Arkansas BlueCross BlueShield
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PROVIDERS' NEWS

June 2021

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2019 & 2020 plan year HHS ACA risk adjustment data validation (RADV) / initial validation audit (IVA)

The Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health & Human Services (HHS) requires all organizations participating in the Health Insurance Marketplace/Exchange to comply with the Affordable Care Act HHS Commercial RADV Initial Validation Audit (IVA) program by submitting complete and accurate ICD-10 diagnostic data to CMS for beneficiaries enrolled in an individual and/or small-group health plan. Due to COVID-19, the 2019 plan year audit was delayed until 2021 resulting in two audits to be conducted during 2021. The audits apply only to claims related to the Marketplace/Exchange.

To comply with program requirements, our partner Cognisight has begun conducting the retrieval of randomly selected patient charts on our behalf. If you are contacted to assist in the chart-retrieval process, we appreciate your cooperation and prompt attention to fulfill these requests in a timely manner. This process began in March and will continue thru July for the 2019 plan year. In September, the chart retrieval process will begin for services provided during the 2020 calendar year.

If you have any questions regarding any portion of this process, contact your Arkansas Blue Cross and Blue Shield network development representative at your respective regional office.

Thank you for your ongoing partnership to improve the health of your patients and our members in compliance with CMS-HHS guidelines/regulations.

AIM Specialty Health® scope expanding to cancer care

Notice of material amendment

AIM Specialty Health® providing medical & radiation oncology pre-service review

Arkansas Blue Cross and Blue Shield and Health Advantage's fully insured health plans are adding **medical oncology** and **radiation oncology** to the specialties served by AIM Specialty Health®, effective **August 1, 2021**.

AIM works with leading insurers and providers, through evidence-based practice initiatives, to improve healthcare quality and manage costs for today's most complex and prevalent tests and treatments, helping to promote care that is appropriate, safe and affordable.

Each of our self-funded health plans also will be given the opportunity to participate, if they elect to do so.

The addition of these two programs **will not affect** treatment plans initiated **before** August 1, 2021.

Medical oncology program

This new program is a pre-service review program that requires healthcare providers to request prior authorization for therapeutic and supportive medical oncology drugs. It also enables the review of cancer treatment regimens against evidence-based, optimal cancer treatment regimens, while simultaneously ensuring prescribed regimens are aligned with Arkansas Blue Cross and Blue Shield coverage criteria.

AIM Cancer Treatment Pathways (which are based on medical evidence and best practices developed with leading cancer experts) offer support in identifying highly effective therapies that often are more affordable. More specific than guidelines, they identify treatments based on clinical efficacy, toxicity profiles and cost. Pathway regimens in this program include evidence drawn from:

- Peer-reviewed, published research
- Expert consensus statements and guidelines from professional organizations, including:
    - American Society of Clinical Oncology (ASCO)
    - American Society of Hematology (ASH)
    - National Comprehensive Cancer Network (NCCN)
- Federal government agencies, including:
    - Food & Drug Administration (FDA)
    - National Cancer Institute (NCI)

Medical oncology pre-service review requirements

For medical oncology treatments scheduled to begin **August 1, 2021, or later**, all providers must contact AIM to obtain pre-service review of injected and infused cancer drugs, including chemotherapies, biological therapies, and supportive agents for nonemergency, outpatient medical oncology services.

Note: *Medical oncology services provided in an **inpatient** hospital setting and for services provided for **nonmalignant diagnoses** are **not part** of the AIM program.*

Radiation oncology program

This new program reviews certain treatment plans against clinical appropriateness criteria to help ensure that care aligns with established evidence-based medicine. To request a review, providers should contact AIM for pre-service review for the radiation oncology modalities and services as noted below.

Radiation oncology pre-service review requirements

For radiation oncology treatment plans scheduled to begin **August 1, 2021, or later**, all providers must contact AIM to obtain pre-service review for the following nonemergency, outpatient radiation oncology modalities:

- Brachytherapy
- Proton beam therapy
- Intensity-modulated radiation therapy (IMRT)
- Intraoperative radiation therapy (IORT)
- Selective internal radiation therapy (SIRT)
- Stereotactic body radiotherapy (SBRT)
- Stereotactic radiosurgery (SRS)

Review services are also included for:

- Fractionation in bone metastases, non-small cell lung cancer and breast cancer when requesting external beam radiation therapy (EBRT) and intensity-modulated radiation therapy (IMRT)
- Image-guided radiation therapy (IGRT)
- Radiopharmaceuticals (Zevalin, Xofigo, Lutathera, Azedra, Quadramet, Metastron and Sodium Iodide 131)
- Special procedures and consultations associated with treatment planning (CPT® codes 73370 and 77470)

Note: *Radiation oncology performed as part of an **inpatient** admission is **not part** of the AIM program.*

How to request prior authorization from AIM

Starting July 17, 2021, submit your request for treatments planned to begin **August 1, 2021, or later**:

- On the AIM ProviderPortal℠ at https://www.providerportal.com/ or by calling AIM at **866-688-1449** 7 a.m.-7 p.m. (CST), Monday-Friday.

As always, if you have questions, please feel free to reach out to your provider network representative.

