March 2024

PROVIDERS' NEWS

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Good Friday
Friday, March 29

Memorial Day
Monday, May 27

Independence Day
Thursday, July 4

Arkansas
BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

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PROVIDERS' NEWS

What's inside?

Arkansas
BlueCross BlueShield

Arkansas Blue Cross and Blue Shield

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

A9500 Pricing (HCPCS Diagnostic Radiology Code Modifier for Nuclear Medicine Procedures)

As of May 6, 2024, A9500 billed on facility claims (UB-04) will be priced at $0.00 for an outpatient setting. A9500 is a packaged code by Medicare since the corresponding radiology code includes the contrast price. A 90-day notice has been issued on Availity.

Until May 6, 2024, A9500 pricing on a UB-04 will be handled via an invoice submission. If an invoice is unavailable, the cost can be listed on the ANSI. If a claim is submitted with A9500, it will be reviewed and priced according to the cost included on the ANSI. Please be prepared as Arkansas Blue Cross and Blue Shield may request an invoice.

For claims submitted on a 1500, an invoice must be provided for pricing or submitted on the ANSI. Please be prepared as Arkansas Blue Cross may request an invoice.

For further clarification, please contact **providerreimbursement@arkbluecross.com**.

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
1997054	Bone Mineral Density Study
1997066	Treatment of Urinary and Fecal Incontinence
1997113	Immune Globulin, Intravenous and Subcutaneous
1997128	Leuprolide (e.g., Lupron)

Policy ID#	Policy Name
1997195	Sleep Apnea and Other Pulmonary Diseases, Ventilation Support and Respiratory Assist Devices
1998010	Transplant, Small Bowel
1998038	Allergy Immunotherapy
1998068	Scintimammography and Gamma Imaging of the Breast and Axilla
1998102	Transplant, Allogeneic Islet Cell or Pancreas for Diabetes Mellitus
1998104	Transplant, Liver
1998153	Cardiac Event Recorder, Insertable Loop Recorder
1998154	Electrical Stimulation, Transcutaneous Electrical Nerve Stimulator
1998158	Trastuzumab AND Trastuzumab and Hyaluronidase-oysk
1998161	Infliximab (e.g., Remicade and Unbranded Infliximab)
2000034	Hyperhidrosis Treatment
2001011	Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors
2001028	Magnetic Resonance Imaging (MRI), Breast
2002002	Genetic Test: Azathioprine, 6MP Sensitivity,Genotyping & Phenotyping (TPMT) (NUDT15)
2003055	Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric Disorders
2004011	Photodynamic Therapy for Dermatologic Conditions
2004017	Genetic Test: Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer
2004026	MRI-Guided Focused Ultrasound (MRgFUS) Ablation
2005010	Cardiac and Coronary Artery Computed Tomography, CT Derived Fractional Flow Reserve and CT Coronary Calcium Scoring
2005021	Preimplantation Genetic Diagnosis, Testing or Treatment
2005022	Endovascular Stent Grafts for Disorders for the Thoracic Aorta
2006011	Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb
2006016	Rituximab (e.g., Rituxan) and Biosimilars- Oncologic Indications
2006020	Abatacept (e.g., Orencia)
2008004	Optical Coherence Tomography Anterior Eye Segment Imaging
2008010	Certified Nurse Practitioners
2008013	Certified Nurse Midwives
2008014	Physician Assistants
2008015	Clinical Nurse Specialist

