

June 2022

PR NEWS VIDERS'

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



2022 Spring Provider Workshops

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My Blueprint upgrades to Blueprint Portal

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Upcoming holidays

Independence Day
Monday, July 4



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BlueCross BlueShield

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Arkansas Blue Cross and Blue Shield

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Arkansas Blue Cross and Blue Shield

2022 Spring Provider Workshops

The 2022 Spring Provider Workshops will be held in locations throughout the state from May 24 through June 29. Here's a preview of topics:

- Availability provider portal updates
- Arkansas Blue Cross – general topics
- Case management and utilization management pre-authorization
- Arkansas Blue Medicare plans for 2022-23

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

Mountain Home

Tuesday, May 24, 2022

Registration – 10:30 a.m. / Workshop & lunch (compliments of Baxter Regional) – 11 a.m.

Baxter Regional Medical Center
624 Hospital Drive (Lagerborg Dining Room)
Mountain Home, AR 72653

abcbs.surveymonkey.com/r/HFTXPNM

Pine Bluff

Tuesday June 7, 2022

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

Pine Bluff Country Club
1100 W. 46th Avenue
Pine Bluff, AR 71603

abcbs.surveymonkey.com/r/southeastregion2022

Texarkana

Wednesday, June 8, 2022

Registration – 1 p.m. / Workshop – 1:15 p.m.

Hilton Garden Inn – Exhibit Room E
2910 S. Cowhorn Creek Loop
Texarkana, TX 75503

abcbs.surveymonkey.com/r/QKZ5SRS

El Dorado

Thursday, June 9, 2022

Registration – 12:45 p.m. / Workshop – 1 p.m.

El Dorado Conference Center

311 South West Avenue

El Dorado, AR 71730

abcbs.surveymonkey.com/r/YSPXFVW

Hot Springs

Wednesday, June 15, 2022

Registration – 12:45 p.m. / Workshop – 1 p.m.

National Park College

Student Commons Building, Room CO-122/123

101 College Drive

Hot Springs, AR 71913

abcbs.surveymonkey.com/r/YWM958P

North Little Rock

Thursday, June 16, 2022

- **Morning session**

- Registration – 8:30 a.m.

- Workshop – 9 a.m.

- **Afternoon session**

- Registration – 1 p.m.

- Workshop – 1:30 p.m.

Wyndham Riverfront Inn

#2 Riverfront Place

North Little Rock, AR 72114

abcbs.surveymonkey.com/r/5JY3X3J

Jonesboro

Wednesday, June 22, 2022

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

St. Bernard's Auditorium

505 E. Washington Avenue

Jonesboro, AR 72401

abcbs.surveymonkey.com/r/RCTDFP9

Springdale

Tuesday, June 28, 2022

Registration – 1 p.m. / Workshop – 1:30 p.m.

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

abcbs.surveymonkey.com/r/FTCZYPV

Fort Smith

Wednesday, June 29, 2022

Registration – 9 a.m. / Workshop – 9:30 a.m.

Mercy Hospital – Fort Smith
Hennessy Conference Center
7301 Rogers Avenue
Fort Smith, AR 72903

abcbs.surveymonkey.com/r/3MYGT9Q

My Blueprint upgrades to Blueprint Portal

The evolution of technology has enabled healthcare providers to perform procedures and provide treatments never available before. Now, technology also allows patients to better manage their health, not just their care.

Arkansas Blue Cross and Blue Shield has given its free My Blueprint online member self-help app a major upgrade – both in its functionality and its identity. The new [Blueprint Portal](#), allows members to seamlessly access a wealth of useful personal and insurance-related data on a computer, tablet or smartphone. With a single logon, members can:

- Access and share their digital member ID cards
- Estimate treatment costs
- Estimate drug costs
- View how much they owe (copays, deductibles, coinsurance, etc.) using our real-time claims updates
- Access policy information
- Leave reviews of their visit
- Search for healthcare providers that are in their health plan's network

The ability of members to view and electronically share their digital member ID card may be of particular benefit to healthcare providers and clinic staff. A patient's health plan ID card can even be virtually faxed directly to a clinic, making this a great alternative to the physical ID card, which can easily be misplaced, outdated or damaged.

Providers and clinic staff who wish to learn more about Blueprint Portal may access instructional videos and tutorials located on the [Blueprint Portal new webpage](#).

On the first screen, providers and staff may scroll down to view the following videos that cover some basics:

- **Getting started** (2 minutes, 15 seconds)
- **Accessing your benefits** (2 minutes, 48 seconds)

Under the **How does it work?** section, users may access videos on the following topics:

- **Blueprint Portal overview** (1 minutes, 52 seconds)
- **Update profile** (2 minutes, 36 seconds)
- **Find Care and Costs** (2 minutes, 21 seconds)
- **Access care history** (2 minutes, 59 seconds)
- **Access ID Cards** (1 minutes, 31 seconds).