AIM cancer care program authorization webinar

We are hosting a series of webinars designed for providers and office staff who will be requesting authorization for outpatient cancer care.
At the webinar you will learn:

- How the program and authorization request process work
- Which members and services will require authorization
- About S-code reimbursement
- How to use the AIM *Provider*Portal[SM] to enter requests (demo of the tool)

We will also provide additional resources and leave time for questions.

How to access the webinars
To join by web, click the Meeting link for each session you would like to attend, or join via phone.

Medical Oncology	
Thursday, July 8, 2021, noon – 1 p.m. CST	**Join the Meeting** **Meeting password: AIMS** **Join by phone : 203-607-0564** **Meeting number (access code): 161 620 8978**
Thursday, July 15, 2021, noon – 1 p.m. CST	**Join the Meeting** **Meeting password: AIMS** **Join by phone : 203-607-0564** **Meeting number (access code): 161 533 9329**
Thursday, July 22, 2021, noon – 1 p.m. CST	**Join the Meeting** **Meeting password: AIMS** **Join by phone : 203-607-0564**

	Meeting number (access code): 161 646 0520
Wednesday, August 4, 2021, 9 – 10 a.m. CST	**Join the Meeting** **Meeting password: AIMS** **Join by phone : 203-607-0564** **Meeting number (access code): 161 708 9255**
Radiation Oncology	
Thursday, July 8, 2021, 9 – 10 a.m. CST	**Join the Meeting** **Meeting password: AIMS** **Join by phone : 203-607-0564** **Meeting number (access code): 161 780 4978**
Friday, July 16, 2021, noon – 1 p.m. CST	**Join the Meeting** **Meeting password: AIMS** **Join by phone : 203-607-0564** **Meeting number (access code): 161 454 5088**
Friday, July 23, 2021, noon – 1 p.m. CST	**Join the Meeting** **Meeting password: AIMS** **Join by phone : 203-607-0564** **Meeting number (access code): 161 053 2804**
Thursday, August 5, 2021, noon – 1 p.m. CST	**Join the Meeting** **Meeting password: AIMS** **Join by phone : 203-607-0564** **Meeting number (access code): 161 830 4374**

Availity® transition: eligibility edits in Availity

We previously notified providers of an increase in the level of editing and validation of information submitted on claims with the change to Availity. Providers were reminded of the importance of submitting claims with a valid member name, alpha numeric prefix and suffix that can be obtained through verification of eligibility through the Availity portal or (270/271) eligibility verification.

Eligibility edits apply to both paper and electronic claims. To help prevent claim rejections, providers should obtain verification of eligibility and benefits at each visit and ensure the patient's record is updated in your practice system. If any of the information is missing or not able to be validated, the claim will reject back to the provider for correction. Providers can view the latest updates related to edit implementation dates and other Availity transition news in the Availity Payer Space under News & Announcements.

Bryce Corporation & Windstream to implement prior approval requirements*

Bryce Corporation and Windstream, two clients of BlueAdvantage Administrators of Arkansas, have implemented similar prior approval (PA) programs effective June 1, 2021.
Both clients require PA for certain outpatient surgeries to include the following:

- Neurostimulators
- Bone stimulators
- Gastric restrictive surgery and gastric stimulators
- Breast reduction surgery
- Cochlear implants
- Joint and spine surgery
- Facial reconstructive surgery

Bryce Corporation also requires PA for durable medical equipment (DME) over $1500.
Windstream requires PA for genetic testing.

It is the providers responsibility to verify and/or make certain the service/procedure requires PA and that a PA is obtained.

Please note: Failure to obtain a PA could result in the denial of the claim or a member penalty. Providers will be financially responsible and cannot balance bill the member (held harmless) for their failure to obtain prior approval.

Please direct any questions regarding prior approval to BlueAdvantage Administrators of Arkansas Customer Service at 1-888-872-2531.

**This is an update from the March 2021 Providers' News article.*

Coverage Policy manual updates

Since March 2021, 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 our website at arkansasbluecross.com.

Policy ID	Policy Name
1997036	Cognitive Rehabilitation
1997113	Immune Globulin, Intravenous and Subcutaneous
1997210	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy Gamma Knife Surgery, Linear Accelerator, Cyberknife, TomoTherapy
1997254	Vacuum Assisted Closure Device
1998001	Brachytherapy, Prostate, Low-dose Rate
1998039	Temporomandibular Joint Dysfunction
1998107	Transplant, Heart
1998109	Chimeric Antigen Receptor Therapy for Hematologic Malignancies (CAR-T)
1998118	Surgery for Morbid Obesity
1998154	Electrical Stimulation, Transcutaneous Electrical Nerve Stimulator
1998158	Trastuzumab AND Trastuzumab and Hyaluronidase-oysk
1998161	Infliximab
2000002	PET or PET/CT for Non-Hodgkin's Lymphoma
2000048	HDC & Autologous Stem &/or Progenitor Cell Support-Ewing's Sarcoma
2000049	HDC & Hematopoietic Stem Cell Support-Miscellaneous Solid Tumors in Adults
2000057	Extracorporeal Shock Wave Therapy for Plantar Fasciitis and Other Musculoskeletal Conditions
2001034	HDC & Autologous Stem &/or Progenitor Cell Support-Solid Tumors of Childhood
2001036	PET or PET/CT for Breast Cancer

