PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDEMENT	EFFECTIVE DATE	LINK TO FULL POLICY
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)	2015002	Restricted coverage for Liquid ctDNA based testing for NSCLC updated. 0037U added with restricted coverage.  Liquid (ctDNA) based testing (FoundationOne CDx [0037U], FoundationOne Liquid CDx [0239U], Guardant360 CDx [0242U], InVisionFirst Lung test [0388U]) meets member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness for individuals with pathologically confirmed locally advanced (stage IIIb), recurrent, or metastatic non-small cell lung cancer (NSCLC) when ALL of the following criteria are met:  • There is insufficient tumor tissue available for NGS-based somatic profiling or for whom tissue biopsy is unsafe or considered infeasible due to the individual's clinical condition AND  • No prior NGS-based somatic profiling test has previously been performed for this pathological diagnosis of NSCLC AND  • The test is being used to provide genetic information related to the current set of actionable mutations recognized by ASCO guidelines to inform management at diagnosis or treatment progression on or after chemotherapy or immunotherapy	No	03/01/2026	https://secure.arkansas bluecross.com/member s/report.aspx?policyNu mber=2015002
Tonic Motor Activation (TOMAC) for Restless Legs Syndrome	2025035	New Policy of Non-Coverage for Tonic motor activation (TOMAC) as a treatment for restless legs syndrome refractory to medication.	No	03/01/2026	https://secure.arkansas bluecross.com/member s/report.aspx?policyNu mber=2025035