

June 2023

PR **NEWS** PROVIDERS'

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



**AHIN
Sunset**

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Webinars**

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Upcoming holidays

Independence Day
Tuesday, July 4



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

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Arkansas Blue Cross and Blue Shield

Alacura Agreement Ending

Arkansas Blue Cross and Blue Shield (ABCBS) is transitioning away from its contract with Alacura Transportation Benefit Manager, effective July 31, 2023. ABCBS will be moving ambulance network operations internally within our companies.

Commercial contracts are currently being distributed to ground ambulance providers with a targeted effective date for Arkansas Blue Cross ambulance participation agreements of July 1, 2023.

For companies who have contracted with Alacura, you will be receiving information from them regarding your Alacura agreements. All parties are working to ensure this transition will be smooth and we appreciate your patience during this transition of establishing a transportation network of providers directly with ABCBS.

If you have any questions, please contact providernetwork@arkbluecross.com.

AHIN sunset – Provider enrollment, Re-credentialing, and Provider Data Maintenance

As of 5:00 p.m. May 22, 2023, the AHIN system is no longer available to providers. Arkansas Blue Cross and Blue Shield has moved all elements to Availity as the primary provider portal, EXCEPT for Provider Credentialing, Recredentialing, and Provider Data Maintenance (PDM). Thru pilot project efforts, it was determined that PDM will be served thru an alternate future digital platform. While this decision and implementation is being finalized, it is important to note an interim process. Below references that interim process.

Provider offices should reach out to their respective regional NDR support staff for the enrollment of any NEW provider, and request copies of the contract application request form (refer to [regional map](#) for additional contact information). Contract application request forms should include the provider's full name and NPI. PDM demographics and Recredentialing applications will be sent to the provider's office via mail, email, or fax. Please follow the instructions on the bar-coded cover sheet on how to return the re-credentialing packet. Changes to data information (i.e., updating phone numbers, address changes, etc.) and linking of credentialed providers to existing groups can take up to 10 business days to complete processing. Credentialing of new providers takes a minimum of 60 days, from the application received date in house by Arkansas Blue Cross. You are encouraged to reach out on status updates only after the end of the posted timeframe has passed. Please know, this is temporary and not a permanent solution.

A display of the provider's Networks will only be available through the Provider Directory available on each line of business website. To search Networks, go to each website, choose member, then choose find care and perform your search.

Cardiac Event Recorder, External Loop or Continuous Recorder

CPT 0295T and associated codes 0296T, 0297T, & 0298T describe external electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage (eg Zio Patch, BardyDX CAM patch). Per Coverage Policy 1997229, these codes are not covered for members with frequent symptoms (more frequently than every 48 hours) or for screening for atrial fibrillation (except in the circumstances noted below).

Coverage Policy 1997229 states: The use of a continuous ambulatory monitor that records and stores information for periods longer than 48 hours meets member benefit certificate primary coverage criteria and will be covered for 2-14 days as a diagnostic **alternative** to Holter monitoring or event recording in the following situations, for members who are 18 years of age or older and only in the absence of an implantable defibrillator.

1. Patients who are experiencing symptoms suggestive of cardiac arrhythmias (i.e., palpitations, dizziness, presyncope, or syncope) unless the patient has documented symptoms occurring more frequently than every 48 hours.
2. Patients with atrial fibrillation who have been treated with catheter ablation, and in whom discontinuation of systemic anticoagulation is being considered.
3. Patients with cryptogenic stroke who have a negative standard workup for atrial fibrillation including a 24-hour Holter monitor.

A continuous ambulatory monitor that records and stores information for periods longer than 48 hours is limited to one every 6 months, except for a single additional test for evaluation of a new symptom(s).

The complete policy can be viewed [here](#).

Carelon MOC program enhancement

On May 8, 2023, Carelon Medical Benefits Management (formerly AIM Specialty Health) released operational enhancements to the ProviderPortal for the Medical Oncology program for Arkansas Blue Cross and Blue Shield. These enhancements are geared towards creating an easier intake process for users.

You may notice the clinical intake screens look and function differently. A few updates will include:

- Improved look and feel of the case entry screens
- Removal of unnecessary biomarker questions for specific clinical scenarios
- Revised drug dosing screens for easier input of cycle ranges and days of administration

Resources, Training, and Support

To familiarize yourself with the enhanced Medical Oncology authorization request process, Carelon will be hosting a series of provider training sessions. Please register for a session to receive a unique meeting invite.