Policy ID	Policy Name
2001039	PET or PET/CT for Neuroendocrine Tumors
2002008	Wireless Capsule Endoscopy as a Diagnostic Technique in Disorders of the Small Bowel, Esophagus and Colon
2002009	Phototherapy for Psoriasis
2002011	Brachytherapy, Breast
2002015	PET or PET/CT for Carcinoma of Unknown Primary (CUP)
2003015	Intensity Modulated Radiation Therapy (IMRT)
2004024	PET or PET/CT for Thyroid Cancer
2004030	Bone Morphogenetic Protein
2004034	Screening for Vertebral Fracture with Dual X-ray Absorptiometry (DEXA)
2005007	PET or PET/CT for Cervical Cancer
2005026	Electrostimulation and Electromagnetic Therapy for the Treatment of Wounds
2005033	PET or PET/CT for Primary Central Nervous System Cancer (Malignant Brain and Spinal Cord Tumors)
2006011	Microprocessor-Controlled Prostheses for the Lower Limb
2006016	Rituximab (Rituxan)
2006019	Brachytherapy, Prostate, High-Dose Rate Temporary
2006028	Homocysteine Measurement
2006030	Balloon Ostial Dilation (Balloon Sinuplasty)
2008026	Digital Imaging for the Detection of Diabetic Retinopathy
2009015	Golimumab (Simponi® and Simponi Aria®)
2009044	Vagus Nerve Stimulation
2010017	Aqueous Shunts and Devices for Glaucoma
2011002	Positron Emission Mammography (PEM)
2011010	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: SERUM LIPIDS SCREENING AND STATIN USE FOR THE PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE
2011017	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: BREAST CANCER PREVENTIVE MEDICATION
2011021	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: CERVICAL CANCER AND HUMAN PAPILLOMAVIRUS (HPV) SCREENING
2011038	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: GONORRHEA SCREENING IN WOMEN and ADOLESCENTS
2011055	HDC & Allogeneic Stem &/or Progenitor Cell Support-Solid Tumors of Childhood
2011060	Biomarker Test & Auto-antibody Testing for Monitoring Disease Activity in Rheumatoid Arthritis (Vectra DA, AVISE Anti-CarP)
2011066	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OVERVIEW
2011069	PET or PET/CT for Anal Carcinoma
2011074	PET or PET/CT for Gastric Cancer
2011077	Transcatheter Aortic Valve Implantation
2012003	Genetic Test: Molecular Markers in Fine Needle Aspirates of the Thyroid
2012005	Genetic Test: Molecular Testing of Tumors for Genomic Profiling as a Therapeutic Guide
2012009	Skin and Soft Tissue Substitutes, Bio-Engineered Products
2012022	PET or PET/CT for Urological Cancers
2012027	PET Scan for Multiple Myeloma, Plasmacytoma
2012035	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: CONTRACEPTIVE USE AND COUNSELING
2012057	PET or PET/CT for Vulvar Carcinoma

Policy ID	Policy Name
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)
2015003	Patient-Actuated Mechanical Devices (Range of Motion & Stretching Devices)
2015007	Laboratory Tests for Chronic Heart Failure and Heart and Kidney Transplant Rejection
2015009	Genetic Test: Next-Generation Sequencing for Cancer Susceptibility Panels and the Assessment of Measurable Residual Disease
2015014	Amniotic Membrane and Amniotic Fluid Injections
2015024	Minimally Invasive Benign Prostatic Hyperplasia (BPH) Treatments
2016002	Genetic Test: Neurofibromatosis
2016003	Omalizumab (Xolair)
2016004	Lab Test: Identification of Microorganisms Using Nucleic Acid Probes
2016009	Blinatumomab (Blincyto)
2016016	Atezolizumab (Tecentriq®)
2016023	Treatments for Duchenne Muscular Dystrophy
2017006	Bevacizumab (Avastin™) for Oncologic Indications
2017019	Molecular Testing in the Management of Pulmonary Conditions
2018002	Chemodenervation, Botulinum Toxins
2018009	Benralizumab (Fasenra)
2018011	PET or PET/CT for Penile Cancer
2018030	Site of Care or Site of Service Review
2019005	Pembrolizumab (KEYTRUDA®)
2019007	Electrical Stimulation, Advanced Transcutaneous Electrical Stimulation (Interferential Current Stimulation, Electrical Stimulation Treatment, Combined Electrical Stimulation Treatment, H-Wave Electrical Stimulation)
2020005	Self-Administered Medication
2020008	Isatuximab-irfc (Sarclisa®)
2020021	Pertuzumab, trastuzumab and hyaluronidase-zzxf (PHESGO™)
2020023	Bimatoprost (Durysta™)
2020029	Covid-19 Monoclonal Antibody Therapy
2021001	Lurbinectedin (ZepzelcaTM)
2021002	Enfortumab Vedotin-ejfv (PadcevTM)
2021003	Carfilzomib (KyprolisTM)
2021004	PET or PET/CT for Cancer Surveillance and Other Oncologic Applications
2021005	Tafasitamab-cxix (Monjuvi)
2021006	Satralizumab-mwge (Enspryng™)
2021007	Levoleucovorin Agents (Fusilev) and (Khapzory)
2021008	Moxetumomab pasudotox-tdfk* (LUMOXITI)
2021009	Romidepsin (ISTODAX)
2021010	Mogamulizumab- kpkc (Poteligeo)
2021011	Eribulin mesylate (HALAVEN)
2021012	Mitomycin Gel (JELMYTO)
2021013	Cabazitaxel (JEVTANA)
2021014	Siltuximab (SYLVANT)
2021015	Ofatumumab (Arzerra)
2021016	Genetic Test: Germline Genetic Testing for Pancreatic Cancer Susceptibility Genes
2021017	Naxitamab-gqgk (Danyelza)
2021018	Irinotecan liposomal (Onivyde)
2021019	Obinutuzumab (Gazyva)