The Blueprint Portal smartphone/tablet app may be downloaded from the [Apple App Store](#) or [Google Play](#).

Alacura medical transport network deadline – July 1

Earlier this year we communicated that due to requirements of the federal Consolidated Appropriations Act (CAA), which took effect January 1, 2022, Arkansas Blue Cross and Blue Shield, BlueAdvantage Administrators of Arkansas and Health Advantage would be making changes regarding medical transportation.

Arkansas Blue Cross engaged Alacura Medical Transportation Management to provide medical transport network development and patient transport coordination services on behalf of our members.

Understanding that networks are not built quickly, Arkansas Blue Cross agreed to keep its 2021 benefits and reimbursement methodology for ground transports in place **through June 30, 2022**, allowing us to educate medical transport providers and give Alacura and medical transport providers time to negotiate network participation agreements.

Effective July 1, 2022, claims from medical transport providers who have completed the network participation contracting process with Alacura will be processed as in-network.

Medical transport providers who have not contracted with Alacura before July 1, 2022, will be considered out-of-network until they have joined the Alacura network, and claims submitted by them will be priced at approximately 140% of Medicare's current fee schedule and potentially subject to out of network member cost-sharing provisions depending on the facts and circumstances of each trip. Also, following Medicare's current reimbursement methodology, services provided while a member is in transit (for example, EKG monitoring in the ambulance) will be considered part of the base rate and bundled consistent with the Medicare model approach.

Arkansas Blue Cross believes all medical transportation provider will benefit from contracting with Alacura to become in-network providers before **July 1, 2022**.

To contact Alacura, please call **844-425-2287** or email Angela Nettles at anettles@alacura.com.

Availity® transition: Filing claims correctly

A large number of claims are being submitted with filing errors. Please submit claims with a valid member name, alpha-numeric prefix and suffix, which can be obtained through eligibility inquiry in the Availity Essentials portal or (270/271) eligibility inquiry.

To minimize delays and claim front-end rejections, you should verify eligibility before submitting the claim. You should submit it with the exact information displayed on the electronic eligibility.

Edits apply to both paper and electronic claims. Dropping claims to paper only delays claim processing time and may result in the claim being returned to you. Paper claims are translated into electronic claims in Availity before being sent to the payer and go through the same level of validation as an electronic claim. Electronic claims are the best method of claim submission.

To help reduce claim rejections, please check eligibility and benefits at each visit and ensure the patient's record is updated in your practice system. If any information is missing or cannot be validated, the claim will reject back to the provider for correction. Providers can receive the latest updates in the Availity Payer Space under News & Announcements.

Arkansas member policies (excluding FEP) have an identification number that includes a suffix unique to the primary policyholder's identification number. For example, if Joe Smith is the primary policyholder and has a member ID of ABC1234501, he is considered the subscriber. Jane Smith, Joe's spouse, is covered on Joe's policy, so Jane's member ID is ABC1234502. Jane is considered a subscriber as well since she has a unique member ID number. (In this example, the suffix is different 01 vs 02.)

For Arkansas in-state policies, providers need the correct member ID to include the prefix and suffix to identify the member/subscriber on the claim. The patient's relationship can remain "self" if the identification number is submitted correctly. If a member's name is hyphenated on the electronic eligibility, the name submitted on the claim should include the hyphen.

In AHIN, providers could locate and correct claims in error. Did you know you can also correct claims errors in Availity? If a claim rejects in Availity, you can click the "correct this claim" button in the Claims Management function or CMT, correct the error and resubmit the claim. A provider should only submit a claim type of 7 (replacement claim) when the payer has accepted the claim you are correcting; the claim will have an ICN. Claims with errors in Availity are not sent to the payer until all errors are corrected. If you do not use the "correct this claim" feature in Availity, you must correct the issue and submit the claim as a first-time claim through your practice system or your clearinghouse.

Have a question about a claim you have already submitted? You can "message the payer" in the Availity Essentials portal. The "message the payer" button is only available when a claim has a status of finalized (by the payer) and is assigned an ICN. You will not see this button if the claim is still being adjudicated. The "message the payer" button is available in Availity in both Claim Status & CMT in the Availity Essentials portal. You can also refer to the March 2021 and December 2021 Providers' News articles regarding claim filing tips.

COVID-19 update for members covered by Arkansas Blue Cross and Blue Shield and Health Advantage (fully insured health plans)

Arkansas Blue Cross and Blue Shield and Health Advantage are committed to the safety and well-being of our members. Since the beginning of the COVID-19 public health emergency, we have been working closely with the state and federal government during the coronavirus outbreak to help our fully insured members get access to the care they need during the coronavirus outbreak.