Provider Training Sessions	Details
<p>Provider Training Sessions</p> <p>Register to attend a general training session that will demonstrate the enhanced case entry process at https://aimproviders.com/providerconnections/training/</p>	<p>Thursday, August 10, 3:00 p.m. CST Register for webinar link</p> <p>Tuesday, November 14, 2:00 p.m. CST Register for webinar link</p>

For more information, Carelon has a designated email address for provider questions about the ProviderPortal and case entry process, MedicalOncologySolution@aimspecialtyhealth.com. All member eligibility or claims questions should be directed to your health plan network representative. Thank you for your continued support of this program.

Inappropriate prescribing of GLP-1 Agonist

Over the past 6 to 8 months, there has been a significant increase in the prescribing and utilization of the GLP-1 receptor agonist drug class, namely Ozempic, Victoza, Trulicity and Rybelsus. We have heard from providers and discovered that these medications, which are FDA approved for the treatment of type 2 diabetes, are being used off-label for the treatment of weight loss. Utilization of these drugs for weight loss is considered a non-FDA-approved use and additionally, weight loss drugs are not a covered benefit for Arkansas Blue Cross and Blue Shield or Health Advantage members.

Drugs in the **GLP-1 receptor agonist class by indication:**

FDA indicated for diabetes:

- Covered on formulary – Ozempic, Victoza, Trulicity, Rybelsus
- Not covered on formulary – Adlyxin, Bydureon, Byetta, Mounjaro

FDA indicated for weight loss:

- Not covered on formulary – Saxenda, Wegovy

Patients receiving GLP-1s off-label will not be able to continue receiving coverage for GLP-1s when medical claims do not support a diabetes diagnosis. Step therapy and/or prior approval are now required for all drugs in this drug class.

Medical specialty medications prior approval update

On April 1, 2018, Arkansas Blue Cross and Blue Shield, Health Advantage, USABLE and Blue Advantage Administrators of Arkansas enacted prior approval for payment of specialty medications used in treating rare, complex conditions that may go through the medical benefit. Since then, medications have been added to the initial list as products come to market.

The table below is the current list of medications that require prior approval through the member’s medical benefit. It is also indicated when a medication is required to be processed through the pharmacy benefit. Any unlisted new medication used to treat a rare disease should be considered to require prior approval. **ASE/PSE and Medicare are not included in this article but have their own prior approval programs.**

Drug	Benefit
Abecma (idecabtagene vicleucel)	Medical
Actemra (tocilizumab)	Medical & Pharmacy
Adakveo (crizanlizumab-tcma)	Medical
Aldurazyme (laronidase)	Medical
Amvuttra (vutrisiran)	Medical
Apretude (cabotegravir)	Medical
Arcalyst (rilonacept)	Medical
Asparlas (calaspargase pegol)	Medical
Avsola (infliximab-axxq)	Medical
Benlysta (belimumab)	Medical & Pharmacy
Berinert (c1 esterase, inhib, human)	Medical
Botox (onabotulinumtoxin a)	Medical & Pharmacy
Breyanzi (lisocabtagene maraleucel)	Medical
Brineura (ceroliponase alfa)	Medical
Cabenuva (cabotegravir & rilpivirine)	Medical
Cablivi (caplacizumab-yhdp)	Medical & Pharmacy
Carvykti (ciltacabtagene autoleucel)	Medical
Cinqair (reslizumab)	Medical
Cinryze (c1 Esterase, inhib, human)	Medical
Crysvita (burosumab – twza)	Medical & Pharmacy
Duopa (levodopa-carbidopa intestinal gel)	Medical
Durysta (bimatoprost)	Medical

Drug	Benefit
Dysport (abobotulinumtoxin a)	Medical
Elaprase (idursulfase)	Medical
Elzonris (tagraxifusp-erzs)	Medical
Enjaymo (sutimlimab-jome)	Medical
Enspryng (satralizumab-mwge)	Medical & Pharmacy
Entyvio (vedolizumab)	Medical
Evenity (romosozumab-aqqg)	Medical
Evkeeza (evinacumab-dgnb)	Medical
Fabrazyme (agalsidase beta)	Medical
Fyarro (sirolimus protein-bound particles)	Medical
Gamifant (emapalumab-lzsg)	Medical
Givlaari (givosiran)	Medical
Ilaris (canakinumab)	Medical & Pharmacy
Ilumya (tildrakizumab-asmn)	Medical
Imjudo (tremelimumab-actl)	Medical
Inflectra (infliximab-dyyb)	Medical
Invega Sustenna or Invega Trinza (paliperidone palmitate)	Medical & Pharmacy
Ixifi (infliximab-qbtx)	Medical
Kalbitor (ecallantide)	Medical & Pharmacy
Kimmtrak (tebentafusp-tebn)	Medical
Krystexxa (pegloticase)	Medical