Policy ID#	Policy Name
2009015	Golimumab (e.g., Simponi Aria®)
2009019	Diagnosis of Obstructive Sleep Apnea Syndrome (e.g., polysomnography, sleep study)
2010006	Genetic Test: Laboratory and Genetic Testing for Use of 5-Fluorouracil in Patients with Cancer
2010028	Sipuleucel-T (Provenge) for the Treatment of Prostate Cancer
2011040	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: HUMAN IMMUNODEFICIENCY VIRUS (HIV) COUNSELING and SCREENING
2011044	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: DEPRESSION AND ANXIETY SCREENING IN ADOLESCENTS
2011045	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: COLORECTAL CANCER SCREENING
2011053	Autism Spectrum Disorder in Children, Applied Behavioral Analysis
2011066	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OVERVIEW
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 (Including Prosthetic Material)
2012032	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: GESTATIONAL AND POSTPARTUM DIABETES SCREENING
2012046	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: WELL-CHILD VISITS, NEWBORN, INFANT, CHILDREN, ADOLESCENTS & AGES 18-21
2012052	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension
2012066	Genetic Test: Alpha-1 Antitrypsin Deficiency
2013003	Stem Cell Growth Factors, Erythropoiesis-Stimulating Agents (ESAs), Darbepoetin, Epoetin, Methoxy polyethylene glycol (PEG) epoetin-beta
2013005	Treatment of Sacroiliac Joint (SIJ) Pain
2013017	Fecal Microbiota Transplantation for the Treatment of Clostridioides Difficile
2013035	Genetic Test: Whole Exome and Whole Genome Sequencing
2013041	Cardiovascular Risk Panels
2013046	Genetic Test: Testing for the Diagnosis and Management of Mental Health Conditions
2013048	Repository Corticotropin Injection
2014012	Genetic Test: Mitochondrial Disorders
2014014	Pertuzumab (e.g., Perjeta)
2015002	Genetic Test: Somatic Biomarker testing (including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Non-Small-Cell Lung Cancer (EGFR, ALK, BRAF, ROS1, RET, MET, KRAS, HER2, PD-L1, TMB)

Policy ID#	Policy Name
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
2016004	Lab Test: Identification of Microorganisms Using Nucleic Acid Probes
2016018	Natalizumab (e.g., Tysabri)
2016024	Gender Affirming Surgery
2017006	Bevacizumab (e.g., Avastin™) for Oncologic Indications
2017012	Nab-Paclitaxel (e.g., Abraxane™)
2017020	Pemetrexed (e.g., Alimta)
2017032	Orthopedic Implants
2018002	Chemodenervation, Botulinum Toxins
2018004	Letermovir (e.g., Prevymis)
2018030	Site of Care or Site of Service Review
2020003	Tafamidis (e.g., Vyndamax)
2020005	Self-Administered Medication
2020012	Tagraxofusp-erzs (e.g., Elzonris)
2020022	Tocilizumab (e.g., Actemra™)
2021005	Tafasitamab-cxix (e.g., Monjuvi)
2021024	White Blood Cell Growth Factors (Colony Stimulating Factors)
2021028	Ustekinumab (e.g., Stelara)
2021032	Lumasiran (e.g., Oxlumo)
2021033	Belimumab (e.g., Benlysta)
2021034	Rituximab (e.g., Rituxan) and Biosimilars – Non-Oncologic Indications
2022012	Anifrolumab-fnia (e.g., Saphnelo)
2022013	Medical Technology Assessment, Non-Covered Services
2022022	Sirolimus protein-bound particles for injectable suspension (e.g., FYARRO)
2022025	Tisotumab vedotin-tftv (e.g., Tivdak™)
2022030	Remote Electrical Neuromodulation for Migraines
2022031	Risankizumab (e.g., Skyrizi)
2022033	Ground Ambulance

Policy ID#	Policy Name
2022038	Nivolumab and relatlimab-rmbw (e.g., Opdualag)
2022040	Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer
2022045	Axillary Reverse Mapping for Prevention of Breast Cancer-Related Lymphedema
2022048	Tildrakizumab-asmn (e.g., Ilumya)
2023004	Digital Health Technologies: Therapeutic Applications
2023006	Stationary Ultrasonic Diathermy Devices
2023009	Sodium Thiosulfate (e.g., Pedmark)
2023012	Teplizumab-mzwv (e.g. Tzield™)
2023014	Bevacizumab (e.g., Avastin) for Non-Oncologic and Non-Ophthalmologic Indications
2023016	Low-Dose Radiotherapy (LDRT) for Non-Oncologic Indications
2023017	Gene Therapies for Hemophilia (Etranacogene dezaparvovec-drlb [e.g., Hemgenix])
2023031	Laboratory Testing Investigational Services
2023037	Pegcetacoplan (e.g., Syfovre)
2023039	Delandistrogene moxeparvovec-rokl (e.g., Elevidys)
2023040	Powered Wheelchairs (PWC) and Standing Frames
2023042	Suture Button Suspensionplasty Fixation System for Thumb Carpometacarpal Osteoarthritis
2023046	Nirsevimab-alip (e.g., Beyfortus)
2023047	Beremagene Geperpavec-svdt (e.g., Vyjuvek)
2023048	Treatment for Gaucher Disease: [Imiglucerase (e.g., Cerezyme®), taliglucerase alfa (e.g., Elelyso™), and velaglucerase alfa (e.g., Vpriv®)]
2023050	Valoctocogene roxaparvovec-rvox (e.g., Roctavian)
2023051	Cipaglucosidase alfa-atga (e.g., Pombiliti)
2024001	Cervical Traction Devices for Home Use