Status of COVID-19 expanded benefits

At the outset of the COVID-19 public health emergency, Arkansas Blue Cross and Health Advantage temporarily extended a number of voluntary, expanded COVID-19-related benefits and suspended some of our normal practices.

Of course, those measures covered under federal mandates will remain in force until federal officials advise that they may be discontinued. Officials have announced the federal mandate will continue **through July 15, 2022**.

But now that COVID-19 infection rates have decreased markedly and **the state health emergency is no longer in effect**, some of the voluntary temporary measures put into place by Arkansas Blue Cross that are not specifically required by the federal mandate are being **discontinued** as of **July 31, 2022**.

Please note: Decisions about coverage changes for members of self-funded health plans served by BlueAdvantage Administrators of Arkansas or Health Advantage are made by the employers or plan sponsors who fund those self-funded programs. If you have questions about coverage, please call the number on the back of the health plan member ID card.

Here is an updated rundown of the status of COVID-19-related benefits and measures:

- **Coverage (at no cost to our members) of COVID-19 diagnostic tests ordered by healthcare providers – and an initial medical exam that prompts a provider-ordered COVID-19 test.**
 - This applies to diagnostic testing services that meet primary coverage criteria for COVID-19 as defined by the Centers for Disease Control & Prevention (CDC) and are ordered by a healthcare provider. It also includes an **initial medical exam that results in a provider-ordered COVID-19 test**. For COVID-19 tests and the initial exams that prompt them, providers should not collect cost-sharing amounts from the member while this voluntary temporary measure remains in force.
 - *This measure will remain unchanged and in force until the public health emergency declaration is terminated by the federal government.*
- **Waiver of cost-sharing for medical services (beyond the initial exam that prompts a provider-ordered COVID-19 test) for our fully insured members whose primary diagnosis is COVID-19.**
 - This includes COVID-19-specific visits to an in-network medical clinic, urgent care center and/or emergency room and inpatient treatment for which COVID-19 is the primary diagnosis. This excludes, however, an initial medical exam that results in a provider-ordered COVID-19 test.
 - *This measure will be discontinued as of July 31, 2022. As of August 1, 2022, healthcare providers should resume collecting member cost-sharing.*
- **Suspension of prior authorization for inpatient hospital admissions and outpatient procedures at hospitals and ambulatory surgery centers.**

- Prior authorizations for inpatient hospital admissions and outpatient procedures at hospitals and ambulatory surgery centers have been temporarily suspended.
- *This measure will be discontinued as of July 31, 2022, and all applicable prior authorization requirements will be reinstated. For applicable inpatient admissions or outpatient procedures scheduled for August 1, 2022, or thereafter, healthcare providers should resume seeking prior authorization in the same manner as before this requirement was temporarily suspended.*
- *This includes reinstating prior authorization requirements for behavioral health services (subject to each individual group or plans benefit certificate) for fully insured and Exchange populations.*
- *Behavioral health authorization requests, concurrent reviews and discharge information can all continue to be submitted securely through New Directions' Webpass portal at <https://webpass.ndbh.com>.*

When the termination date is known of the federal public health emergency, we will give healthcare providers 90 days' notice before discontinuing the current COVID-19-related measures that are remaining in force. The federal government is only giving providers a 60-day advance notice.

If you have questions about the status of COVID-19-related benefits and related member cost-sharing, please contact your Arkansas Blue Cross representative.

Thanks for your continued commitment to serve our members with excellent healthcare and effective utilization of their health benefits.

Advanced diagnostic imaging prior approval for ASE/PSE & Arkansas State Police

Advanced diagnostic imaging for Arkansas State Employees/Public School Employees (ASE/PSE) and Arkansas State Police health plan members has required prior approval through AIM Specialty Health® for quite some time. **Effective July 1, 2022, nuclear cardiology services will be added to the required prior approval list for these health plan members.**

While Health Advantage administers these health plans, providers should contact AIM Specialty Health® directly for prior approval.

Prior approval for long-term/rehab facilities returns for ASE/PSE & Arkansas State Police

Effective July 1, 2022, prior approval for **admissions to skilled nursing facilities, long-term acute care and inpatient rehabilitation** once again will be required for members of the Arkansas State Employees/Public School Employees (ASE/PSE) and Arkansas State Police health plans administered by Health Advantage. The PA requirements for these services were voluntarily temporarily suspended by these groups during the COVID-19 public health emergency.

Utilization Management Transformation Project

With the Utilization Management (UM) industry evolving, Arkansas Blue Cross and its commercial family of companies (ABCBS) has implemented the UM Transformation project to improve operational efficiencies and manage the cost of healthcare more effectively. Several changes should make the process easier. Two examples include changes to our intake and notification processes. We plan to improve clarity and provide more reliable data by introducing a standardized fax form for all lines of business. Also, to accelerate responses to prior approval requests, we will use Availity and fax as primary intake methods, leaving the phone intake process only as a recovery option. There will be more detailed information on this and other aspects of the UM Transformation in future editions of Providers' News.

UM Transformation: Notice of Material Amendment to Healthcare Contract

This notice is considered an amendment effective September 1, 2022, to the following provider network agreements: Arkansas Blue Cross and Blue Shield Preferred Payment Plan, USAble Corporation/Preferred Provider Network of Arkansas Arkansas' FirstSource® and True Blue PPO, Health Advantage HMO and HMO Plus.

As applicable, the following sections in each agreement for all providers will be amended as follows:

Pre-Certification, Pre-Notification and Eligibility Inquiries

Effect of Eligibility and Pre-Certification or Pre-Notification

Facilities or Providers who fail to obtain Pre-Certification/ Pre-Authorization for Covered Services when it is required by the Health Plan, will not balance bill Members for any Covered Services denied due to failure to obtain the Pre-Certification/Pre- Authorization. This applies to any Covered Service rendered by a Provider or Facility contracted by ABCBS or by USAble or by HMO (whichever is applicable to the provider agreement).

Coverage Policy manual updates

Since March 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 our website at arkansasbluecross.com.

Policy ID	Policy Name
1997066	Treatment of Urinary and Fecal Incontinence
1997166	PET or PET/CT for Miscellaneous (Noncardiac, Nononcologic) Applications of Fluorine 18 Fluorodeoxyglucose Positron Emission Tomography
1997176	Blood/Platelet-Derived Growth Factors for Wound Healing
1997195	Sleep Apnea and Other Pulmonary Diseases, Ventilation Support and Respiratory Assist Devices
1998039	Temporomandibular Joint Dysfunction
1998108	Ventricular Assist Devices
1998109	Chimeric Antigen Receptor Therapy for Hematologic Malignancies (CAR-T)
1998114	Pulmonary Rehabilitation
1998137	Genetic Test: Alzheimer's Disease
1998144	Pulmonary Arterial Hypertension, Infusion and Selected Inhalation therapy
1998154	Electrical Stimulation, Transcutaneous Electrical Nerve Stimulator

Policy ID	Policy Name
1998161	Infliximab
1999022	Percutaneous Angioplasty, Stenting & Atherectomy of the Lower Extremity, Abdominal Aortic & Visceral Arteries
2000026	Photochemotherapy, Extracorporeal Photopheresis
2001009	Non-Implantable Insulin Infusion Devices, Hybrid Insulin Infusion Devices, and Continuous Glucose Monitoring Devices
2003046	Laser Treatment of Congenital Port Wine Stain Hemangiomas and Burn Scars
2004020	Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea
2004029	Genetic Test: Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients With Breast Cancer (Oncotype DX®, EndoPredict, the Breast Cancer Index and Prosigna, Mammaprint and BluePrint)
2004031	Laparoscopic, Percutaneous, and transcervical Techniques for Uterine Fibroid Myolysis
2004047	PET Scan for Alzheimer's Disease Using FDG
2006011	Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb
2006019	Brachytherapy, Prostate, High-Dose Rate Temporary
2006020	Abatacept (e.g., Orencia)
2006023	Artificial Heart, Total
2008031	Rilonacept (Arcalyst)
2009015	Golimumab (e.g., Simponi Aria®)
2009019	Sleep Apnea, Testing
2009047	Hormone Pellet Implantation for Hormone Replacement Therapy
2009049	Platelet-Rich Plasma (Autologous Growth Factors)
2010014	Genetic Test: Genetic Testing for Evaluation of Patients with Developmental Delay/Intellectual Disability or Autism
2010038	Pneumatic Compression Devices and Non-Elastic Compression Garments for Treatment of Lymphedema, Burns, and Venous Ulcers
2010046	Intravitreal and Punctum Corticosteroid Implants
2011008	Left Atrial Appendage, Closure Device, Percutaneous
2011066	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OVERVIEW
2012009	Skin and Soft Tissue Substitutes, Bio-Engineered Products
2012026	PET Scan for Alzheimer's Disease, Dementia, or Cognitive Impairment Using Beta Amyloid Imaging
2012049	Genetic Test: Prenatal Analysis of Fetal DNA in Maternal Blood to Detect Fetal Aneuploidy
2012065	Laser Interstitial Thermal Therapy for Neurological Conditions
2013032	Hereditary Angioedema (HAE), Prophylaxis and Acute Treatment
2014018	Biomarker Panel Testing for Systemic Lupus Erythematosus
2015002	Mutation Molecular Analysis for Targeted Therapy in Patients With Non-Small-Cell Lung Cancer
2015007	Laboratory Tests for Chronic Heart Failure and Organ Transplant Rejection
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
2015016	Focal Treatments for Prostate Cancer
2015035	Sleep Apnea, Minimally Invasive Surgical Treatment
2016003	Omalizumab (Xolair)
2016004	Lab Test: Identification of Microorganisms Using Nucleic Acid Probes

Policy ID	Policy Name
2016013	C 5 Complement Inhibitors
2016018	Natalizumab (e.g., Tysabri)
2016021	Paliperidone Palmitate (e.g., Long-acting Injectables Invega Sustenna ® & Invega Trinza)
2016023	Treatments for Duchenne Muscular Dystrophy (eg. Eteplirsen, Golodirsen, Viltolarsen, and Casimersen)
2016024	Gender Reassignment Surgery for Gender Dysphoria
2017019	Molecular Testing in the Management of Pulmonary Conditions
2018002	Chemodenervation, Botulinum Toxins
2018008	Reslizumab (e.g., Cinqair)
2018015	Genetic Test: Gene Expression Profiling for Cutaneous Melanoma
2018023	Levodopa-carbidopa Intestinal Gel (Duopa) for Treatment of Advanced Parkinson's Disease
2018027	Pegloticase (e.g., Krystexxa®)
2019005	Pembrolizumab (e.g., KEYTRUDA®)
2019009	Romosozumab-aqqg (Evenity®)
2019011	Treatment for Spinal Muscular Atrophy
2019012	Brexcavat (Zulresso™)
2019013	Emapalumab-LZSG (Gamifant)
2020003	Tafamidis (e.g., Vyndamax)
2020005	Self-Administered Medication
2020007	Eptinezumab-jjmr (e.g., VYEPTI™)
2020011	Crizanlizumab (Adakveo™)
2020018	Digital Health Therapies for Substance Abuse
2020022	Tocilizumab (e.g., Actemra™)
2020023	Bimatoprost (Durysta™)
2020026	Canakinumab (Ilaris™)
2020029	Covid-19 Monoclonal Antibody Therapy
2021002	Enfortumab Vedotin-ejfv (e.g., Padcev)
2021003	Carfilzomib (KyprolisTM)
2021005	Tafasitamab-cxix (e.g., Monjuvi)
2021006	Satralizumab-mwge (e.g., Enspryng™)
2021009	Romidepsin (e.g., ISTODAX)
2021010	Mogamulizumab- kpkc (e.g., Poteligeo)
2021024	White Blood Cell Growth Factors (Colony Stimulating Factors)
2021027	Evinacumab-dgnb (Evkeeza)
2021028	Ustekinumab (Stelara)
2021031	Pilot Policy: SKY 92 Gene Expression Classification for Multiple Myeloma
2021032	Lumasiran (Oxlumo)
2021033	Belimumab (Benlysta)
2021034	Rituximab (e.g., Rituxan) and Biosimilars – Non-Oncologic Indications
2021041	Avalglucosidase alfa-ngpt (Nexviazyme)
2021044	Cabotegravir extended release – rilpivirine extended release (e.g., Cabenuva)
2022001	Efgartigimod (e.g., Vyvgart)
2022002	Plasminogen [Ryplazim]
2022003	Cabotegravir ER inj susp (e.g., Apretude)
2022004	Cryoablation, Radiofrequency Ablation and laser Ablation for Treatment of Chronic Rhinitis

Policy ID	Policy Name
2022005	Non-Invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease
2022006	Remdesivir (e.g., Veklury)
2022007	Maternal Serum Biomarkers for Prediction of Adverse Obstetric Outcomes
2022008	Dostartlimab (e.g., Jemperli)
2022009	Intraocular Radiotherapy for Age-Related Macular Degeneration
2022010	Loncastuximab tesirine-lpyl (e.g., Zynlonta)
2022011	Genetic Test: Testing for Neurotrophic Receptor Tyrosine Kinase (NTRK) Gene Fusions
2022012	Anifrolumab-fnia (e.g., Saphnelo)
2022013	Medical Technology Assessment, Non-Covered Services
2022014	Lutetium Lu 177 vipivotide tetraxetan (e.g., Pluvicto)
2022015	Tezepelumab-ekko (e.g., Tezspire)
2022016	Inclisiran (e.g., Leqvio)
2022017	Genetic Test: Germline Genetic Testing for Pancreatic Cancer Susceptibility Genes
2022018	Genetic Test: Molecular Testing for Germline BRIP1, RAD51C, and RAD51D Variants Associated with Ovarian Cancer
2022019	Asparagine Specific Enzymes (e.g., Rylaze, Asparlas, Oncaspar)

Standard Formulary revisions effective July 1, 2022

Drug	Change	Alternatives
CAYSTON INH 75MG	Drug No Longer Covered	tobramycin inhalation solution, BETHKIS
CITRANATAL PAK ASSURE	Drug No Longer Covered	generic prenatal vitamins
CITRANATAL90 PAK DHA 300MG	Drug No Longer Covered	generic prenatal vitamins
DEXILANT CAP DR	Drug No Longer Covered	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet
DEXLANSOPRAZ CAP DR	Drug No Longer Covered	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet
DUOBRII LOT	Drug No Longer Covered	calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; ENSTILAR
GLUCAGEN INJ	Drug No Longer Covered	BAQSIMI, GVOKE, ZEGALOGUE
KEPPRA SOL 100MG/ML	Drug No Longer Covered	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI

Drug	Change	Alternatives
KEPPRA TAB 1000MG	Drug No Longer Covered	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
KEPPRA TAB 250MG	Drug No Longer Covered	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
KEPPRA TAB	Drug No Longer Covered	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
LAMICTAL TAB 200MG	Drug No Longer Covered	carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
LAMICTAL TAB 25MG	Drug No Longer Covered	carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
LAMICTAL XR TAB	Drug No Longer Covered	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
MEKINIST TAB	Drug No Longer Covered	COTELLIC, MEKTOVI

Drug	Change	Alternatives
MOVANTIK TAB	Drug No Longer Covered	lubiprostone, SYMPROIC
PENTASA CAP	Drug No Longer Covered	balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD
QUILLICHEW CHW ER	Drug No Longer Covered	amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), dexmethylphenidate ext-rel, methylphenidate ext-rel (excluding certain NDCs), AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE
QUILLIVANTXR SUS 25MG/5ML	Drug No Longer Covered	amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), dexmethylphenidate ext-rel, methylphenidate ext-rel (excluding certain NDCs), AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE
TAFINLAR CAP	Drug No Longer Covered	BRAFTOVI, ZELBORAF
VALIUM TAB 5MG	Drug Moving to a Higher Tier	alprazolam, clonazepam, diazepam, lorazepam, oxazepam

Metallic Formulary revisions effective July 1, 2022

Drug	Change	Alternatives
ATROPINE SUL	Drug No Longer Covered	generic atropine sulfate ophthalmic solution 1%
COMBIGAN	Drug No Longer Covered	generic brimonidine-timolol ophthalmic solution 0.2-0.5%
CUVPOSA	Drug No Longer Covered	generic glycopyrrolate solution 1 MG/5ML
DEXILANT 60 MG	Drug No Longer Covered	generic dexlansoprazole capsule 60MG DR
DEXILANT 30 MG	Drug No Longer Covered	generic dexlansoprazole capsule 30MG DR
EPIDUO FORTE	Drug No Longer Covered	generic adapalene-benzoyl peroxide gel 0.3-2.5%
ISOPTO ATROP	Drug No Longer Covered	generic atropine sulfate ophthalmic solution 1%
NARCAN	Drug No Longer Covered	generic naloxone nasal spray 4 MG/0.1ML
VANDAZOLE	Drug No Longer Covered	clindamycin vaginal cream 2%, metronidazole vaginal gel 0.75%

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, FEP and Medicare Advantage are not included in the article but have their own prior approval programs.**

Drug	Benefit
Abecma (idecabtagene vicleucel)	Medical
Actemra (tocilizumab)	Medical & Pharmacy
Adakveo (crizanlizumab-tcmab)	Medical
Aldurazyme (laronidase)	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
Cinqair (reslizumab)	Medical
Cinryze (c1 Esterase, inhib, human)	Medical
Crys vita (burosumab – twza)	Medical & Pharmacy
Duopa (levodopa-carbidopa intestinal gel)	Medical

Drug	Benefit
Durysta (bimatoprost)	Medical
Dysport (abobotulinumtoxin a)	Medical
Elaprase (idursulfase)	Medical
Elzonris (tagraxifusp-erzs)	Medical
Enspryng (satralizumab-mwge)	Medical & Pharmacy
Entyvio (vedolizumab)	Medical
Evenity (romosozumab-aqqg)	Medical
Evkeeza (evinacumab-dgnb)	Medical
Fabrazyme (agalsidase beta)	Medical
Fasenra (benralizumab)	Pharmacy
Firazyr (icatibant acetate)	Pharmacy
Gamifant (emapalumab-lzsg)	Medical
Givlaari (givosiran)	Medical
Haegarda (c1 esterase, inhib, human)	Pharmacy
Ilaris (canakinumab)	Medical & Pharmacy
Inflectra (infliximab-dyyb)	Medical
Invega Sustenna or Invega Trinza (paliperidone palmitate)	Medical & Pharmacy
Ixifi (infliximab-qctx)	Medical
Kalbitor (ecallantide)	Medical & Pharmacy
Krystexxa (pegloticase)	Medical
Kymriah (tisagenlecleucel)	Medical *Reviewed by Transplant Coordinator
Lemtrada (alemtuzumab)	Medical
Leqvio (inclisiran)	Medical