Drug	Benefit
Kymriah (tisagenlecleucel)	Medical
Lemtrada (alemtuzumab)	Medical
Leqvio (inclisiran)	Medical
Lumizyme (alglucosidase alfa)	Medical
Lutathera (lutetium Lu 177 Dotatate)	Medical
Mepsevii (vestronidase-Alfa)	Medical
Monjuvi (tafasitamab-cxix)	Medical
Myalept (metreleptin)	Pharmacy
Myobloc (rimabotulinumtoxin b)	Medical
Nagalzyme (galsulfase)	Medical
Nexviazyme (avalglucosidase alfa-ngpt)	Medical
Ocrevus (ocrelizumab)	Medical
Oncaspar (pegaspargase)	Medical
Onpatro (patisiran)	Medical
Opdualag (nivolumab and relatlimab-rmbw)	Medical
Orencia (abatacept)	Medical & Pharmacy
Oxlumo (lumasiran)	Medical
Pedmark (sodium thiosulfate)	Medical
Pluvicto (Lutetium Lu 177 vipivotide tetraxetan)	Medical
Reblozyl (luspatercept)	Medical
Remicade and Unbranded Infliximab (infliximab)	Medical

Drug	Benefit
Renflexis (infliximab-abda)	Medical
Rethymic (allogeneic processed thymus tissue-agdc)	Medical
Revatio (sildenafil)	Medical
Riabni (rituximab-arrx)	Medical
Rituxan (rituximab)	Medical
Ruconest (c1 esterase, inhib, recombinant)	Medical
Rylaze (asparaginase erwinia chrysanthemi)	Medical
Ruxience (rituximab-pvvr)	Medical
Ryplazim (plasminogen)	Medical
Saphnelo (anifrolumab-fnia)	Medical
Simponi Aria (golimumab)	Medical
Skyrizi (risankizumab)	Medical & Pharmacy
Skysona (elivaldogene autotemcel)	Medical
Soliris (eculizumab)	Medical
Spevigo (spesolimab-sbzo)	Medical
Spinraza (nusinersen)	Medical
Stelara (ustekinumab)	Medical & Pharmacy
Susvimo (ranibizumab)	Medical
Tecartus (brexucabtagene autoleucel)	Medical
Tepezza (teprotumumab)	Medical
Testopel (testosterone pellet)	Medical

Drug	Benefit
Tezspire (tezepelumab)	Medical
Tivdak (tisotumab vedotin-tftv)	Medical
Trodelvy (sacituzumab govitecan-hziy)	Medical
Truxima (rituximab-abbs)	Medical
Tysabri (natalizumab)	Medical
Ultomiris (ravulizumab-cwyz)	Medical
Uplizna (inebilizumab)	Medical
Vimizim (elosulfase alfa)	Medical
Vyepti (eptinezumab-jjmr)	Medical

Drug	Benefit
Vyvgart (efgartigimod alfa-fcab)	Medical
Xeomin (incobotulinumtoxin a)	Medical
Yescarta (axicabtagene ciloleucel)	Medical
Xenpozyme (olipudase alfa-rpcp)	Medical
Zolgensma (onasmnogene abeparvovec-XIOI)	Medical
Zulresso (brexanolone)	Medical
Zynteglo (betibeglogene autotemcel)	Medical

Prepay Review of High-dollar Inpatient Claims

Notice of Material Amendment

Beginning January 1, 2019, Arkansas Blue Cross and Blue Shield, Health Advantage, USABLE and Blue Advantage Administrators of Arkansas implemented a prepay high dollar claim review process for certain Arkansas-based inpatient claims where the total billed amount exceeded a specified threshold. In July 2022, the program was paused temporarily for all claims, except Host claims, to conduct a thorough review of the program process and address questions posed by both providers and customers. This communication serves to inform you that the high dollar prepay review process will soon be reinstated. The original process required providers to submit an itemized bill supporting inpatient claims exceeding the specified threshold where a portion of the payment is tied directly to billed charges (i.e., not paid by per diem, case rate or diagnosis-related group). An external third-party vendor was engaged to conduct this prepay review. The primary areas of focus for the review included, but were not limited to, coding errors, billing methodology, and duplicate charges – including charges integral to underlying charges, hospital acquired conditions, level of care discrepancies, insufficient item descriptions, level of drug price mark-ups, implant pricing disparities, and utilization of pharmaceuticals that are excluded from coverage by plan benefit limitations.

The program will be reinstated in 4th quarter, 2023, for claims with October 2023 dates of service and beyond, allowing providers adequate time to prepare both for claims information requests and the potential impact of this process on in-scope inpatient claims. As the program resumes, inpatient claims with total billed amounts exceeding \$100,000, where a portion of the payment is tied directly to billed charges, will be subject to high dollar prepayment review. The company referenced a variety of independent sources including existing industry practices, CMS regulations, and consultation with our chosen vendor partner in establishing review criteria for the program.