Medical Benefit Medicine Prior Authorization and Organizational Determination/Benefit Inquiry Requests *

To ensure the quickest turnaround time on medical benefit medicine requests, mark the medical benefit drug box on the form for all medical benefit drug requests (both specialty and non-specialty), and do not use outpatient request type. Failing to do so will delay processing and review of the request.

*A revision of the Provider News article published February 2024. Please disregard previous version.

Medical Specialty Medications Prior Authorization Update

The table below lists medications requiring prior authorization through the member's medical benefit. Any new medication used to treat a rare disease should be considered to require prior authorization. ASE/PSE, ASP and Medicare are not included in this article but have their own prior authorization programs.

Brand Name	Generic Name	HCPCS	Preferred vs Non-Preferred (effective 01/01/2024)
Abecma	idecabtagene vicleucel	Q2055	
Actemra	tocilizumab	J3262	
Acthar	corticotropin	J0801	
Adakveo	crizanlizumab-tcma	J0791	
Adstiladrin	nadofaragene firadenovec-vncg	J9029	
Aldurazyme	laronidase	J1931	
Alymsys (PA not required for ophthalmic indications)	bevacizumab-maly	Q5126	**Non-preferred** [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Amvuttra	vutrisiran	J0225	
Aralast NP	alpha-1 proteinase inhibitor (human)	J0256	
Arcalyst	rilonacept	J2793	
Asparlas	calaspargase pegol	J9118	
Avastin (PA not required for ophthalmic indications)	bevacizumab	J9035	**Non-preferred** [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Avsola	infliximab-axxq	Q5121	Preferred
Benlysta	belimumab	J0490	
Berinert	c1 esterase, inhibitor, human	J0597	
Blincyto	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	
Cinqair	reslizumab	J2786	

Brand Name	Generic Name	HCPCS	Preferred vs Non-Preferred (effective 01/01/2024)
Cinryze	c1 esterase, inhibitor, human	J0598	
Columvi	glofitamab-gxbm	C9399	
Crysvita	burosumab-twza	J0584	
Duopa	levodopa-carpidopa intestinal gel	J7340	
Durysta	bimatoprost implant	J7351	
Dysport	abobotulinumtoxin a	J0586	
Elahere	mirvetuximab soravtansine-gynx	J9063	
Elaprase	idursulfase	J1743	
Elelyso	taliglucerase alfa	J3060	
Elfabrio	pegunigalsidase alfa-iwxj	C9399	
Elzonris	tagrazofusp-erzs	J9269	
Enjaymo	sutimlimab-jome	J1302	
Enspryng	satralizumab-mwge	J3590	
Entyvio	vedolizumab	J3380	
Epkinly	epcoritamab-bysp	C9399	
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]

Brand Name	Generic Name	HCPCS	Preferred vs Non-Preferred (effective 01/01/2024)
Hemgenix	etranacogene dezaparvovec-drlb	J1411	
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	**Non-preferred** [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Herceptin	trastuzumab	J9355	**Non-preferred** [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
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	
Ixifi	infliximab-qbtx	Q5109	**Non-preferred** [Avsola (Q5121), Infliximab (J1745), Remicade (J1745) are preferred]
Kalbitor	ecallantide	J1290	
Kanjinti	trastuzumab-anns	Q5117	Preferred
Kanuma	sebelipase alfa	J2840	
Kimmtrak	tebentafusp-tebn	J9274	
Krystexxa	pegloticase	J2507	
Kymriah	tisagenlecleucel	Q2042	
Lamzede	velmanase alfa-tycv	J3590	
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	
Mepsevii	vestronidase alfa-vjbk	J3397	