Drug	Benefit
Lumizyme (alglucosidase alfa)	Medical
Lutathera (lutetium Lu 177 Dotatate)	Medical
Mepsevii (vestronidase-Alfa)	Medical
Myalept (metreleptin)	Pharmacy
Myobloc (rimabotulinumtoxin b)	Medical
Nagalzyme (galsulfase)	Medical
Nexviazyme (avalglucosidase alfa-ngpt)	Medical
Nucala (mepolizumab)	Pharmacy
Oncaspar (pegaspargase)	Medical
Orencia (abatacept)	Medical & Pharmacy
Oxlumo (lumasiran)	Medical
Pluvicto (Lutetium Lu 177 vipivotide tetraxetan)	Medical
Reblozyl (luspatercept)	Medical
Remicade and Unbranded Infliximab (infliximab)	Medical
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

Drug	Benefit
Ryplazim (plasminogen)	Medical
Saphnelo (anifrolumab-fnia)	Medical
Simponi Aria (golimumab)	Medical
Soliris (eculizumab)	Medical
Spinraza (nusinersen)	Medical
Spravato (esketamine)	Pharmacy
Stelara (ustekinumab)	Medical & Pharmacy
Strensiq (asfotase alfa)	Pharmacy
Susvimo (ranibizumab)	Medical
Takhzyro (lanadelumab)	Pharmacy
Tecartus (brexucabtagene autoleucel)	Medical
Tepezza (teprotumumab)	Medical
Testopel (testosterone pellet)	Medical
Tezspire (tezepelumab)	Medical
Truxima (rituximab-abbs)	Medical
Tysabri (natalizumab)	Medical
Ultomiris (ravulizumab-cwyz)	Medical
Uplizna (inebilizumab)	Medical
Vimizim (elosulfase alfa)	Medical
Vyepti (eptinezmab-jjmr)	Medical
Vyvgart (efgartigimod alfa-fcab)	Medical
Xeomin (incobotulinumtoxin a)	Medical
Xolair (omalizumab)	Pharmacy

Drug	Benefit
Yescarta (axicabtagene ciloleucel)	Medical *Reviewed by Transplant Coordinator
Zolgensma (onasemnogene abeparvovec- XIOI)	Medical
Zulresso (brexanolone)	Medical

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.



Federal Employee Program (FEP)

Advanced diagnostic imaging prior approval for FEP

A REMINDER

Effective **April 1, 2022**, advanced diagnostic imaging planned for FEP Members began requiring prior approval through **AIM Specialty Health®**.

Services requiring prior approval include Computed tomography (CT), Computed tomography angiography (CTA), Magnetic resonance imaging (MRI), Magnetic resonance angiography (MRA), Positron emission tomography (PET and PET-CT), Nuclear cardiology: - Myocardial perfusion imaging (MPI), Blood pool imaging - MUGA - First pass ventriculography, Infarct imaging

New Directions Behavioral Health contracts on behalf of FEP

For many years, New Directions Behavioral Health has had the responsibility of provider contracting and credentialing the behavioral health and substance use provider network for the Federal Employee Plan of Arkansas Blue Cross and Blue Shield. This note is a reminder to please contact our partner New Directions to become part of the behavioral health and substance abuse provider network for FEP. To complete an NDBH application click here [**NDBH APPLICATION**](#).

HEDIS® Improvement CPTII Coding Guide

Controlling High Blood Pressure Measure (CBP)

This measures the percentage of members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure is adequately controlled (<140/90 mm Hg).

