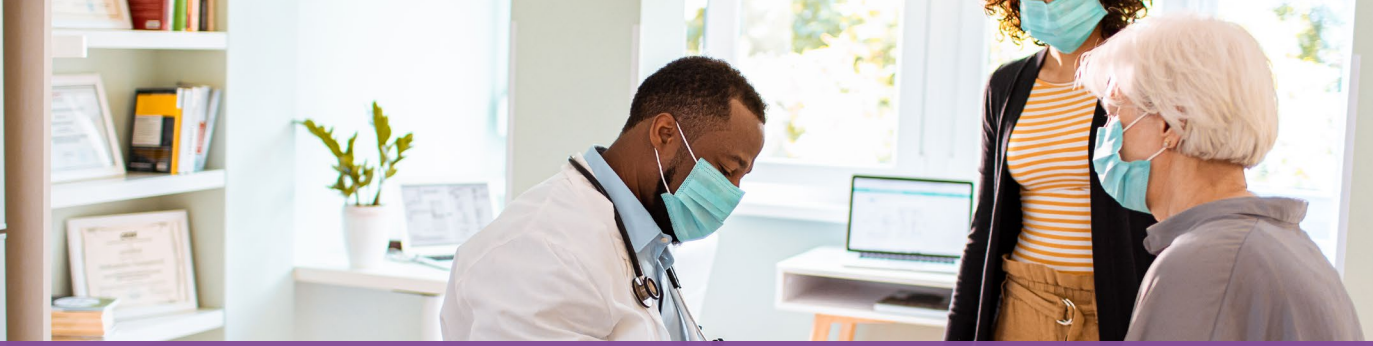
- Educate patients on the importance of statin medications in reducing cardiovascular risk, regardless of cholesterol levels.
- Encourage your patients to contact you/nurse if side effects so this can be documented, and meds changed. Do not just stop med.
- Start low, go slow when starting patients on a statin to reduce potential for side effects and improve adherence.
- Consider decreasing the frequency of long-acting statins, rosuvastatin and atorvastatin, to every other day if the patient is unable to tolerate daily statin due to side effects.
- Please change the prescription at the pharmacy and not just tell the patient. If it is desired to keep the patient on a statin, consider switching to pravastatin or fluvastatin as they are the least likely to cause muscle toxicity.
- In patients with chronic liver disease, who require a statin because of high cardiovascular risk, low dose pravastatin and abstinence from alcohol is recommended. Atorvastatin and fluvastatin are preferred in patients with severe renal impairment.

## Medical and Dental Claims Last Name with Suffix

Effective February 1, 2025, Arkansas Blue Cross and Blue Shield will require the last name with suffix on the 837 claims (professional, institutional and dental) to match the last name with suffix from the EDI 271 which contains last name and suffix for Federal Employee Health Benefit or FEP and Postal Service Health Benefit Plan Member Claims. A few common suffixes are Jr, Sr, II, and III. The EDI 271 Health Care Eligibility Benefit Response transaction set is used to provide information about healthcare policy coverages relative to a specific subscriber or the subscriber's dependent seeking medical services. It is sent in response to a 270-inquiry transaction. When filing claims with suffixes in the members last name, Arkansas Blue Cross Blue Shield will no longer remove the suffix, it will remain during claims processing.

Effective January 1, 2025, Postal Service Health Benefits Plan members will be sent updated member level ID cards. Please note, the last name field has limited character space, the suffix will be printed, after the last name, space permitted.





## Medicare Advantage

### Arkansas Blue Medicare Billing Requirement

Arkansas Blue Medicare requires providers to bill their claims according to original Medicare guidance as indicated by CMS. Recently, there has been an increase in claims being submitted that does not align with CMS guidance. Effective January 1, 2025, Arkansas Blue Medicare will begin editing claims and applying denials to the following situations.

- Billing Z00 in a position other than primary.
- Billing modifier 50 with more than one unit.
- Billing modifier 50 with an LT/RT on one or more service lines.

### 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 their 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](mailto: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 CPT Code Burden Reduction Initiative

To help reduce administrative burden for the prior authorization process, EviCore has identified certain services that have a high volume of requests and a high approval rate. The following services will no longer require prior authorization through EviCore by Evernorth® as of January 1, 2025:

- Nuclear medicine (e.g. bone density scans)
- Ultrasounds (OB and non-OB)
- Cardiac echocardiography (TTE and TEE; not stress echo)
- Home sleep apnea testing

The list of CPT codes that require prior authorization can be found on the solution resources section of the provider resource site: [Arkansas Blue Cross and Blue Shield Provider Resources | EviCore by Evernorth](#). The list will be updated by January 1, 2025, with applicable codes.

### ▪ NO CLAIMS IMPACT

The claim submission process will not be impacted. Authorization will no longer be required for the services identified, effective January 1, 2025.

### ▪ BENEFITS OF THE CPT CODE REDUCTION INITIATIVE

Reducing the number of services that require prior authorization allows for members to receive these services on the day of their appointment, when appropriate. This is convenient for members and reduces the number of appointments.

If there are further questions, please contact the appropriate Provider Engagement representative.

## HIPAA and HITECH Reminders

As a Qualified Health Plan participating in the Federal Facilitated Marketplace (FFM) including the Multi State Plan Program (collectively known as the Exchange), this is Arkansas Blue Cross and Blue Shield's reminder to all network participating providers that they must be compliant with their applicable sections of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economics and Clinical Health (HITECH) in order to be in our provider networks.

Please be aware that:

- 1) Providers must comply with applicable interoperability standards and demonstrate meaningful use of health information technology in accordance with the HITECH Act; and

- 2) Subcontractors, large providers, providers, vendors, and other entities required by HIPAA to maintain a notice of privacy practices, must post such notices prominently at the point where an Exchange enrollee enters the website or web portal of such subcontractors, large providers, providers and/ or vendors.

For more detailed information, please visit: [www.hhs.gov/hipaa/for-professionals/index.html](http://www.hhs.gov/hipaa/for-professionals/index.html).

## 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 [www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare\\_Beneficiaries\\_Dual\\_Eligibles\\_At\\_a\\_Glance.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf).