

June 2024

PR*NEWS*VIDERS'

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



**Spring Provider
Workshops**

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**Cervical Cancer
Screenings**

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Upcoming holidays

Independence Day
Thursday, July 4



Arkansas
BlueCross BlueShield

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Arkansas Blue Cross and Blue Shield

Thank you for reviewing Arkansas Blue Cross and Blue Shield's June 2024 Providers' News. The purpose of this communication is to provide quarterly updates for you on revisions to payment process, payment policy, and guidance.

2024 Spring Provider Workshops

The 2024 Spring Provider Workshops will be held in locations throughout the state. Agenda items will include Blue Cross Blue Shield, Exchange, and Health Advantage updates, as well as a presentation by Medipak Advantage.

If you are interested in attending one of the workshops, please register online. If you have additional questions regarding a workshop in your area, contact your Network Development Representative.

Northeast Region

Thursday, July 11, 2024

Registration 8:30am/Workshop 9:00a.m. – 11:00 a.m.

Arkansas State University Cooper Alumni Center
2600 Alumni Boulevard, Jonesboro, AR 72401

Online registration: <https://abcbs.surveymonkey.com/r/5KS7RCH>

Southeast Region

Tuesday, June 11, 2024

Registration 8:30am/Workshop 9:00a.m. – 11:00 a.m.

Freedom Center (Jefferson Square)
2801 S. Olive St. Pine Bluff, Arkansas

Online registration: <https://abcbs.surveymonkey.com/r/QHJLY5X>

Northwest and West Central Region - Springdale

Tuesday, June 18, 2024

Registration 12:30 p.m. /Workshop 1:00 p.m. – 3:00 p.m.

NWA Corporate Center – Community Room (1st Floor)
5288 W Don Tyson Parkway, Springdale, AR 72762

Online registration: <https://abcbs.surveymonkey.com/r/FTCZYPV>

Mountain Home

Tuesday, July 9, 2024

Registration 8:30 a.m. /Workshop 9:00 a.m. – 11:00 a.m.

Baxter Regional Medical Center – Lagerborg Dining Room
624 Hospital Drive, Mountain Home 72653

Online registration: <https://abcbs.surveymonkey.com/r/HFTXPNM>

West Central Region

Tuesday, June 25, 2024

Registration 10:00 a.m. /Workshop 10:30 a.m. – 12:30 p.m.

Mercy Hospital Fort Smith - Hennessey Conference Center
7301 Rogers Avenue, Fort Smith, AR 72903

Online registration: <https://abcbs.surveymonkey.com/r/3MYGT9Q>

Southwest and South-Central Region - Hot Springs

Tuesday, July 16, 2024

Registration 12:45 p.m./Workshop 1:00 p.m. – 3:30 p.m.

National Park College - Student Commons Building, Room CO-122 & 123
101 College Dr. Hot Springs, AR 71913

Online registration: <https://abcbs.surveymonkey.com/r/ZHGP7N6>

Texarkana

Wednesday, July 10, 2024

Registration 12:45 p.m./Workshop 1:00 p.m. - 3:30 p.m.

Texarkana Convention Center - Exhibition D
2910 S Cowhorn Creek Texarkana, TX 75503

Online registration: <https://abcbs.surveymonkey.com/r/ZZWG3G7>

El Dorado

Tuesday, July 9, 2024

Registration 12:45 p.m./Workshop 1:00p.m. - 3:30 p.m.

El Dorado Conference Center - Murphy 3
311 South West Avenue El Dorado, AR 71730

Online registration: <https://abcbs.surveymonkey.com/r/Z5K35MW>

Central Region

Thursday, July 18, 2024

Wyndham Riverfront Little Rock
2 Riverfront Place, North Little Rock, AR 72114

1st Session

Registration 8:30 am /Workshop 9:00 am – 11:00 am

Online registration: <https://abcbs.surveymonkey.com/r/5MZV58V>

2nd Session

Registration 1:00 pm /Workshop 1:30 pm – 3:30 pm

Online registration: <https://abcbs.surveymonkey.com/r/JZP87MH>

ABCBS to Match CMS fiscal year for DRG Inpatient Updates

Notice of Material Amendment

As of October 1, 2024, Arkansas Blue Cross and Blue Shield will follow CMS's fiscal year for DRG inpatient grouper updates. Codes that go into effect by CMS on October 1 will also be effective for Arkansas Blue Cross as well (instead of January 1). In addition, when a patient is admitted prior to 10/1, but discharged after 10/1, the DRG codes will be aligned with CMS guidance for 10/1. We are hopeful this process improvement will assist providers as it relates to some of the challenges faced in previous years. More information will be provided in the September newsletter.

Bevacizumab for Ophthalmologic Indications

Effective August 15, 2024, HCPCS codes including, but not limited to J3490, J3590, J7999, or C9257 will no longer be accepted when billed for ophthalmologic use of bevacizumab (e.g., Avastin) or biosimilars. HCPCS J9035, Injection, bevacizumab, 10 mg, should be used when billing for ophthalmologic use of bevacizumab (e.g., Avastin). HCPCS Q5107, Q5118, Q5126, and Q5129 will also be accepted if a biosimilar is administered. Reimbursement will be limited to 1 unit per eye, per date of service when billed with an ophthalmologic diagnosis. No additional reimbursement will be allowed for waste (-JW modifier). It is recommended that providers begin billing with J9035 to ensure correct reimbursement. For complete details, please refer to the Arkansas Blue Cross Blue Shield Payment Policy AR_PC_000014, Bevacizumab for Ophthalmologic Indications, which can be found in the payment policy section under the provider tab at <https://www.arkansasbluecross.com/providers>.

Billing For Services to Provider Family Members Prohibited

Arkansas Blue Cross and Blue Shield wishes to remind all providers of a long-standing policy against providers billing for services they perform for their immediate family members. Arkansas Blue Cross, Health Advantage and Preferred Provider Networks of Arkansas (formerly USAble Corporation) have published claims-filing policies and procedures that prohibit a participating provider from billing for services* provided to any immediate family member. The immediate family, for this purpose, includes a spouse, parent, child, brother, sister, grandparent, or grandchild, whether the relationship is by blood or exists in law (e.g., legal guardianship).

In addition, all underwritten health plans or policies issued by Arkansas Blue Cross and Health Advantage expressly exclude coverage of services providers perform for immediate relatives. Any claim intentionally or mistakenly filed and that is subsequently paid for such services, requires the billing provider to immediately refund all such payments upon notification.

Violation of these policies and procedures and/or failure to make prompt refunds for erroneous payments will subject the offending provider to termination from the networks sponsored by Arkansas Blue Cross, Health Advantage and Preferred Provider Networks of Arkansas. Moreover, a provider's filing of claims for services rendered to immediate relatives (and receiving payment for such claims), is an abusive claims-filing practice that also may constitute fraud and could lead to permanent exclusion from the networks.

***Services to immediate family members include not only those personally performed by the provider, but also any services, equipment, drugs, or supplies ordered by the provider and supplied/ performed by another party—including any pharmacy charges resulting from prescriptions written by the provider.**

Claims Incurred During the Credentialing Process

This article was previously posted in the December 2022 publication.

Arkansas Act 1232 requires payers to complete their credentialing process for physicians within 60 days of receiving a completed application. The law allows for certain circumstances where the clock is stopped during the credentialing process. Arkansas Blue Cross and Blue Shield and its family of companies consistently meet or beat this turnaround time requirement for physicians and nonphysician providers.

In addition, once a physician's application has been approved through the payer's credentialing process, Act 1232 requires a physician's network participation effective date to be backdated to the day the payer received a completed application. Arkansas Blue Cross applies this rule to physicians and nonphysician providers.

We ask that providers hold their claims and not bill us until the provider receives the notice from Arkansas Blue Cross that his or her credentialing has been fully completed and approved. Billing prematurely only causes unnecessary problems for the providers and our members.

Act 1232 offers protection to physicians against unacceptable credentialing wait times. In addition, Arkansas Blue Cross has been able to provide compliance to these requirements. As a result, Arkansas Blue Cross, USAble Corporation and Health Advantage have enacted a policy effective immediately that we will not adjust claims from providers who file their claims during their credentialing process. In addition, our members cannot be billed and held responsible for more than their applicable in-network deductible, copay and/or coinsurance amounts. Again, we ask providers to hold your claims until you receive our letter indicating full network participation.

This article is considered an official notification of a policy change for Arkansas Blue Cross, USAble Corporation and Health Advantage.

Corrected Claim Submission and Correcting Claim Rejections/Errors

The following options are available in Availity Essentials for submitting a claim that has already been accepted for processing or making a correction to an original claim that has rejected with errors. As of March 1, 2024, paper claim submissions are no longer accepted, without an approved waiver and corrected claims must be submitted electronically along with the original claims.

Recreate the Claim/Submit a Corrected Claim

You can recreate a claim and submit it as a replacement or correction of the original claim if the payer has already accepted the original claim for processing. This will require the original claim ICN from your 835 (ERA) or remittance advice.

Follow these steps:

- 1) From the Availity Essentials menu bar, select Claims & Payments, Claims & Encounters, and then, depending on which type of claim you want to correct. select either Professional Claim or Facility Claim under Claims.
- 2) Enter the claim information, and set the billing frequency and payer control number as follows:
 - Billing Frequency 7 – Replacement of Prior Claim (to submit a Corrected Claim)
 - Enter the original ICN/Claim Number in the Payer Control Number field. This is the number assigned to the claim by the payer. You can obtain this number from the 835 or remittance advice – also located on Availity Essentials.
- 3) Submit the claim.

***Timely filing rules apply to both original and corrected claims.**

Correcting Claim Errors

If your claim has rejected in Availity for a HIPAA validation error or payer specific edit, your claim is waiting on correction before it will be sent to Arkansas Blue Cross. The Claims Management Tool in Availity Essentials can be used to correct your claim and resubmit to the payer.

Follow these steps:

- 1) From the Availity Essentials menu bar, select Claims & Payments, then select claims Management. Use the appropriate filters to locate the claim (s) in error.
- 2) Once the claim is located, click the hamburger icon under Actions to the right of the claim result line. Click Details to review the status of the claim.
- 3) The claim error will be displayed at the top of the claim status window. Click, correct this claim button, make the appropriate correction to your claim, and submit.

To access Availity Essentials training, click **Help & Training** in the Availity menu bar, then select **Get Trained**. If you have not already registered for Availity, visit www.availity.com/arkansasbluecross or contact Availity at 877-282-4548 for assistance.

Coverage Policy Manual Updates

The following policies were 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#	Policy Name
1997036	Cognitive Rehabilitation
1997054	Bone Mineral Density Study
1997126	Low Level Laser Therapy (LLLT) and High Intensity Laser Therapy
1997128	Leuprolide (e.g., Lupron)
1997151	Cardiac Rehabilitation
1997185	Tumor Markers, Urinary Bladder Cancer
1997195	Sleep Apnea and Other Pulmonary Diseases, Ventilation Support and Respiratory Assist Devices
1997208	Spinal Cord Neurostimulation for Treatment of Intractable Pain

Policy ID#	Policy Name
1997210	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy Gamma Knife Surgery, Linear Accelerator, Cyberknife, TomoTherapy
1998034	Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy
1998095	Intraoperative Neurophysiologic Monitoring
1998114	Pulmonary Rehabilitation
1998118	Bariatric Surgery
1998154	Electrical Stimulation, Transcutaneous Electrical Nerve Stimulator
1998156	PET or PET/CT for Non-Small Cell Lung Cancer
1998158	Trastuzumab AND Trastuzumab and Hyaluronidase-oysk
1998161	Infliximab (e.g., Remicade and Unbranded Infliximab)
2000002	PET or PET/CT for Non-Hodgkins Lymphoma and Leukemia
2001035	PET or PET/CT for Prostate Cancer, FDG and non-FDG
2001036	PET or PET/CT for Breast Cancer
2002029	Implantable Bone Conduction Hearing Aids
2004017	Genetic Test: Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer
2004031	Laparoscopic, Percutaneous, and Transcervical Techniques for Uterine Fibroid Myolysis
2004053	Circulating Tumor Cells and Cell-Free DNA in the Management of Patients with Cancer, Detection of
2005004	Sacral Nerve Stimulation for the Treatment of Fecal Incontinence
2005007	PET or PET/CT for Cervical Cancer
2005010	Cardiac and Coronary Artery Computed Tomography, CT Derived Fractional Flow Reserve and CT Coronary Calcium Scoring
2006011	Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb
2006020	Abatacept (e.g., Orencia)
2006022	Genetic Test: Cardiac Ion Channelopathies (Long QT Syndrome, Brugada Syndrome, CPVT, Short QT Syndrome)
2008010	Certified Nurse Practitioners
2008013	Certified Nurse Midwives
2008014	Physician Assistants
2008015	Clinical Nurse Specialist
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
2009015	Golimumab (e.g., Simponi Aria®)
2009034	Intensity Modulated Radiation Therapy (IMRT), Prostate
2009039	Intraepidermal Nerve Fiber Density
2009044	Vagus Nerve Stimulation
2009047	Hormone Pellet Implantation for Hormone Therapy
2009048	Bone Growth Stimulation, Electrical, Axial Skeleton and SI Joint Fusion
2010005	Peripheral Nerve Stimulation
2010016	Electrical Stimulation, Occipital and Transcutaneous Peripheral Nerve Stimulation for Treatment of Headaches
2010037	Interventions for Progressive Scoliosis
2011019	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: BREASTFEEDING COUNSELING

Policy ID#	Policy Name
2011053	Autism Spectrum Disorder in Children, Applied Behavioral Analysis
2011056	Electrical Stimulation, Percutaneous Tibial Nerve Stimulation for the Treatment of Voiding Dysfunction
2011066	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OVERVIEW
2011070	Electrical Stimulation, Auricular Stimulation and Cranial Electrotherapy Stimulation
2011071	Intensity Modulated Radiation Therapy (IMRT), Abdomen and Pelvis
2011074	PET or PET/CT for Gastric and Hepatocellular and Biliary Tract Cancers
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)
2012025	Biomarkers for Liver Disease
2012029	Biomarker Testing in Risk Assessment and Management of Cardiovascular Disease
2012031	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: WELL-WOMAN VISITS FOR ADOLESCENT AND ADULT WOMEN
2012049	Genetic Test: Prenatal Analysis of Fetal DNA in Maternal Blood to Detect Fetal Aneuploidy
2012058	PET or PET/CT for Small Cell Lung Cancer
2012068	Genetic Test: Preconception or Prenatal Testing as a Carrier Screen
2013005	Treatment of Sacroiliac Joint (SIJ) Pain
2013014	Ado-Trastuzumab Emtansine (e.g., Kadcyla [Trastuzumab-DM1]) for Treatment of HER-2 Positive Malignancies
2013015	Treatment of Varicose Veins/Venous Insufficiency
2013035	Genetic Test: Whole Exome and Whole Genome Sequencing
2013046	Genetic Test: Testing for the Diagnosis and Management of Mental Health Conditions
2014008	Infertility Services
2014018	Biomarker Panel Testing for Systemic Lupus Erythematosus
2014023	Responsive Neurostimulation for the Treatment of Refractory Partial Epilepsy
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)
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
2015034	Telehealth
2016002	Genetic Test: Neurofibromatosis
2016004	Lab Test: Identification of Microorganisms Using Nucleic Acid Probes
2016007	Noninvasive Imaging Technologies for Evaluation of Hepatic Fibrosis and Other Tissues (Elastography)
2016012	Daratumumab (e.g., Darzalex) / Daratumumab and Hyaluronidase-fihl (e.g., DARZALEX FASPRO)
2016013	Ravulizumab-cwvz (e.g., Ultomiris)
2016018	Natalizumab (e.g., Tysabri)
2017003	Ziv-aflibercept (e.g., Zaltrap)
2017009	Denosumab (e.g., XGEVA™ and Prolia™)
2017012	Nab-Paclitaxel (e.g., Abraxane™)
2017020	Pemetrexed (e.g., Alimta)
2017023	Bezlotoxumab (e.g., Zinplava)

Policy ID#	Policy Name
2017034	Inotuzumab Ozogamicin (e.g., Besponsa™)
2018000	Leadless Cardiac Pacemakers
2018002	Chemodenervation, Botulinum Toxins
2018003	Copanlisib (e.g., Aliqopa)
2018012	PET or PET/CT for Bone Cancer
2018014	Lutetium Lu 177 Dotatate (e.g., Lutathera®)
2018023	Levodopa-carbidopa Intestinal Gel (e.g., Duopa) for Treatment of Advanced Parkinson's Disease
2019002	Phrenic Nerve Stimulation for Central Sleep Apnea
2019005	Pembrolizumab (e.g., KEYTRUDA®)
2020005	Self-Administered Medication
2020008	Isatuximab-irfc (e.g., Sarclisa)
2020020	Sacituzumab govitecan-hziy (e.g., Trodelvy™)
2020022	Tocilizumab (e.g., Actemra™)
2020023	Bimatoprost (e.g., Durysta™)
2020029	Covid-19 Monoclonal Antibody Therapy
2021001	Lurbinectedin (e.g., Zepzelca™)
2021002	Enfortumab Vedotin-efv (e.g., Padcev)
2021003	Carfilzomib (e.g., Kyprolis™)
2021009	Romidepsin (e.g., ISTODAX)
2021010	Mogamulizumab- kpkc (e.g., Poteligeo)
2021011	Eribulin mesylate (e.g., HALAVEN)
2021013	Cabazitaxel (e.g., JEVTANA)
2021014	Siltuximab (e.g., SYLVANT)
2021017	Naxitamab-gqgk (e.g., Danyelza)
2021018	Irinotecan Liposomal (e.g., Onivyde)
2021020	Polatuzumab Vedotin-piiq (e.g., Polivy)
2021022	Trabectedin (e.g., Yondelis)
2021025	Margetuximab-cmkb (e.g., MARGENZA)
2021028	Ustekinumab (e.g., Stelara)
2021033	Belimumab (e.g., Benlysta)
2021034	Rituximab (e.g., Rituxan) and Biosimilars – Non-Oncologic Indications
2021040	Amivantamab-vmjw (e.g., Rybrevant™)
2022001	Efgartigimod (e.g., Vyvgart) and Efgartigimod alfa and Hyaluronidase-qvfc (e.g., Vyvgart Hytrulo)
2022003	Cabotegravir ER (e.g., Apretude)
2022004	Cryoablation, Radiofrequency Ablation and Laser Ablation for Treatment of Chronic Rhinitis
2022005	Non-Invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease
2022008	Dostarlimab (e.g., Jemperli)
2022010	Loncastuximab tesirine-lpyl (e.g., Zynlonta)
2022013	Medical Technology Assessment, Non-Covered Services
2022014	Lutetium Lu 177 vipivotide tetraxetan (e.g., Pluvicto)
2022016	Inclisiran (e.g., Leqvio)
2022019	Asparagine Specific Enzymes (e.g., Rylaze, Asparlas, Oncaspar)
2022025	Tisotumab vedotin-tftv (e.g., Tivdak™)
2022028	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: PREVENTION OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION, PREEXPOSURE PROPHYLAXIS
2022029	Bortezomib (e.g., Velcade)

Policy ID#	Policy Name
2022030	Remote Electrical Neuromodulation for Migraines
2022031	Risankizumab (e.g., Skyrizi)
2022038	Nivolumab and relatlimab-rmbw (e.g., Opdualag)
2022040	Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer
2023001	Bariatric Surgery for ASE/PSE Contracts
2023004	Digital Health Technologies: Therapeutic Applications
2023009	Sodium Thiosulfate (e.g., Pedmark)
2023012	Teplizumab-mzwv (e.g. Tziel TM)
2023013	Enzyme Replacement Therapy (ERT) for Fabry Disease: Agalsidase Beta (e.g., Fabrazyme) and Pegunigalsidase alfa (e.g., Elfabrio)
2023015	Teclistamab-cqyv (e.g., Tecvayli)
2023017	Gene Therapies for Hemophilia (Etranacogene dezaparvovec-drlb [e.g., Hemgenix])
2023018	Velmanase alfa-tycv (e.g., Lamzede [®])
2023020	Nadofaragene firadenovec-vncg (e.g., Adstiladrin)
2023024	Mosunetuzumab-axgb (e.g. Lunsumio TM)
2023031	Laboratory Testing Investigational Services
2023032	Tofersen (e.g., Qalsody)
2023034	Epcoritamab-bysp (e.g., Epkinly)
2023036	Glofitamab-gxbm (e.g., Columvi)
2023039	Delandistrogene moxeparvovec-rokl (e.g., Elevidys)
2023040	Powered Wheelchairs (PWC) and Standing Frames
2023050	Valoctocogene roxaparvovec-rvox (e.g., Roctavian)
2023051	Cipaglucosidase alfa-atga (e.g., Pombiliti)
2024002	Pozelimab-bbfg (e.g., Veopoz)
2024003	Peripheral Nerve Injury Repair Using Synthetic Conduits or Processed Nerve Allograft
2024004	Rozanolixizumab-noli (e.g., Rystiggo)
2024005	Genetic Testing for Heterozygous Familial Hypercholesterolemia
2024006	Elranatamab-bcmm (e.g., Elrexfio)
2024007	Talquetamab-tgvs (e.g., Talvey)
2024008	Travoprost Intracameral implant (iDose [®] TR)
2024009	Avacincaptad pegol (e.g., Izervay)
2024010	Travoprost Intracameral implant (iDose [®] TR)
2024011	Mirikizumab-mrkz (e.g., Omvoh)

Lucet and Carelon's Post-Service Prepay

In 2023, Arkansas Act 575 went into effect disallowing prior authorization for some lines of business. The Act 575 project was launched to implement the ABCBS plan to move some prior authorizations to Post-Service Prepay (PSPP). Two of our vendors, Lucet and Carelon, also implemented a similar process for PSPP. Lucet went into production in early February while Carelon went live early March. Claims are pended for additional information by our system for further review by each vendor.

For Lucet claims, providers should go to Lucet’s provider portal and/or follow any instructions provided by Lucet. As part of the Carelon implementation, ABCBS has created an auto-faxed letter requesting additional information that will be sent to any provider who has a pending claim.

Providers are requested to go to the Carelon portal and enter the information to start a case, answering all the questions on the portal. Once completed, a provider may receive a determination immediately or be instructed to provide additional information. Requested information can be faxed to **800-798-2068 – Attn: Nurse Review** and include the case number that is provided from the Carelon portal. When contacting the Carelon Call Center **866-688-1499**, it is important to reference that case number not the claim number as Carelon does not have the ABCBS claim number in their system.

Medical Specialty Prior Authorization Medications

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. ASE/PSE, ASP and Medicare are not included in this article but have their own prior authorization programs.

Brand Name	Generic Name	HCPCS	Preferred Product
Abecma	idecabtagene vicleucel	Q2055	
Actemra	tocilizumab	J3262	
Acthar	corticotropin	J0801	
Adakveo	crizanlizumab-tcma	J0791	
Adstiladrin	nadofaragene firadenovec-vncg	J9029	
Aldurazyme	laronidase	J1931	
Alymsys	bevacizumab-maly	Q5126	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
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	Preferred
Benlysta	belimumab	J0490	
Berinert	c1 esterase, inhibitor, human	J0597	
Blinicyto	blinatumomab	J9039	
Botox	onabotulinumtoxin a	J0585	
Breyanzi	lisocabtagene maraleucel	Q2054	
Brineura	cerliponase alfa	J0567	
Briumvi	ublituximab-siiy	J2329	
Cablivi	caplacizumab-yhdp	C9047	
Carvykti	ciltacabtagene autoleucel	Q2056	
Cerezyme	Imiglucerase	J1786	

Brand Name	Generic Name	HCPCS	Preferred Product
Cinqair	reslizumab	J2786	
Cinryze	c1 esterase, inhibitor, human	J0598	
Columvi	glofitamab-gxbm	J9286	
Crysvita	burosumab-twza	J0584	
Danyelza	naxitamab-gqgk	J9348	
Duopa	levodopa-carbidopa intestinal gel	J7340	
Dysport	abobotulinumtoxin a	J0586	
Elahere	mirvetuximab soravtansine-gynx	J9063	
Elaprase	idursulfase	J1743	
ElELYso	taliglucerase alfa	J3060	
Elevidys	delandistrogene moxeparvover-rolid	J1413	
Elfabrio	pegunigalsidase alfa-iwxj	J2508	
Elrexfio	elranatamab-bcmm	J1323	
Elzonris	tagrazofusp-erzs	J9269	
Enjaymo	sutimlimab-jome	J1302	
Enspryng	satralizumab-mwge	J3590	
Entyvio	vedolizumab	J3380	
Epkinly	epcoritamab-bysp	J9321	
Evenity	romosozumab-aqqg	J3111	
Evkeeza	evinacumab-dgnb	J1305	
Fabrazyme	agalsidase beta	J0180	
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]
Halaven	eribulin mesylate	J9179	
Hemgenix	etranacogene dezaparvovec-drlb	J1411	
Herceptin	trastuzumab	J9355	Non-preferred [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	Non-preferred [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]

Brand Name	Generic Name	HCPDS	Preferred Product
Herzuma	trastuzumab-pkrb	Q5113	Non-preferred [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Ilaris	canakinumab	J0638	
Ilumya	tildrakizumab-asmn	J3245	
Imjudo	tremelimumab-actl	J9347	
Inflectra	infliximab-dyyb	Q5103	Non-preferred [Avsola (Q5121), Infliximab (J1745), Remicade (J1745) are preferred]
Invega Sustenna	paliperidone palmitate	J2426	
Invega Trinza	paliperidone palmitate	J2427	
Istodax	romidepsin	J9319	
Ixifi	infliximab-qbtx	Q5109	Non-preferred [Avsola (Q5121), Infliximab (J1745), Remicade (J1745) preferred]
Jemperli	dostartlimab	J9272	
Jevtana	cabazitaxel	J9043	
Kalbitor	ecallantide	J1290	
Kanjinti	trastuzumab-anns	Q5117	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	
Leqvio	inclisiran	J1306	
Leukine	sargramostim	J2820	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Lumizyme	alglucosidase alfa	J0221	
Lunsumio	mosunetuzumab-axgb	J9350	
Lutathera	lutetium Lu 177 Dotatate	A9513	
Luxturna	voretigene neparvovec-rzyl	J3398	
Margenza	margetuximab-cmkb	J9353	
Mepsevii	vestronidase alfa-vj bk	J3397	
Monjuvi	tafasitamab-cxix	J9349	
Mvasi	bevacizumab-awwb	Q5107	Preferred
Myobloc	rimabotulinumtoxin b	J0587	
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

Brand Name	Generic Name	HCPCS	Preferred Product
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	
Pedmark	sodium thiosulfate	J0208	
Pluvicto	lutetium lu 177 vipivotide tetraxetan	A9607	
Polivy	polatuzumab vedotin-piiq	J9309	
Pombiliti	cipaglucosidase alfa-atga	J1203	
Poteligeo	mogamulizumab- kpkc	J9204	
Prevymis	letermovir	J3490	
Prolastin	alpha-1 proteinase inhibitor human	J0256	
Qalsody	tofersen	J1304	
Radicava	edaravone	J1301	
Reblozyl	luspatercept-aamt	J0896	
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
Renflexis	infliximab-abda	Q5104	Non-preferred [Avsola (Q5121), Infliximab (J1745), Remicade (J1745) preferred]
Rethymic	allogeneic processed thymus tissue-agdc	J3590	
Revatio	sildenafil (IV)	J3490	
Riabni	rituximab-arrx	Q5123	Preferred
Rituxan	rituximab	J9312	Non-preferred [Riabni (Q5123) & Truxima (Q5115) preferred]
Rituxan Hycela	rituximab and hyaluronidase	J9311	Non-preferred [Riabni (Q5123) & Truxima (Q5115) preferred]
Roctavian	valoctocogene roxaparvovec-rvox	J1412	
Rolvedon	eflapegrastim-xnst	J1449	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Ruconest	c1 esterase, inhibitor, recombinant	J0596	

Brand Name	Generic Name	HCPDS	Preferred Product
Ruxience	rituximab-pvvr	Q5119	Non-preferred [Riabni (Q5123) & Truxima (Q5115) preferred]
Rybrevant	amivantamab-vmjw	J9061	
Rylaze	asparaginase erwinia chrysanthemii (recombinant)- rywn	J9021	
Ryplazim	plasminogen, human-tvmh	J2998	
Rystiggo	rozanolixizumab-nol	J9333	
Saphnelo	anifrolumab-fnia	J0491	
Simponi Aria	golimumab	J1602	
Skyrizi	risankizumab-rzaa	J2327	
Skysona	elivaldogene autotemcel	J3590	
Soliris	eculizumab	J1300	
Somatuline depot	lanreotide	J1930	
Spevigo	spesolimab-sbzo	J1747	
Spinraza	nusinersen	J2326	
Stelara	ustekinumab (IV)	J3358	
Stelara	ustekinumab (SC)	J3357	
Stimufend	pegfilgrastim-fpgk	Q5127	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Susvimo	ranibizumab implant	J2779	
Synribo	omacetaxine	J9262	
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	
Trazimera	trastuzumab-qyyp	Q5116	Non-preferred [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Trodelyv	sacituzumab govitecan-hziy	J9317	
Truxima	rituximab-abbs	Q5115	Preferred
Tysabri	natalizumab	J2323	
Tzield	teplizumab-mzwv	J9381	
Udenyca	pegfilgrastim-cbqv	Q5111	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Ultomiris	ravulizumab-cwyz	J1303	
Uplizna	inebilizumab-cdon	J1823	
Vegzelma	bevacizumab-adcd	Q5129	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Veopoz	pozelimab-bbfg	J9376	
Vimizim	elosulfase alfa	J1322	
Vpriv	velaglucerase alfa	J3385	
Vyepti	eptinezumab-jjmr	J3032	
Vyjuvek	beremagene geperpavec-svdt	J3401	

Brand Name	Generic Name	HPCS	Preferred Product
Vyvgart	efgartigimod alfa-fcab	J9332	
Vyvgart Hytrulo	efgartigimod alfa-fcab	J9334	
Xenpozyme	olipudase alfa-rpcp	J0218	
Xeomin	incobotulinumtoxin a	J0588	
Xiaflex	clostrisidial collagenase	J0775	
Yescarta	axicabtagene ciloleucel	Q2041	
Zaltrap	ziv-aflibercept	J9400	
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	onasemnogene abeparvovec-xioi	J3399	
Zulresso	brexanolone	J1632	
Zynlonta	loncastuximab tesirine-lpyl	J9359	
Zynteglo	betibeglogene autotemcel	J3590	
Zynyz	retifanlimab-dlwr	J9345	

For more information on submitting a request for a medication prior authorization, please call the appropriate customer service phone number on the back of the member's 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:

<https://www.arkansasbluecross.com/providers/resource-center/prior-approval-for-requested-services>.

Please return the completed form and supporting documentation by fax to:

Standard Requests: 501-301-1994 | Urgent Requests: 501-301-1986.

Meet New Network Development Representative (NDR) Dawn Roberts and Joaly Velasquez



Dawn Roberts has joined Arkansas Blue Cross and Blue Shield as a network development representative, serving providers in the state's Northwest and West Central region.

Her previous roles include business office manager, practice manager, Health Insurance Portability and Accountability Act (HIPAA) compliance officer and quality assurance coordinator at various healthcare facilities in Northwest Arkansas.

Roberts earned her bachelor's degree in health information management from Arkansas Tech University (ATU), where she ranks among the top career-high scorers in ATU women's basketball. She earned a master's degree in health science administration from the University of Arkansas at Fayetteville.

Roberts resides in Gentry with her husband, Brett, and stepson, Matthew. She enjoys opportunities to get involved in her community and the outdoors through volunteering, golf, and kayaking.



Joaly Velasquez has joined Arkansas Blue Cross and Blue Shield as a network development representative, serving providers in the state's Central region. Counties she serves include Conway, Faulkner, Grant, Lonoke, Prairie, Saline, and Pulaski.

Velasquez is bilingual and has extensive experience in provider relations, including roles with UnitedHealth Group and Delta Dental of Arkansas.

Originally from Puerto Rico, Velasquez was raised in Cabot. She has a 6-year-old daughter and enjoys spending time outdoors with her family.

Metallic Formulary Changes Effective July 1, 2024

On Exchange, Off Exchange, Arkansas Works, Arkansas Blue Cross small groups, and Health Advantage small groups use the metallic formulary as noted below.

Product/Drug Label Name	Change	Formulary Options
ORFADIN CAP	No Longer Covered	Drug is no longer covered-USE generic nitisinone cap
CONDYLOX GEL	No Longer Covered	Drug is no longer covered-USE generic podofilox gel
PRADAXA CAP	No Longer Covered	Drug is no longer covered-USE generic dabigatran cap
EMFLAZA TAB	No Longer Covered	Drug is no longer covered-USE generic deflazacort tab

Provider Data Management: New Provider Information Search

This notice was previously posted on Availity. We are publishing in Providers' News to ensure all providers have access to the information.

Users can search for a provider by NPI, first name, last name, or business name to view provider demographic and network participation information.

After logging into Availity, click the Payer Space link in the top menu bar then choose Arkansas Blue Cross>Resources>then click Provider Data Management: Provider Information Search.

Standard Formulary Changes Effective July 1, 2024

Arkansas Blue Cross large groups, Health Advantage large groups, and BlueAdvantage plans that have selected Arkansas Blue Cross and Blue Shield's prescription drug benefits use the standard formulary as noted below.

Product/Drug Label Name	Change	Formulary Options
Aromasin Tab	Tier 2 --> Tier 3	anastrozole , exemestane, letrozole
Condylox Gel	Tier 2 --> Tier 3	podofilox solution , imiquimod cream 3.75%, 5%, ZYCLARA
Cytotec Tab	Tier 2 --> Tier 3	misoprostol
DEPO-SQ PROV SYN	Tier 2 --> Tier 3	medroxyprogesterone injection
DIVIGEL GEL	Tier 2 --> Tier 3	estradiol
FORTEO INJ	Tier 2 --> Tier 3	teriparatide , PROLIA, TYMLOS
LEVSIN/SL SUB	Tier 2 --> Tier 3	dicyclomine
LOMOTIL TAB	Tier 2 --> Tier 3	diphenoxylate-atropine , loperamide
MALARONE TAB	Tier 2 --> Tier 3	atovaquone-proguanil
PLAQUENIL TAB	Tier 2 --> Tier 3	hydroxychloroquine , leflunomide, methotrexate, sulfasalazine delayed-rel, RASUVO
SILVADENE CRE	Tier 2 --> Tier 3	silver sulfadiazine
VASCEPA CAP	Tier 2 --> Not Covered	icosapent ethyl , omega-3 acid ethyl esters

**Option for the generic of the brand is bolded.*

Timely Filing Review

Previously, the **Physician/Supplier Corrected Bill Submission Form** included options for both corrected claims and timely filing review. However, as of March 1, Arkansas Blue Cross no longer accepts paper claims without an approved waiver. This change includes corrected claims. A new form, **Timely Filing Review**, has been created for timely filing. This form can be found under Resources in the Arkansas Blue Cross payer space on Availity Essentials or under Provider Forms on the Arkansas Blue Cross and Blue Shield website. [Here](#) is a direct link to the new form.



Federal Employee Program

Cervical Cancer Screenings

Pap smear should be performed every 3 years beginning age 21 (or earlier).

HPV testing should be performed every 5 years beginning at age 30.

Documentation: Tell the patient's story.

Best practice is documentation/coding:

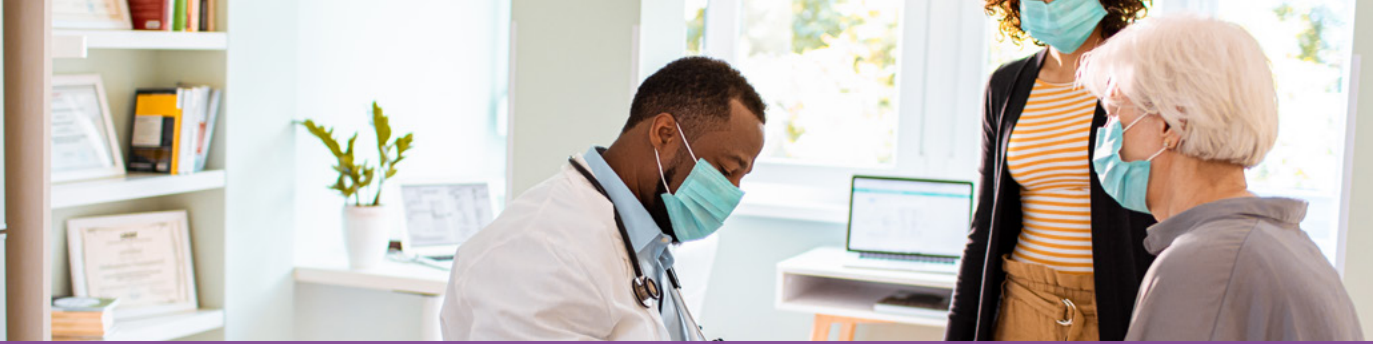
- Code procedures for pap/HPV testing
- Verify lab has coded procedures if you use outside lab
- Exclusions: code ICD-10 codes
 - Cervical Cancer Screening provider sheet located <https://www.arkansasbluecross.com/providers/resource-center/hedis-measures>
- Recapture codes yearly for exclusions
 - Patients change insurance and data not captured
- Code to capture treatment plans, labs, tests, medications
 - Pap smear/HPV testing, hormone replacement therapy, birth control after testing
- Coding accurately closes gaps and if participating in Primary Care this means money for those gaps closed
- Coding accurately decreases any chart requests
- Verify that your EMR system has drop down options for total hysterectomy/partial hysterectomy as selections

LBP KX Modifier: Coding for use of imaging for lower back pain diagnosis

For FEP claims the KX modifier cannot be coded alone when coding for imaging for lower back pain. It requires the additional codes that describe the specific situation. Additionally, code any reason for doing the imaging.

For example:

- Due to recent trauma
- History of cancer, HIV, major organ transplant
- History of IV drug use, neurological impairment, or spinal infection
- Prolonged corticosteroid use (90 days)
- Fragility fracture, lumbar surgery, spondylopathy
- Palliative care, frailty, or advanced illness



Medicare Advantage

Centers for Medicare and Medicaid Services (CMS) Preclusion List

Effective January 1, 2019, CMS began releasing a monthly list of individual providers or entities that have been precluded from receiving payment for Medicare items, services, and Part D medications under the following two categories to protect member health and safety:

- 1) Are currently revoked from Medicare, are under an active reenrollment bar, and CMS determines that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program; or
- 2) Have engaged in behavior for which CMS could have revoked the individual or entity to the extent applicable if they had been enrolled in Medicare and CMS determines that the underlying conduct that would have led to the revocation is detrimental to the best interests of the Medicare program.

Effective April 1, 2019, any Part D sponsor and/or Medicare Advantage Plan are required to deny payment for any pharmacy claim or health care item prescribed or furnished by an individual listed on the Preclusion List.

In effort to protect member health and safety as referenced above, please note that any provider or entity that falls on the preclusion list will be terminated and removed from the networks in accordance with the network participation agreement(s). There will be an option to appeal the network termination decision at time of notice or upon removal from the CMS preclusion list.

Additional resources and reference guide can be found on the CMS website at [Preclusion List](#).

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.

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](#)

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: [hhs.gov/hipaa/for-professionals/index.html](https://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 https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf.

Requirements for outpatient observation care

In compliance with the Centers for Medicare and Medicaid Services (CMS) Medicare Outpatient Observation Notice (MOON), Arkansas Blue Cross and Blue Shield requires all acute care and critical access hospitals to provide written notification and an oral explanation of the notification to patients receiving outpatient observation services for more than 24 hours and no later than 36 hours after observation services as an outpatient begin. This also includes beneficiaries in the following circumstances:

- Beneficiaries who do not have Part B coverage (as noted on the MOON, observation stays are covered under Medicare Part B).
- Beneficiaries who are subsequently admitted as an inpatient prior to the required delivery of the MOON.
- Beneficiaries for whom Medicare is either the primary or secondary payer.

For some Medicare Advantage members, observation stays have pre-authorization or pre-notification requirements.

The notice should explain the following using contemporary language:

- The patient is classified as outpatient
- Cost-sharing requirements
- Medication coverage
- Subsequent eligibility for coverage for services furnished by a skilled nursing facility
- Advise patients to contact his or her insurance plan with specific benefit questions

The notice and accompanying instructions are available at <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html>

21st Blue & You Fitness Challenge

The 21st Blue & You Fitness Challenge ended May 31, with hundreds of teams across Arkansas and five additional states competing -- boosting their physical activity and working to improve their overall health. This year, participants finished the three-month challenge logging 1.2 million miles and completing just under 240,000 healthy behaviors such as meditating or drinking water.

Each year, Arkansas Blue Cross and Blue Shield, the Arkansas Department of Human Services, and the Arkansas Department of Health host the Blue & You Fitness Challenge, a fun competition encouraging people to be more active and focused on their whole health.

“As the Challenge has evolved over the past 20 years, we’ve become more focused on improving wellness mentally and physically, and people are responding,” said Kristen Lippencott, Challenge Director and Arkansas Blue Cross manager of well-being and health solution strategies. “Participants dedicated themselves to not only being more active but finding time for meditation, getting a good night’s rest and health education.”

Visit, <https://www.blueandyoufitnesschallenge-ark.com> for more information.