Policy ID	Policy Name
2021020	Polatuzumab Vedotin-piiq (Polivy)
2021021	Omacetaxine (Synribo)
2021022	Trabectedin (Yondelis)
2021024	White Blood Cell Growth Factors (Colony Stimulating Factors)
2021025	Margetuximab-cmkb (MARGENZA)
2021026	Melphalan Flufenamide (Pepaxto)
2021027	Evinacumab-dgnb (Evkeeza)

External insulin infusion pumps – reminder*

Criteria for coverage of external insulin infusion pumps was revised as of February 1, 2021. The V-GO disposable insulin pump including supplies, previously addressed in the ABCBS Pharmacy benefit, is no longer covered based on Arkansas coverage policy 1998026.

**Notification previously published in December 2020 Providers' News and on AHIN.*

Medical specialty medications prior approval update

On April 1, 2018, Arkansas Blue Cross and Blue Shield and its family of companies 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 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	Indication	Benefit
Adakveo	Sickle cell disease	Medical
(crizanlizumab-tcma)		
Aldurazyme	MPS I	Medical
(laronidase)	Hurler syndrome	
Berinert	Hereditary angioedema	Medical
(c1 esterase, inhib, human)		
Breyanzi	Large B-cell lymphoma	Medical
(lisocabtagene maraleucel)		
Brineura	CLN2 disease	Medical
(ceroliponase alfa)		
Cablivi	Thrombocytic thrombocytopenia	Medical & Pharmacy
(caplacizumab-yhdp)		
Cinqair	Severe asthma	Medical
(reslizumab)		
Cinryze	Hereditary angioedema	Medical
(c1 Esterase, inhib, human)		
Crysvita	Hypophosphatemia	Medical & Pharmacy
(burosumab – twza)	Tumor induced 12steomalacia	
Duopa	Parkinson’s	Medical
(levodopa-carpidopa intestinal gel)		
Durysta	Open-angle glaucoma	Medical
(bimatoprost)	Ocular hypertension	
Elaprase	MPS II	Medical
(idursulfase)	Hunter syndrome	
Elzonris	BPDCN	Medical
(tagraxifusp-erzs)		
Enspryng	NMOSD	Medical & Pharmacy
(satralizumab-mwge)		

Evenity	Severe Osteoporosis	Medical
(romosozumab-aqqg)		
Evkeeza	Homozygous familial hypercholesterolemia	Medical
(evinacumab-dgnb)		
Fabrazyme	Fabry disease	Medical
(agalsidase beta)		
Fasenra	Mod to severe asthma	Medical & Pharmacy
(benralizumab)		
Firazyr	Hereditary angioedema	Pharmacy
(icatabant acetate)		
Gamifant	Hemophagocytic lymphohistiocytosis	Medical
(emapalumab-lzsg)		
Givlaari	Acute hepatic porphyria	Medical
(givosiran)		
Haegarda	Hereditary angioedema	Pharmacy
(c1 esterase, inhib, human)		
Ilaris	Periodic fever syndrome	Medical & Pharmacy
(canakinumab)	Still's disease	
Kalbitor	Hereditary angioedema	Medical & Pharmacy
(ecallantide)		
Krystexxa	Gout	Medical
(pegloticase)		
Kymriah	Cancers	Medical
(tisagenlecleucel)		*Reviewed by Transplant Coordinator
Lemtrada	Multiple Sclerosis	Medical
(alemtuzumab)		
Lumizyme	Pompe Disease	Medical
(alglucosidase alfa)		