To Improve Your Score:

- ✓ Retake the blood pressure (BP) if the results are high during an office visit (140/90 mm Hg or greater). Frequently, the second reading is lower, and HEDIS allows use of the lowest systolic and lowest diastolic readings if taken in the same day
- ✓ Do not round up BP values -- record exact value
- ✓ If initial reading is very high and is unlikely to respond to a single drug and lifestyle modification; consider additional medication therapies
- ✓ 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)
- ✓ The BP level can be coded on the claim using the CPT II codes in the following table
- ✓ Encourage FEP members with hypertension to enroll in the Hypertension Management Program, which provides access to a free blood pressure monitor (BPM)

Codes for Blood Pressure Readings

Code System	Codes	Definition
CPT-CAT-II	3074F	Most recent systolic blood pressure less than 130 mm Hg
	3075F	Most recent systolic blood pressure 130-139 mm Hg
	3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg
	3078F	Most recent diastolic blood pressure less than 80 mm Hg
	3079F	Most recent diastolic blood pressure 80-89 mm Hg
	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg

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HEDIS® measure—cervical cancer screening

Documentation of hysterectomy alone does not meet the criteria because it is not sufficient evidence that the cervix was removed. The HEDIS specs state we need to know the status of the cervix to be able to close the gap and/or exclude the member from the measure. The member continues to show up on the non-compliant list if the documentation states history of hysterectomy and does not say total, complete, radical, or hysterectomy with no residual cervix.

You may submit any of the following procedures to close this quality gap:

- Cervical cytology report within the last three years / cervical cytology with HPV report within the last five years.
- Chronic problem list with documentation of pap smear with or without HPV, including date and result.
- Any documentation of history of hysterectomy with no residual cervix – documentation must include the status of cervix – no residual cervix, cervical agenesis, or acquired absence of cervix.
 - Documentation of “complete,” “total” or “radical” hysterectomy (abdominal, vaginal or unspecified).
 - Documentation of “vaginal hysterectomy.”
 - Documentation of a “vaginal pap smear” in conjunction with documentation of “hysterectomy.”
- Progress note or consultation – notation of date and result of pap smear.
- Documentation of a “vaginal pap smear” in conjunction with documentation of hysterectomy.
- Documentation of hysterectomy in combination with documentation that the patient no longer needs pap testing/cervical cancer screening.

Table 1: HEDIS Exclusion Value Sets – cervical cancer screening

HEDIS Exclusion Value Sets	HEDIS Value Set Codes	Conditions
Exclusions: ▪ Absence of Cervix	[Q51.5] Agenesis and aplasia of cervix	Absence of Cervix
▪ Hysterectomy with No Residual Cervix	[Z90.710] Acquired absence of both cervix and uterus [Z90.712] Acquired absence of cervix with remaining uterus OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ	



Medicare Advantage

Sequestration Update

In 2021, the Centers for Medicare and Medicaid Services (CMS) announced reductions to Medicare Advantage sequestration and temporarily reduced payments by 2% under the Coronavirus Aid, Relief, and Economic Security (CARES) Act to assist providers with reimbursement during the pandemic. Effective March 31, 2022, CMS removed this temporary waiver and sequestration has now been reapplied. Arkansas Blue Medicare and Health Advantage Medicare Advantage HMO plans will follow suit and resume the sequestration rate per the current federal guidelines, effective April 1, 2022. The current sequestration schedule is as follows:

- No payment adjustment through March 31, 2022
- From April 1, 2022, through June 30, 2022, the sequestration rate will be 1%.
- Beginning July 1, 2022, the sequestration rate will be 2%, unless otherwise adjusted before this date.

Reference: [2021-12-16-MLNC | CMS](#)

Medicare Advantage Billing Guidelines with Screening for Hepatitis B Virus (HBV) Infection Screening

Effective for services performed on or after July 1, 2022, all Medicare Advantage network providers are required to file using the CPT codes listed below when submitting Hepatitis B claims for Medicare Advantage members. Medically necessary Hepatitis B screenings will be covered when ordered by an in-network provider, within a primary care setting, when using a compliant FDA approved laboratory test in accordance with Clinical Laboratory Improvement Act (CLIA) regulations. All claims should be submitted using the correct HCPCS code listed below. Claims using an incorrect HCPCS code will reject and be returned to the provider for correction and resubmission or denied.

CMS defines the use of HCPCS code G0499 to be used only in instances of non-pregnant individuals and require a dual diagnosis criteria. Please also note that HCPCS codes 86704, 87606, 87340 and 87341 should only be used when performed on pregnant individuals and will not be accepted for reimbursement on Medicare Advantage claims, in accordance with CMS guidelines.

Hepatitis B (Hepatitis B Surface Antigen)

- G0499 – Hepatitis B screening for asymptomatic, non-pregnant, high risk individual includes Hepatitis B surface antigen (HBsAg) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBsAg (anti-hbs) and Hepatitis B core antigen (anti-hbc)

- 87340 – Infectious agent detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay, [IMCA]) qualitative or semiquantitative, multi-step method; hepatitis B surface antigen (HBsAg)
- 87341 - Infectious agent detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay, [IMCA]) qualitative or semiquantitative, multi-step method; hepatitis B surface antigen (HBsAg) neutralization

References: 1. CMS Medicare Coverage Database: Link - [Screening for Hepatitis B Virus \(HBV\) Infection](#)