We will continue to evaluate effectiveness of the prepay review program to determine whether the threshold for billed amounts subject to review should be adjusted. It is anticipated that themes around both coding and billing practices, including methodologies of reimbursement, will surface as the process resumes. We anticipate identifying these themes early will help reduce the volume of reviews as the process matures. If there are any questions, we encourage providers to reach out to your Network Development Representative. These types of reviews are expected by customers in an environment of rising healthcare costs, and we appreciate your patience along with your cooperation as we navigate this process together.

Trend Health Partners

Arkansas Blue Cross and Blue Shield, Health Advantage, USABLE and Blue Advantage Administrators of Arkansas has contracted with Trend Health Partners to offer a new credit balance reconciliation and recovery service for in-network physicians and facilities. The service is designed to assist our provider partners in researching, resolving outstanding credit balances and reducing the administrative burden on facility staff. **There is NO cost to the provider to use this program.**

Through this initiative, Arkansas Blue Cross provides access to a range of vendor-based solutions including an innovative software platform and skilled professional services to aid in credit balance resolution specific to our members. These services support the provider’s administrative team by managing credit balances on the facility’s books while resolving potential overpayments in real time with Arkansas Blue Cross and allowing more efficient use of valuable resources.

If interested, please call John Reed at 443-689-2700 ext. 149 or email jreed@trendhealthpartners.com to setup a demo of the services Trend Health Partners can do for you.

Coverage policy manual updates

Since January 2022, Arkansas Blue Cross has added or updated several policies in its Coverage Policy manual. The table below highlights these additions and updates. If you want to view entire policies, you can access the coverage policies located on the [Arkansas Blue Cross website](#).

PolicyID#	PolicyName
1997080	Neuromuscular Stimulation, Functional
1997087	Growth Hormone, Human
1997118	Keratoprosthesis
1997151	Cardiac Rehabilitation
1997210	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy Gamma Knife Surgery, Linear Accelerator, Cyberknife, TomoTherapy
1998051	Genetic Test: BRCA1, BRCA2 or PALB2 Mutations
1998107	Transplant, Heart
1998156	PET or PET/CT for Non-Small Cell Lung Cancer
2000001	PET or PET/CT for Colorectal Cancer
2000002	PET or PET/CT for Non-Hodgkins Lymphoma and Leukemia
2000003	PET or PET/CT for Melanoma
2000010	HDC & Autologous Stem &/or Progenitor Cell Support-Non Hodgkin’s Lymphomas

PolicyID#	PolicyName
2000023	PET or PET/CT for Head and Neck Malignant Disease
2001022	HDC & Allogeneic Stem &/or Progenitor Cell Support-Non-Hodgkin's Lymphoma
2001023	HDC & Allogeneic Stem &/or Progenitor Cell Support-Acute Lymphocytic Leukemia
2001024	HDC & Allogeneic Stem &/or Progenitor Cell Support-Hodgkin's Disease
2001028	Magnetic Resonance Imaging (MRI), Breast
2001030	PET or PET/CT for Esophageal or Esophagogastric Junction (EGJ) Cancer
2001035	PET or PET/CT for Prostate Cancer
2001036	PET or PET/CT for Breast Cancer
2001037	PET or PET/CT for Ovarian Cancer
2001038	PET or PET/CT for Pancreatic Cancer
2001039	PET or PET/CT for Neuroendocrine Tumors
2001040	PET or PET/CT for Testicular Germ Cell Cancer
2002015	PET or PET/CT for Carcinoma of Unknown Primary (CUP)
2003015	Intensity Modulated Radiation Therapy (IMRT)
2003055	Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric Disorders
2004011	Photodynamic Therapy for Dermatologic Conditions
2004024	PET or PET/CT for Thyroid Cancer
2005007	PET or PET/CT for Cervical Cancer
2005008	PET or PET/CT for Pleural Mesothelioma
2005010	Cardiac and Coronary Artery Computed Tomography, CT Derived Fractional Flow Reserve and CT Coronary Calcium Scoring
2005033	PET or PET/CT for Primary Central Nervous System Cancer (Malignant Brain and Spinal Cord Tumors)
2006016	Rituximab (e.g., Rituxan) and Biosimilars- Oncologic Indications
2006020	Abatacept (e.g., Orencia)
2008010	Certified Nurse Practitioners
2008014	Physician Assistants
2008015	Clinical Nurse Specialist
2008027	Biomarker Testing (including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Colon Cancer (KRAS, NRAS, BRAF Mutation Analysis)
2009013	Testing for Drugs of Abuse or Drugs at Risk of Abuse Including Controlled Substances
2009034	Intensity Modulated Radiation Therapy (IMRT), Prostate
2009035	Intensity Modulated Radiation Therapy (IMRT), Lung and Mediastinum
2009036	Intensity Modulated Radiation Therapy (IMRT), Breast
2010013	Injection, Clostridial Collagenase for Fibroproliferative Disorders
2011043	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: DEPRESSION AND ANXIETY SCREENING, ADULTS
2011044	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: DEPRESSION AND ANXIETY SCREENING IN ADOLESCENTS
2011053	Autism Spectrum Disorder in Children, Applied Behavioral Analysis
2011066	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OVERVIEW
2011069	PET or PET/CT for Anal Carcinoma
2011071	Intensity Modulated Radiation Therapy (IMRT), Abdomen and Pelvis
2011074	PET or PET/CT for Gastric Cancer
2011077	Transcatheter Aortic Valve Implantation

PolicyID#	PolicyName
2012022	PET or PET/CT for Urological Cancers
2012023	PET or PET/CT for Lymphadenopathy of Unknown Cause
2012024	PET or PET/CT for Cancers of the Thymus, Heart, and Mediastinum
2012027	PET Scan for Multiple Myeloma, Plasmacytoma
2012056	PET or PET/CT for Histiocytic Neoplasms (eg Pulmonary Langerhans Cell Histiocytosis)
2012058	PET or PET/CT for Small Cell Lung Cancer
2013002	PET or PET/CT for Hodgkin's Lymphoma
2013008	PET or PET/CT for Soft Tissue Sarcoma, including Gastrointestinal Stromal Tumor (GIST)
2013013	Peripheral Subcutaneous Field Stimulation
2013014	Ado-Trastuzumab Emtansine (e.g., Trastuzumab-DM1) for Treatment of HER-2 Positive Malignancies
2013026	Intraoperative Assessment of Surgical Margins during Breast-Conserving Surgery
2015002	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)
2015004	Genetic Test: Germline Testing for Gene Variants Associated with Breast Cancer in Individuals at High Breast Cancer Risk (CHEK2, ATM and BARD1)
2015032	Magnetic Resonance Imaging (MRI) Targeted Biopsy and Multiparametric MRI (mpMRI) of the Prostate
2016003	Omalizumab (e.g., Xolair)
2016004	Lab Test: Identification of Microorganisms Using Nucleic Acid Probes
2016010	Mepolizumab (e.g., Nucala)
2016018	Natalizumab (e.g., Tysabri)
2016020	Dry Needling (e.g., Myofascial Trigger Points)
2016022	PET or PET/CT for Uterine Cancer
2017006	Bevacizumab (e.g., Avastin™) for Oncologic Indications
2017020	Pemetrexed (e.g., Alimta)
2017029	Immobilized lipase cartridge for enteral feedings (Relizorb)
2017031	Dupilumab (e.g., Dupixent)
2018004	Letermovir (e.g., Prevydis)
2018008	Reslizumab (e.g., Cinqair)
2018011	PET or PET/CT for Penile, Vaginal, and Vulvar Cancer
2018012	PET or PET/CT for Bone Cancer
2018021	Gene Therapy for Inherited Retinal Dystrophy-Voretigene (e.g., Luxturna)
2018027	Pegloticase (e.g., Krystexxa®)
2019005	Pembrolizumab (e.g., KEYTRUDA®)
2020005	Self-Administered Medication
2020020	Sacituzumab govitecan-hziy (e.g., Trodelvy™)
2020029	Covid-19 Monoclonal Antibody Therapy
2021001	Lurbinectedin (e.g., Zepzelca™)
2021002	Enfortumab Vedotin-ejfv (e.g., Padcev)
2021003	Carfilzomib (e.g., Kyprolis™)
2021004	PET or PET/CT for Cancer Surveillance and Other Oncologic Applications
2021005	Tafasitamab-cxix (e.g., Monjuvi)
2021020	Polatuzumab Vedotin-piiq (e.g., Polivy)
2021024	White Blood Cell Growth Factors (Colony Stimulating Factors)
2021033	Belimumab (e.g., Benlysta)

PolicyID#	PolicyName
2022014	Lutetium Lu 177 vipivotide tetraxetan (e.g., Pluvicto)
2022015	Tezepelumab-ekko (e.g., Tezspire)
2022016	Inclisiran (e.g., Leqvio)
2022019	Asparagine Specific Enzymes (e.g., Rylaze, Asparlas, Oncaspar)
2022031	Risankizumab (e.g., Skyrizi)
2022033	Ground Ambulance
2022040	Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer
2022048	Tildrakizumab-asmn (e.g., Ilumya)
2023002	Spesolimab-sbzo (e.g., Spevigo)
2023004	Digital Health Technologies: Therapeutic Applications
2023006	Stationary Ultrasonic Diathermy Devices
2023007	Elivaldogene autotemcel (e.g., Skysona)
2023008	Olipudase alfa (e.g., Xenpozyme)
2023009	Sodium Thiosulfate (e.g., Pedmark)
2023010	Tremelimumab-actl (e.g., Imjudo)
2023011	Vascular Endothelial Growth Factor Inhibitors for Sickle Cell Retinopathy
2023012	Teplizumab-mzwv (e.g. Tziel TM)
2023013	Agalsidase Beta (e.g., Fabrazyme)
2023014	Bevacizumab (e.g., Avastin) for Non-Oncologic and Non-Ophthalmologic Indications
2023015	Teclistamab-cqyv (e.g., Tecvayli)
2023016	Low-Dose Radiotherapy (LDRT) for Select Musculoskeletal Conditions

Metallic Formulary changes effective June 1, 2023

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

Product/Drug Label Name	Change	Formulary Alternatives
PRADAXA CAP	Brand No longer covered	DABIGATRAN ETEXILATE MESYLATE CAP
DENAVIR CRE	Brand No longer covered	PENCICLOVIR CREAM
ZIOPTAN DRO	Brand No longer covered	TAFLUPROST PRESERVATIVE FREE (PF) OPTH SOLN
HETLIOZ CAP	Brand No longer covered	TASIMELTEON CAPSULE
MIRVASO GEL	Brand No longer covered	BRIMONIDINE TARTRATE GEL
ESBRIET CAP	Brand No longer covered	PIRFENIDONE CAP

Standard Formulary changes effective June 1, 2023

Arkansas Blue Cross and Blue Shield large groups, Health Advantage large groups, and Blue Advantage plans that have selected our prescription drug benefits use the standard formulary.

(Commercial Large Group Fully Insured and Self-Insured plans that have prescription drug coverage through ABCBS, Health Advantage or Blue Advantage)

Product/Drug Label Name	Change	Formulary Alternatives
ANDRODERM DIS 4MG/24HR	Tier Change/Copay Increase	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO
CAPLYTA CAP 42MG	Tier Change/Copay Increase	aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR
AUBAGIO TAB 14MG	No Longer Covered	dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
BANZEL TAB 200MG	No Longer Covered	clobazam, clonazepam, lamotrigine, rufinamide, topiramate
DYANAVEL XR CHW 5MG	No Longer Covered	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, VYVANSE
FINTEPLA SOL 2.2MG/ML	No Longer Covered	clobazam, clonazepam, lamotrigine, rufinamide, topiramate
FLOVENT HFA INH 44MCG/AC	No Longer Covered	PULMICORT FLEXHALER (For all members); QVAR REDIHALER (For members 5 years of age and under ONLY)
JORNAY PM CAP 40MG ER	No Longer Covered	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, VYVANSE
JYNARQUE PAK 45-15MG	No Longer Covered	Talk to your doctor
LATUDA TAB 120MG	No Longer Covered	aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR
LOKELMA PAK 10GM	No Longer Covered	VELTASSA
LOVAZA CAP 1GM	No Longer Covered	omega-3 acid ethyl esters, VASCEPA
LUMIGAN SOL 0.01% OP	No Longer Covered	bimatoprost, latanoprost, travoprost, ZIOPTAN
MYDAYIS CAP 50MG	No Longer Covered	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, VYVANSE
PRALUENT 2PK PEN 75MG/ML	No Longer Covered	REPATHA
PRALUENT INJ 150MG/ML	No Longer Covered	REPATHA
RHOPRESSA SOL 0.02% OP	No Longer Covered	bimatoprost, latanoprost, travoprost, ZIOPTAN
ROCKLATAN DRO	No Longer Covered	bimatoprost, latanoprost, travoprost, ZIOPTAN
VEMLIDY TAB 25MG	No Longer Covered	entecavir, lamivudine, tenofovir disoproxil fumarate
VIMPAT TAB 150MG	No Longer Covered	generics, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI
VYZULTA SOL 0.024%OP	No Longer Covered	bimatoprost, latanoprost, travoprost, ZIOPTAN



Federal Employee Program (FEP)

Colorectal Cancer Screening

How to improve your score

Encourage patients resistant to colorectal procedures to submit a stool sample using Cologuard (Cologuard Colon Cancer test kits are covered in full in Blue Cross Blue Shield Federal Employee Program (BCBS FEP) benefits.

- Discuss the importance of colorectal cancer screening with patients.
- Clearly document all surgical and diagnostic procedures in the medical record, include dates and results.
- Exclusions include Palliative and Hospice Care, Advanced Illness/Frailty and living in a long-term care institution.

Document:

- A note indicating the date the colorectal screening was performed. A result is only required if:
 - It is not clear that the documentation is a part of the patient's medical history. (This ensures that the screening was performed and not just ordered)
- Member reported colorectal cancer screenings are acceptable if the screening is documented in the patient's medical history. (Ex: member reports colonoscopy in 2018 was normal)
- A pathology report that indicates the type of screening and the date of screening.
- A Fecal Occult Blood Test (FOBT) x3 performed at home would be acceptable.

Coding:

Colorectal Cancer:

- ICD-10: C18.0-C18.9; C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048

Total Colectomy:

- CPT: 44150, 44151, 44154, 44155-44158, 44210-44212
- ICD-10 PCS: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ

FOBT:

- CPT: 82270
- HCPCS: G0327

FIT:

- CPT: 82274
- HCPCS: G0328

Flexible Sigmoidoscopy:

- CPT: 45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349, 45350
- HCPCS: G0104

Colonoscopy:

- CPT: 44388-44392, 44394, 44401-44408, 45378-45382, 45384-86, 45388-45393, 45398
- HCPCS: G0105, G0121

CT Colonography:

- CPT: 74261-74263

Stool DNA (Cologuard):

- CPT: 81528



ARHOME & ACA members

ARHOME member coverage

Due to the Public Health Emergency (PHE) ending, the Arkansas Department of Human Services (DHS) began contacting members who may be at risk of losing their ARHOME health coverage. DHS began the eligibility redetermination process in April 2023 which could affect over 60,000 Arkansas Blue Cross and Blue Shield members.

ARHOME members who received a renewal form from DHS should complete it and return it to DHS as soon as possible to avoid losing ARHOME health insurance if they are still eligible. Members can call DHS at 844-872-2660, go to the website (ar.gov/renew) or visit a local DHS office.

If ARHOME members are not deemed eligible and lose coverage, they will qualify for a Special Enrollment Period (SEP) which allows them to obtain a new health plan through the Marketplace and they may even qualify for financial assistance. To learn more about their options, they can visit arkbluecross.com/coverage or call 800-392-2583. Thank you for your support as we partner together to ensure all patients who are eligible for coverage receive it.

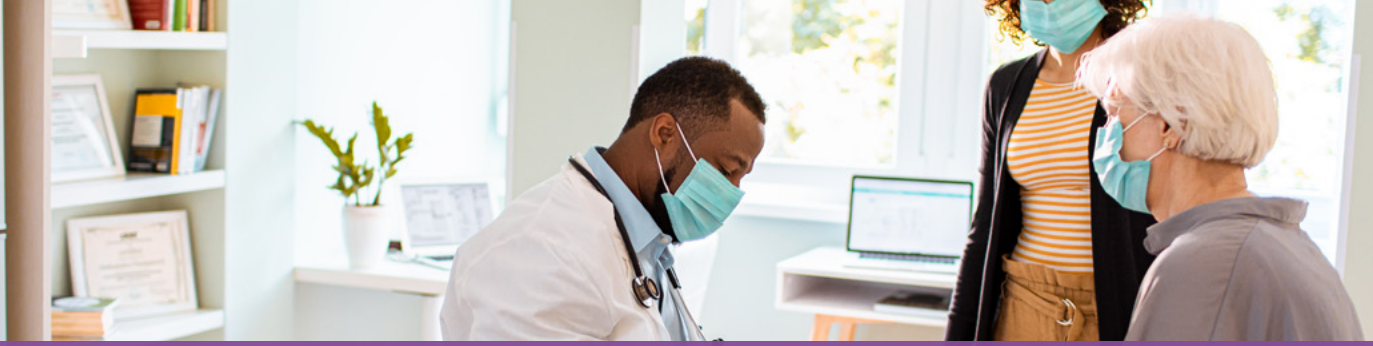


Arkansas School Employees/Public School Employees

Prior Approval for reconstructive surgical services

Notice of Material Amendment

Effective August 1, 2023, Prior Approval is required for all surgical services that are considered reconstructive except for services that are considered an integral part of an approved or previously approved cancer treatment while covered under the ASE/PSE Plan.



Medicare Advantage

2023 Blue Medicare webinars

Join us for our 2023 Risk Adjustment Documentation and Coding Webinars

Live CEU Webinars

Please join us for a variety of informative Medicare Risk Adjustment presentations. These live webinars will provide education and details about risk adjustment that will benefit your clinic and patients. Webinar topics are planned around important updates and timely reminders that will impact your clinic. **There is no cost to attend.**

Risk Adjustment Webinars (Additional presentations will be added)
Introduction to Risk Adjustment 05/24/2023, 11:30 am – 12:20 pm
2023 ICD-10-CM updates 06/21/2023, 11:30 am – 12:20 pm
Diabetes Complications 07/27/2023, 11:30 am – 12:20 pm
Improving Documentation for Risk Adjustment 08/23/2023, 11:30 am – 12:20 pm

Who should attend?