Lutathera	Neuroendocrine tumors	Medical
(lutetium Lu 177 Dotatate)		
Mepsevii	MPS VII	Medical
(vestronidase-Alfa)	Sly syndrome	
Myalept	Lipodystrophy	Pharmacy
(metreleptin)		
Nagalzyme	MPS VI	Medical
(galsulfase)	Maroteaux-Lamy syndrome	
Nucala	Mod to severe asthma	Medical & Pharmacy
(mepolizumab)	Hypereosinophilic syndrome	
Ruconest	Hereditary angioedema	Medical
(c1 esterase, inhib, recombinant)		
Soliris	PNH	Medical
(eculizumab)	aHUS	
	Myasthenia Gravis	
	NMOSD	
Spinraza	Spinal muscle atrophy	Medical
(nusinersen)		
Spravato	Treatment resistant depression	Pharmacy
(esketamine)	Major depressive disorder with suicidality	
Strensiq	Hypophosphatasia	Pharmacy
(asfotase alfa)		
Takhzyro	Hereditary angioedema	Pharmacy
(lanadelumab)		
Tecartus	Mantle cell lymphoma	Medical
(brexucabtagene autoleucel)		
Tepezza	Thyroid eye disease	Medical
(teprotumumab)		
Ultomiris	PNH	Medical
(ravulizumab-cwyz)		

Uplizna	Neuromyelitis optica spectrum disorder	Medical
(inebilizumab)		
Vimizim	MPS IV	Medical
(elosulfase alfa)	Morquio A	
Yescarta	Cancers	Medical
(axicabtagene ciloleucel)		*Reviewed by Transplant Coordinator
Xolair	Mod to severe asthma	Medical & Pharmacy
(omalizumab)	Urticaria	
Zolgensma	Spinal muscle atrophy	Medical
(onasmnogene abeparvovec-XIOI)		
Zulresso	Postpartum depression	Medical
(brexanolone)		

For more information on how to submit a request for prior approval of one of these medications, call the appropriate customer service phone number on the back of the member ID card.

Customer service will direct callers to the prior approval form specific to the member's group. BlueAdvantage members can find the form at the following link: https://www.blueadvantagearkansas.com/providers/forms.aspx.

For all other members, the appropriate prior approval form can be found at the following link: https://www.arkansasbluecross.com/providers/resource-center/provider-forms.

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.

Metallic formulary changes effective July 1, 2021

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.

Drugs no longer covered

Product/Drug Label Name	Formulary Alternatives
CARISOPRODOL 250 mg	USE carisoprodol 350mg tablet, chlorzoxazone 500mg tablet, cyclobenzaprine 5mg, 10mg tablets, metaxalone 800mg tablet, methocarbamol tablet, orphenadrine ER tablet
AMITIZA	Brand drug no longer covered; use generic form of the drug.
TRUVADA	Brand drug no longer covered; use generic form of the drug.
ALINIA	Brand drug no longer covered; use generic form of the drug.
SKLICE	Brand drug no longer covered; use generic form of the drug.
SAPHRIS	Brand drug no longer covered; use generic form of the drug.
ZOMIG	Brand drug no longer covered; use generic form of the drug.
ZYTIGA	Brand drug no longer covered; use generic form of the drug.

Standard formulary changes effective July 1, 2021

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.

Product/Drug Label Name	Change	Formulary Alternatives
AZASITE SOL 1% OP	Drug No Longer Covered	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE
BROMSITE DRO 0.075%	Drug No Longer Covered	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA
CARISOPRODOL TAB 250MG	Drug No Longer Covered	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
CELEBREX CAP 200MG	Drug No Longer Covered	celecoxib, diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
CILOXAN OIN 0.3% OP	Drug No Longer Covered	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE
COMPLETE NAT PAK DHA	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
CONCEPT DHA CAP	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
CRESEMBA CAP 186 MG	Drug No Longer Covered	itraconazole
ELMIRON CAP 100MG	Drug No Longer Covered	Consult doctor
FERPRX 2-DAY TAB 1000MG	Drug No Longer Covered	deferasirox, deferiprone, deferoxamine
FIRAZYR INJ 30MG/3ML	**Drug Moving to a Higher Tier**	icatibant, RUCONEST
FLAREX SUS 0.1% OP	Drug No Longer Covered	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
FML FORTE SUS 0.25% OP	Drug No Longer Covered	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
HALCINONIDE CRE 0.1%	Drug No Longer Covered	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
INVELTYS SUS 1%	Drug No Longer Covered	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
INVIRASE TAB 500MG	Drug No Longer Covered	atazanavir, EVOTAZ, PREZCOBIX, PREZISTA

JADENU TAB 360MG	Drug No Longer Covered	deferasirox, deferiprone, deferoxamine
KALETRA TAB 200-50MG	**Drug Moving to a Higher Tier**	atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA
KUVAN POW 100MG	Drug No Longer Covered	sapropterin
LASTACAFT SOL 0.25% OP	Drug No Longer Covered	azelastine, cromolyn sodium, olopatadine
MAXIDEX SUS 0.1% OP	Drug No Longer Covered	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
METHYLPHENID TAB 18MG ER	Drug No Longer Covered	amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), dexmethylphenidate ext-rel, methylphenidate ext-rel (excluding certain NDCs), MYDAYIS, VYVANSE
METHYLPHENID TAB 27MG ER	Drug No Longer Covered	amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), dexmethylphenidate ext-rel, methylphenidate ext-rel (excluding certain NDCs), MYDAYIS, VYVANSE
METHYLPHENID TAB 36MG ER	Drug No Longer Covered	amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), dexmethylphenidate ext-rel, methylphenidate ext-rel (excluding certain NDCs), MYDAYIS, VYVANSE
METHYLPHENID TAB 54MG ER	Drug No Longer Covered	amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), dexmethylphenidate ext-rel, methylphenidate ext-rel (excluding certain NDCs), MYDAYIS, VYVANSE
NATURE-THROI TAB 1.5GR	Drug No Longer Covered	levothyroxine, liothyronine, SYNTHROID
NATURE-THROI TAB 1/2GR	Drug No Longer Covered	levothyroxine, liothyronine, SYNTHROID
NATURE-THROI TAB 1GR	Drug No Longer Covered	levothyroxine, liothyronine, SYNTHROID
NEO-SYNALAR CRE	Drug No Longer Covered	desonide or hydrocortisone with gentamicin
NEVANAC SUS 0.1% OP	Drug No Longer Covered	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA
NOXAFIL TAB 100MG	Drug No Longer Covered	fluconazole, itraconazole
OB COMPLETE CAP ONE	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
OB COMPLETE CAP PETITE	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
PNV TABS TAB 29-1MG	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
PRED MILD SUS 0.12% OP	Drug No Longer Covered	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
PRENA1 PEARL CAP	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL

PRENAT PLUS TAB 27-1MG	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
PRENATAL VIT TAB LOW IRON	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
PRENATAL-U CAP 106.5-1	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
PRENATE CAP PIXIE	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
PRENATE MINI CAP	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
PRENATE TAB ELITE	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
PREPLUS TAB 27-1MG	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
PRETAB TAB 29-1MG	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
RYTARY 23.75 CAP 95	Drug No Longer Covered	carbidopa-levodopa, carbidopa-levodopa ext-rel
RYTARY 36.25 CAP 145	Drug No Longer Covered	carbidopa-levodopa, carbidopa-levodopa ext-rel
RYTARY 48.75 CAP 195	Drug No Longer Covered	carbidopa-levodopa, carbidopa-levodopa ext-rel
RYTARY 61.25 CAP 245	Drug No Longer Covered	carbidopa-levodopa, carbidopa-levodopa ext-rel
SEASONIQUE TAB	Drug No Longer Covered	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron
SE-NATAL 19 CHW	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
SE-NATAL 19 TAB	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
TARON-C DHA CAP	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
THEO-24 CAP 100MG ER	Drug No Longer Covered	ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
THEO-24 CAP 400MG ER	Drug No Longer Covered	ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
THIOLA EC TAB 300MG	Drug No Longer Covered	Consult doctor
TOBRADEX ST SUS 0.3-0.05	Drug No Longer Covered	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT
TRINATAL RX TAB 1	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL

VIRT-PN DHA CAP	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
VITAFOL CAP ULTRA	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
VITAFOL-NANO TAB	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
VITAFOL-ONE CAP	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
VOL-PLUS TAB	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
VP-PNV-DHA CAP	Drug No Longer Covered	generic prenatal vitamins, CITRANATAL
ZERVIATE DRO 0.24% OP	Drug No Longer Covered	azelastine, cromolyn sodium, olopatadine
ZOLPIDEM SUB 3.5MG	Drug No Longer Covered	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA

Standard formulary drugs added

ACCU-CHEK AVIVA PLUS
ACCU-CHEK COMPACT PLUS
ACCU-CHEK SMARTVIEW STRIPS AND KITS
NATESTO GEL
PROLENSA
TRULANCE

Arkansas School & State / Public School Employees and Arkansas State University System medical plan audits

Effective September 6, 2021, the Employee Benefits Division and Arkansas State University System will have third party audits of medical claims conducted by US Beacon / 4C Health Solutions, Inc. (“USB/4C”). Audits will include any claims from all provider types/specialties that reach an in-network billed charge threshold of $10,000.

Health Advantage / BlueAdvantage Administrators of Arkansas (HA / BAAA) will assist USB/4C with audit inquires per request. This process will require providers to submit an itemized bill for review. HA /BAAA will send notification of request for an itemized bill for pre-payment review, after which, USB/4C will conduct their audit review and notify providers of the results. The notification from USB/4C will include details regarding the audit along with the appeals process and contact information for questions.

This is a requirement from the Employee Benefits Division and Arkansas State University System group administrators and should be considered a formal contractual change notification.

Medicare Advantage

Prior authorization update

Notice of material amendment to the Arkansas Blue Medicare and Health Advantage Medicare Advantage HMO healthcare contracts

A new set of Healthcare Common Procedure Coding System ("HCPCS") codes has been released by Centers of Medicare and Medicaid Services ("CMS") and, per the current Medicare Advantage Prior Authorization process, each new HCPCS code has been reviewed to determine which codes are in scope of our Durable Medical Equipment management program.

Effective September 1, 2021, eviCore healthcare, on behalf of the Arkansas Blue Medicare and Health Advantage Medicare Advantage plans, will be adding additional prior authorization requirements to the Durable Medical Equipment ("DME") services listed below. Specific member benefit information can be found by visiting Availity.