Brand Name	Generic Name	HCPCS	Preferred vs Non-Preferred (effective 01/01/2024)
Monjuvi	tafasitamab-cxix	J9349	
Mvasi (PA not required for ophthalmic indications)	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
Oncaspar	pegaspargase	J9266	
Onpattro	patisiran	J0222	
Ontruzant	trastuzumab-dttb	Q5112	Preferred
Opdualag	nivolumab and relatlimab-rmbw	J9298	
Orencia	abatacept	J0129	
Oxlumo	lumasiran	J0224	
Pedmark	sodium thiosulfate	J0208	
Pluvicto	lutetium lu 177 vipivotide tetraxetan	A9607	
Pombiliti	cipaglucosidase alfa-atga	J3590	
Prolastin	alpha-1 proteinase inhibitor (human)	J0256	
Qalsody	tofersen	C9399	
Radicava	edaravone	J1301	
Reblozyl	luspatercept-aamt	J0896	
Rebyota	fecal microbiota, live-jslm	J1440	
Releuko	filgrastim-ayow	Q5125	**Non-preferred** [Neivestym (Q5110) & Zarxio (Q5101) preferred]

Brand Name	Generic Name	HCPCS	Preferred vs Non-Preferred (effective 01/01/2024)
Remicade and Unbranded Infliximab	infliximab	J1745	Preferred
Renflexis	infliximab-abda	Q5104	**Non-preferred** [Avsola (Q5121), Infliximab (J1745), Remicade (J1745) are 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	
Ruxience	rituximab-pvvr	Q5119	**Non-preferred** [Riabni (Q5123) & Truxima (Q5115) preferred
Rylaze	asparaginase erwinia chrysanthemi (recombinant)- rywn	J9021	
Ryplazim	plasminogen, human-tvmh	J2998	
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	

Brand Name	Generic Name	HCPCS	Preferred vs Non-Preferred (effective 01/01/2024)
Stelara	ustekinumab (SC)	J3357	
Stimufend	pegfilgrastim-fpgk	Q5127	**Non-preferred** [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Susvimo	ranibizumab implant	J2779	
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]
Trodelvy	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 (PA not required for ophthalmic indications)	bevacizumab-adcd	Q5129	**Non-preferred** [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Vimizim	elosulfase alfa	J1322	
Vpriv	velaglucerase alfa	J3385	
Vyepti	eptinezmab-jjmr	J3032	
Vyjuvek	beremagene geperpavec-svdt	J3401	
Vyvgart	efgartigimod alfa-fcab	J9332	
Vyvgart Hytrulo	efgartigimod alfa-fcab	J9334	
Xenpozyme	olipudase alfa-rpcp	J0218	
Xeomin	incobotulinumtoxin a	J0588	

Brand Name	Generic Name	HCPCS	Preferred vs Non-Preferred (effective 01/01/2024)
Xiaflex	clostrisidial collagenase	J0775	
Yescarta	axicabtagene ciloleucel	Q2041	
Zarxio	filgrastim-sndz	Q5101	Preferred
Zemaira	alpha-1 proteinase inhibitor (human)	J0256	
Zepzelca	lurbinectedin	J9223	
Ziextenzo	pegfilgrastim-bmez	Q5120	**Non-preferred** [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Zirabev (PA not required for ophthalmic indications)	bevacizumab-bvzr	Q5118	Preferred
Zolgensma	onasmnogene abeparvovec-xioi	J3399	
Zulresso	brexanolone	J1632	
Zynteglo	betibeglogene autotemcel	J3590	
Zynyz	retifanlimab-dlwr	C9399	

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: 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**

Metallic Formulary Changes Effective May 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
SPIRIVA HHLR CAP 18MCG	No Longer Covered	generic tiotropium bromide cap 18MCG
ALPHAGAN P SOL 0.1%	No Longer Covered	generic brimonidine sol 0.1%