In-network providers and their staff, both clinical and administrative. All attendees must register.

How do I register?

Contact: Tina George, CPC, CRC, CDEO Risk Adjustment Provider Engagement Specialist
tlgeorge@arkbluecross.com

AAPC has approved each webinar for 1 CEU. Registration is required to receive CEU credit.

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Medicare Advantage Billing Guidelines with Relationship Codes

All Arkansas Blue Medicare participating network providers are required to file Medicare Advantage claims using the patient relationship code of “self” under the “patient relationship to insured” section of the electronic claim. The patient relationship allows providers to report and identify their relationship and responsibility for a patient and notate what services or separate items were provided to which insured member on each line of the claim. If Medicare Advantage claims are billed with any patient relationship other than “self”, the claim will be denied as a provider billing error.

Medicare Advantage Notice of Ambulance Claim Coding

This is a reminder that all participating providers in the Arkansas Blue Medicare networks are required to place the 5-digit point of pick-up zip code in Box 23 of all electronic ambulance claims being submitted for payment. If the pick-up zip code is not included within the claim, the claim will deny for zip code not found.

Please note that more than one ambulance transport may be reported on the same claim for a Medicare Advantage beneficiary if all points of pick-up have the exact same zip code. If there are different zip codes used for each transport, then the provider must prepare a separate claim for each trip to receive proper payment.

Health Outcome Survey

For your Arkansas Blue Medicare Advantage members, HOS (Health Outcome Survey) season is quickly approaching. The HOS is a questionnaire that is randomly sent to a sample of Medicare Advantage participants with the intent to gather clinically meaningful health status data to improve the participant’s health. Another focus of HOS is to provide Arkansas Blue Medicare Advantage information so that we can maximize our products to benefit our members.

Here are some things to consider when an Arkansas Medicare Advantage patient comes to your practice:

Preventing Falls

- In people over the age of 65, 1 out of 5 falls result in a significant injury such as head trauma or broken bones.
- Instruct members to use nightlights in nighttime traffic areas.
- Modify throw rugs and floor mats with double sided carpet tape or coach to eliminate throw rugs entirely in the home.
- Check medication side effects for dizziness, sleepiness, or a risk of falling. Coach your patient accordingly.
- Encourage properly installed handrails and grab bars in areas where needed. A towel bar isn’t a grab bar... swap it out!

Keep Moving

- Encourage your patients to lightly exercise each day. Some ideas can be:
 - Go for walks in the neighborhood or when it’s hot, go to a community recreation center or indoor shopping mall.
 - Check with a local fitness center. Many have discounts or free memberships for seniors.

- Download a free app that has an exercise program.
- Volunteer at a local organization with a focus on helping others. Organizations such as animal shelters, churches, food banks, YMCAs, senior centers, nursing homes and hospitals always have opportunities to do good for others.
- Since your patients are getting out and active, encourage them to make certain that their shoes are not worn out or slick.

Ask the Important Questions

- Talking about bowel and bladder incontinence doesn't have to be an uncomfortable conversation. It can be a way to build a deep trust with your patient.
- Ask them about urgency or needing to rush to the bathroom. They might be withdrawing from public situations out of fear.
- Urgency and medications that can cause urgency can be a risk of falling. So, encourage a voiding schedule or modify fluid intake around trips in public.
- Ask about foot pain, numbness or swelling that could change a person's gait pattern.
- If you feel like a walker or cane is indicated, consider requesting physical therapy to address underlying impairments.

These are just a few ways to impact your Arkansas Blue Medicare Advantage patients by keeping them living in their home, keeping them vigorous and keeping them confident.

Blue & You Fitness Challenge

20th Annual Blue & You Fitness Challenge is a Wrap!

Congratulations to all the teams who competed in the 20th Annual Blue & You Fitness Challenge! More than 75 teams and 3,500 participants completed this year's challenge, which runs March 1 – May 31 annually.

This year's top overall team winners are:

1. LAPS, a friends and family group out of Heber Springs
2. Spin Doctors, a friends and family group from Little Rock
3. The Law Group (of NWA), from Fayetteville

Registration for the 2024 Blue & You Fitness Challenge opens September 1, 2023. For more information on the challenge and its benefits visit <https://blueandyoufitnesschallenge-ark.com>.

Arkansas Blue Cross and Blue Shield is excited to continue its collaboration with the Arkansas Department of Health and the Arkansas Department of Human Services to bring this health initiative to our communities each year.