These changes affect services provided to members of the following Medicare Advantage plans:

- BlueMedicare Premier HMO
- Health Advantage Blue Premier HMO
- Health Advantage Blue Classic HMO
- BlueMedicare Saver Choice PPO
- BlueMedicare Value Choice PPO
- BlueMedicare Premier Choice PPO

Durable Medical Equipment

Effective September 1, 2021, the following new HCPCS codes will require a prior authorization:

- HCPCS Code K1014 – (Prosthetic Knee) Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
- HCPCS Code K1015 - Foot, adductus positioning device, adjustable

How to receive prior authorization:
Providers may obtain prior authorization by calling eviCore healthcare at 1-866-220-4699, option 1, then 4 for DME, or visit their website at https://www.evicore.com/provider. Call center hours of operation are Monday through Friday, 7 a.m. to 7 p.m. CST, Saturday 8 a.m. to 4 p.m. CST, and Sunday 8 a.m. to 1 p.m.

Updates for Radiation Oncology Clinical Guidelines effective August 1, 2021

EviCore healthcare has completed the annual review process for the Radiation Oncology Clinical guidelines. Please note there are **no changes to the managed list of CPT codes** requiring prior authorization. The following updates to the Radiation Oncology guidelines impact the current clinical decision making and apply to:

1. Neutron beam therapy will no longer be considered medically necessary for salivary gland cancers.
2. Proton beam therapy:
    - Updated to include Stage II non-small cell lung cancer.
    - Updated group 2 to include prostate cancer.
3. Cancer of the adrenal gland:
    - Included Intensity Modulated Radiation Therapy (IMRT) in the adjuvant curative setting.
    - Decreased the number of fractions for palliative treatment from 20 to 15 and removed Intensity Modulated Radiation Therapy (IMRT).
4. Bladder cancer:
    - Pre-operative radiation not medically necessary.
    - Decreased palliative fractions to 15.
5. Kidney cancer:
    - Decreased palliative fractions to 15.

6. Non-small cell lung cancer:
    - Added hypofractionated 3D conformal radiation therapy as a medically necessary regimen for Stage I or node-negative Stage IIA early stage.
7. Rectal cancer:
    - Fraction number changed from "up to 30" to "25 to 28."
    - Decreased maximum number of fractions for palliative treatment to 15 and added option of 5 fractions.
8. Small cell lung cancer:
    - Added Stereotactic Body Radiotherapy ("SBRT") as a medically necessary technique in stage I or node-negative Stage IIA limited stage disease.
    - Added 3DCRT hypofractionation as a medically necessary regimen option for Stage I or node-negative Stage IIA limited stage disease.
9. Urethral cancer and upper genitourinary tract tumors:
    - Decreased fractions for palliative treatment of urethral cancer and upper genitourinary to 15.

Updates for Radiology Clinical Guidelines effective September 1, 2021

EviCore healthcare has completed the annual review process for the Radiology Clinical Guidelines. Please note there are **no changes to the managed list of CPT codes** requiring prior authorization. The following updates to the Radiation Oncology guidelines impact the current clinical decision making and due to the high volume of material changes the following list does not include changes where an increase in approvals is likely. The material changes referenced below could impact adverse decisions:

1. General Imaging
    - Clinical trials, imaging requested for clinical trial, which is inconsistent with established clinical standards, or is requested for data collection and not used in direct clinical management are not supported.
    - Acute/persistent (non-chronic) lower abdominal pain, updated imaging recommendations and criteria for both right and left lower quadrant abdominal pain.
    - Percutaneous gastrostomy, new section addressing imaging for PEG, including preoperative assessment and suspected complications.
    - Bloating, gas, and distention added section to address management strategies for addressing bloating.
    - Chronic diarrhea, updated criteria for approval of advanced imaging, and removed prerequisite of negative colonoscopy.

- Exocrine pancreatic insufficiency, new section with criteria for advanced imaging of suspected pancreatic insufficiency.
- Asymptomatic elevation of pancreatic enzymes, new section with criteria for advanced imaging of asymptomatically elevated pancreatic enzymes.
- Hematuria with urinary tract infection (UTI), removed allowance of advanced imaging in this section. Criteria now states treatment for UTI, repeat urinalysis, and risk-based evaluation.
- Asymptomatic hematuria, criteria stratified into low, intermediate, or high risk and updated imaging studies that may be approved accordingly.
- Hepatic arteries and veins, added criteria for follow up of PVT.
- Liver elastography, added additional criteria for MRE.

2. Head imaging
   - Dementia – PET, added components needed prior to PET imaging.
   - Headache non-indications, clarification of imaging.
   - Sensory/weakness complaints, section was renamed and rewritten.
   - Transcranial Magnetic Stimulation (TMS), subsection renamed and has new content.

3. MSK imaging
   - Ankle, removed option of MRI ankle with contrast (arthrogram) and CT ankle with contrast (arthrogram) from suspected osteochondral injury imaging.

4. Oncology imaging
   - Non-small cell lung cancer – restaging/recurrence, removed indication for determining resectability following neo-adjuvant therapy.
   - Pancreatic cancer – Initial work-up/staging, added additional criteria to be met for PET/CT after NED conventional imaging.
   - Bronchopulmonary or thymic carcinoid – initial staging, removed option of MRI pelvis without and with contrast from initial diagnosis.
   - Renal cell cancer (RCC) – initial workup/staging, removed criteria "IL-2 therapy being considered."
   - Anal carcinoma – surveillance, separated criteria into various stages of disease with separate approvable studies and timeframes.