Standard Formulary Changes Effective April 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
Evamist TOP SPR 1.53 MG	Tier Change	estradiol, DIVIGEL
Humira all dosage forms	No Longer Covered	ADALIMUMAB-ADAZ and HYRIMOZ (Humira biosimilars covered - these require a new prescription) other autoimmune biologic formulary options COSENTYX, ENBREL, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
Imbruvica Cap and Tab	No Longer Covered	BRUKINSA, CALQUENCE
Velphoro Chew	No Longer Covered	calcium acetate, sevelamer carbonate, AURYXIA

Octave: The New Brand for Individual Coverage *

Arkansas Blue Cross and Blue Shield has established a new brand that represents its non-Medicare* individual coverage options – **Octave Blue Cross and Blue Shield**.

This new brand – which launched on January 1, 2024 – covers individual policy policyholders (not part of an employer-sponsored group health plan) and their covered dependents who are enrolled in Arkansas Blue Cross-affiliated plans offered on the Healthcare Marketplace and via ARHOME (Arkansas Health & Opportunity for Me), the state's Medicaid expansion offering.

Octave Blue Cross members access the **True Blue PPO** network.
Octave Blue Cross members will have member **ID cards** bearing the Octave Blue Cross logo.

Claims should be filed using the OOS and OCS prefix.

Other than that, not much else changes for healthcare providers. Claims may be filed in the same manner as those for Arkansas Blue Cross, Health Advantage and BlueAdvantage Administrators of Arkansas, and the Arkansas Blue Cross fee schedule applies.

Providers who have questions about Octave Blue Cross may contact their assigned Arkansas Blue Cross network development representative.

Note: *Individual policyholders covered under a Medicare Advantage plan **are not part** of the Octave Blue Cross portfolio.*

*A revision of the Provider News article published February 2024. Please disregard previous version.

Paper Claim Reduction Reminder

In effort to improve efficiencies, paper claims will not be accepted as of March 1, 2024. In very unique circumstances, providers may apply for waiver consideration. Please reference the paper claim reduction article on page 14 of the **December 2023 Providers' News** for additional details.

Payment Policy Process

Effective April 2024, Arkansas Blue Cross and Blue Shield will have published payment policies accessible on the Arkansas Blue Cross and Blue Shield website.

Payment policies:

- Serve as a guide to assist in the submission of accurate claims and to outline the basis for reimbursement if the service is covered by the member's benefit plan.
- Assist in administering payment rules based on generally accepted principles of correct coding and rules and guidelines established by Arkansas Blue Cross and Blue Shield
- Help identify whether healthcare services are correctly coded for reimbursement

Payment policies will apply to services rendered to members within Arkansas and, unless otherwise noted within the policy, both participating and non-participating providers and facilities.

Beginning in April there will be an initial series of payment policies available at **arkansasbluecross.com/providers**. Not all services will have a corresponding payment policy; however, new policies will be published regularly as they are developed. Notification of new policies and policy revisions will be published as an alert on the Availity portal and quarterly in *Providers' News*.

Payment Message

Due to a change in the way we pay companies or vendors for various non claims or support services, some providers inadvertently received emails and phone calls from Paymode X, a product of Bottomline Technologies. We apologize for any confusion these communications may have caused.

We are working to remove most providers from the Paymode X process during our initial implementation phase. Non-claims payments, that may impact providers, will be added back in a future phase. Before we begin that phase, we will provide notice in this publication.

Why did this happen?

The Arkansas Blue Cross Accounts Payable Department makes all payments except for directly processed claims. Directly processed claims are paid to providers from our claims processing system. There are many payments made to participating providers that are not claims-driven such as value-added initiatives, withhold, primary care initiatives, and claims refunds. Because these payments are made from our Accounts Payable department, many providers are within our Accounts Payable database.

When we implemented Paymode X, emails and phone outreach were sent to our vendor population, and providers were inadvertently included. This is why some providers received emails or phone calls related to Paymode X. Please know this is a reputable company and your participation is not required.