5. Pelvis imaging
   - Abnormal uterine bleeding (AUB)
     - Clarification that advanced imaging is not indicated for AUB.
     - Clarification that MRI not indicated for AUB and links added.

- Complex adnexal masses, clarification of complex cyst.
- Leiomyomata, clarification and information added for content consistency.
- Male pelvic disorders, clarification that pre procedure imaging is not indicated prostate artery embolization.

6. PND imaging
   - Fasciculations, new subsection on fasciculations

Prior authorization fax change

Effective January 1, 2021, Arkansas Blue Medicare and Health Advantage Medicare Advantage HMO removed the prior authorization process from Blue Cross and Blue Shield of Michigan (also referred to as "Advantasure") and implemented a new, in-house utilization management program. Although providers received notice of this change prior to the implementation and after the transition was completed, faxes are still being misrouted to Advantasure in error, which can result in a delay in care for the members. The former Advantasure Prior Authorization fax (1-844-869-4073) number has now been disconnected. Any new requests need to be sent using the following priority fax numbers:

Standard Requests – Fax: 1-816-313-3014
Expedited Requests – Fax: 1-816-313-3013

Resource: The 2021 Medicare Advantage Prior Authorization Requests can be found online under the Resource Center – Provider Forms.

Sequestration moratorium extended through 2021

In March 2020, Medicare Advantage Sequestration payment was temporarily removed under the Coronavirus Aid, Relief, and Economic Security (CARES) Act to assist providers with a 2 percent increase in reimbursement during the pandemic.

Given recent legislation, the president signed a bill (H.R. 1868) on April 14 to extend the temporary 2 percent Medicare Sequester moratorium through the end for the year (extended from March 31, 2021 to December 31, 2021). Arkansas Blue Medicare and Health Advantage Medicare Advantage HMO plans will follow suit and continue to cease the sequestration reduction from all claims per the current federal guidelines.

BlueCross BlueShield Federal Employee Program

HEDIS® Measures Coding Reference Sheet

Comprehensive Diabetes Care Measure (CDC)

This measures the percentage of members 18-75 years of age with diabetes who have had Hemoglobin A1C testing, Hemoglobin A1C control, retinal exam, medical attention for nephropathy and blood pressure control.

To Improve Your Score:

- ✓ **CPT CAT II codes are available for coding HbA1C levels (see table below). Coding in a claim is equivalent to results from a lab for HEDIS.**
- ✓ **Order labs prior to patient appointments so they are available to code at the visit.**
- ✓ **Bill HbA1c testing if completed in office and ensure HbA1c result and date are documented in the chart and the correct CPT II code is on the claim.**
- ✓ **Adjust therapy to improve HbA1c and BP levels and schedule follow-ups with patients to monitor changes.**
- ✓ **Ensure a dilated eye exam, remote imaging, and fundus photography are read by an eye care professional (optometrist or ophthalmologist).**
- ✓ **Encourage patient to self-monitor their BP at home and follow-up on necessary lifestyle changes,**
- ✓ **Refer patient to a dietitian for dietary education and support (BCBS FEP covers nutritionist visits).**

Code System	Codes	Definition
CPT-CAT-II	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0%
	3046F	Most recent hemoglobin A1c (HbA1c) level greater than 9.0%
	3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%

Strong Starts with the Blue & You Fitness Challenge

Plan now for the 2022 Blue & You Fitness Challenge! The 2021 Challenge just wrapped up and, if you participated, we hope you enjoyed it and are reaping the benefits of better health and wellness. If you missed the Challenge, or have never heard of it, then learn more at blueandyoufitnesschallenge-ark.com! Whether you have participated before or not, we want YOU! We want to help you and your team/group get strong mentally and physically in 2022. The best way to achieve that is to start planning! Strong starts now!

What is the Blue & You Fitness Challenge?

The Fitness Challenge, hosted by Arkansas Blue Cross and Blue Shield, the Arkansas Department of Health and the Arkansas Department of Human Services, is a free three-month fitness competition in which participants exercise and gain points based on their activities. The Challenge begins March 1 of every year and finishes on May 31. Businesses and organizations use the event as part of their wellness programs, while friends and family use the contest as a chance to stay or get fit, infuse new energy into their routines, remain connected and have fun.

The Challenge is simple, and you and your team have so much to gain by joining!
We use Wellable, an interactive health and wellness platform, to easily track activity and measure standings. Our platform includes:

- A point tracking system
- Ability to sync with wearables
- Various team size categories
- Mobile app (for Apple & Android)
- Ability to earn additional points for engaging in healthy behaviors like drinking eight glasses of water, sleeping seven hours, meditating, etc.
- Ability to view team standings in real time
- Free access to a library of on-demand exercise videos

Registration doesn't officially open until January. But if you are interested in joining and want to receive registration reminders, please email info@blueandyoufitnesschallenge-ark.com and include your company/team/group name and contact information.

For more information, call 800-686-2609.

Our offices will be closed Monday, July 5, in observance of Independence Day.