Pharmacy Standard Formulary - Humira No Longer Covered

Beginning April 1, 2024, Arkansas Blue Cross will no longer cover Humira on the standard formulary for most commercial clients but will cover two biosimilars, Hyrimoz and Adalimumab ADAZ.

What is a biosimilar?

Biosimilars are highly similar to FDA-approved biological reference products. There are no clinically meaningful differences in their safety or effectiveness. Only minor differences in clinically inactive components are allowed.

Reasons for our biosimilar initiative include:

- Lower net cost: This change is projected to reduce the net cost by 27%.
- Clinical appropriateness and efficacy.
- It will give members equal or increased access to medications.
- Manufacturer-sponsored member copay assistance is available for each biosimilar in our coverage.
- We are an early adopter of these biosimilars, and we firmly believe the research and development for biosimilar options will continue growing. While market sales were less than $20 billion in 2023, they are projected to exceed $100 billion by 2029.

Members affected by this change have received a letter informing them to reach out to their physician or pharmacist to request a new prescription. The biosimilars are not interchangeable and will require a new prescription. All active prior authorizations (PA) for Humira will automatically be applied to the biosimilar options for existing members for the remainder of the approval time left on the PA.

If a patient chooses to continue Humira, they will be responsible for 100% of the cost. Humira is still available on the Metallic formulary for ARHome, and On and Off Exchange members.

Prior Authorizations for Hepatitis C Medications

Effective March 1, 2024, prior authorizations for Hepatitis C medications will be reviewed by Caremark. Arkansas Blue Cross and Blue Shield's Pharmacy Division will continue to review exceptions for fertility drugs, non-covered prescription medications, and prescriptions that exceed dosing limits. If you have questions regarding the prescription drug benefit, please call Customer Care at **800-863-5561**.

Utilization Management Reminders

Reference Numbers

To expedite processing, please include the PA reference number on all new clinical submitted. This ensures it gets matched with the correct request and speeds up the review process.

Specialty Medication (Medical Benefit Drug) Requests

To expedite processing, please submit all requests with J-codes (or sub-specialty Q-codes) as authorization type Medical Benefit Drug on both PA and Organizational Determination requests. If you receive a "no PA required" message on either form submission, be assured the request will be reviewed and processed.

Availity Update

As part of our continued commitment to excellence, we are currently testing Availity's prior authorization submission functionality and hope to have a provider pilot soon. The goal is to ensure quality and success before full implementation of the platform that will reduce the administrative burden. Once fully implemented, providers will have access to submit the shell for intake. Providers should continue to submit clinical via fax including the Availity cert number so it can be matched with the shell.

When to Contact your Network Development Representative (NDR)

Your NDR is a valuable resource available to assist in escalating unresolved issues. There are also many other resources available to assist with questions such as claim status, remittance advice questions, eligibility, benefits, prior authorization, and more. Below is a helpful checklist of resources available to providers for assistance prior to contacting your NDR. If these resources do not resolve your issues, then contact your NDR and provide the required history, claim numbers and tracking numbers from the checklist below for further assistance.

- **Check Availity** – Claim status and remittance advice are available on Availity, as well as the option to email Customer Service.
- **BlueCard** – For eligibility, benefits, or prior authorization, call the member's home plan. The Customer Service phone number is on the back of the member's ID card. For all other claim inquiries, call Blue Card Claim Status at **800-880-0918**.
- **Call Customer Service**—Call the phone number on the back of the member's ID card for assistance. If the issue is unresolved after speaking with Customer Service, ask for a supervisor for further escalation.
- **Request a tracking number** –Always ask for the call tracking number
- **Contact your local NDR**— If assistance is still needed after the above steps are completed, email the NDR support staff and copy the NDR assigned to your area with all the following information:
  - Customer service or Availity call tracking number
  - Member's first and last name
  - Member's ID number
  - Member's date of birth
  - Date of service
  - Claim number
  - NPI for the billing entity
  - A brief description of the issue.

The NDR support staff or NDR will respond as soon as possible. Email inquiries that do not contain all the requested information will be returned.

Federal Employee Program

Antidepressant Medication Management and Lucet Behavioral Health

Antidepressant Medication Management, information is being shared to assist in antidepressant medication management as measured for FEP member treatment.

What is the measure?

The percentage of members aged 18 and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment from May 1 of the year prior through April 30 of the measurement year.

Two rates are reported:

- **Effective Acute Phase Treatment:** The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks) beginning on the date a new* antidepressant medication was prescribed.
- **Effective Continuation Phase Treatment:** The percentage of members who remained on an antidepressant medication for at least 180 days (six months) beginning on the date a new* antidepressant medication was prescribed.

*Newly treated with antidepressant medication means the member had no claims for an antidepressant medication for a period of 105 days prior to when the new antidepressant medication was prescribed.

Tips for Success

1) Closely monitor medication prescriptions and dispensing dates to avoid gaps in treatment and include a depression screening assessment with each patient encounter.

Use the PHQ 2 screening tool. If the result is positive, complete a PHQ 9 screening tool, and follow up as appropriate based on the results.

Screening tools are available at: ndbh.com/PCP/DepressionToolkit

2) Engage parents/guardian/family/support system and/or significant others in the treatment plan. Share the importance of treatment and attending appointments.

3) Implement timely and appropriate coding practices to capture behavioral health screenings. Conduct behavioral health screenings to provide initial and on-going measurement of treatment outcomes. Establish

coding practices to capture use of these tools performed during an annual wellness visit and by PCP or office staff throughout the year.

4) Utilize Lucet, Behavioral Health Network and Case Management services as needed.

Contact Us

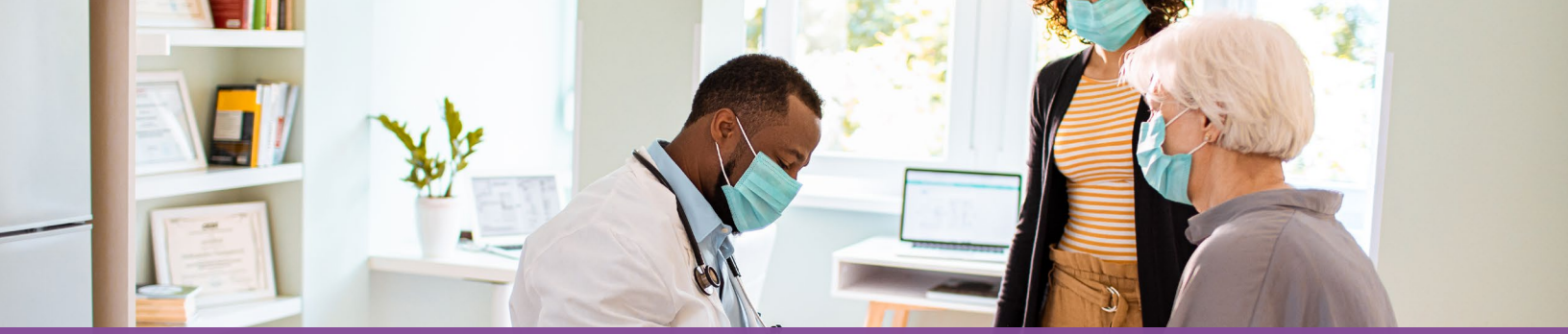
FEP customer services: Use phone number on the back of the member ID card.

Lucet Behavioral Health Member services: Member can call Monday through Friday, 8 am. – 8 pm. ET, to receive assistance locating a behavioral healthcare professional orcoordinating care at **800-367-0406**. Email: https://lucethealth.com/members/resources/

Lucet Behavioral Health Physician and Case Management services: Providers seeking help locating a behavioral health professional or coordination of care for a patient can call Lucet's case management team at **800-367-0406** Monday through Friday, 7:30 am – 5:30 pm ET.

Provider Availability

In effort to meet questions on provider access, please continue to educate patients about your regular office hours as well as after-hours options. Share your availability to assist with non-urgent matters during regular business hours. If you aren't available, provide insight on the most appropriate urgent care clinics or other clinics in your system that have extended hours for sick visits. Encourage emergency use for life threating care that cannot wait.



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)**. 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**

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 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 cms.gov/Medicare/Medicare-General-Information/BNI/index.html