

March 2026

PROVIDERS' NEWS

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



Medical Pharmacy Coverage Changes

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Skai Blue Cross and Blue Shield

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Upcoming holidays

Good Friday
Friday, April 3

Memorial Day
Monday, May 25



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

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To receive Providers' News via email, please submit a request to providersnews@arkbluecross.com

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Thank you for reviewing Arkansas Blue Cross Blue Shield’s March 2026 Providers’ News. The purpose of this communication is to provide updates for you on revisions to payment process, payment policy, and guidance. Please take time to review the content specific to your facility or practice and thank you for your continued service to your patients and our members.

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Arkansas Blue Cross and Blue Shield

Hyrimoz

When requesting prior authorization (PA) using CoverMyMeds' platform, instead of entering Hyrimoz in the request, use the appropriate National Drug Code (NDC). To ensure PA requests are not rejected, providers and pharmacies should use an NDC listed below.

NDC	GPI	Label Name	Generic Name	Product Name
83457010001	6627001504D515	HYRIMOZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML	HYRIMOZ
83457010101	6627001504E515	HYRIMOZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML	HYRIMOZ
83457010801	6627001504E513	HYRIMOZ INJ 20/0.2ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 20 MG/0.2ML	HYRIMOZ
83457020146	6627001504E515	HYRIMOZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML	HYRIMOZ
83457010701	6627001504D540	HYRIMOZ SENS INJ 80/0.8ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	HYRIMOZ SENSOREADY PENS
83457020040	6627001504D515	HYRIMOZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML	HYRIMOZ
83457011301	6627001504D540	HYRIMOZ CD/ INJ UC/HS SP	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	HYRIMOZ SENSOREADY CD/UC/
83457011201	6627001504D560	HYRIMOZ-PLAQ INJ PSORIASI	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML & 40 MG/0.4ML	HYRIMOZ PLAQUE PSORIASIS

Intake Request Email Submission Option to be Discontinued

To streamline our process and improve request handling, beginning April 1, the email submission option for all intake requests will be discontinued.

How to Submit Requests Going Forward

- **Availity (for Arkansas providers)** –electronic submission method for prior authorization (PA) requests. Availity allows providers to upload attachments, submit concurrent requests, and track the status of their submissions. Using Availity helps ensure requests are processed more quickly and accurately. Availity is the preferred submission method for Arkansas providers.
- **Fax** - Acceptable for all request types. Remains the required method for Organizational Determination/Benefit Inquires (ODBIs) and Exception requests.

Thank you for your cooperation as we continue improving our processes.

InterQual Guidelines Implementation

Arkansas Blue Cross and Blue Shield, BlueAdvantage Administrators of Arkansas, Health Advantage, Skai Blue Cross Blue Shield and Octave Blue Cross and Blue Shield have begun using InterQual guidelines for certain medical benefit policies. InterQual guidelines will be used to assess whether a member meets clinical coverage criteria for the medication or service requested. The Arkansas Blue Cross and Blue Shield policy accessible [here](#) will indicate if InterQual guidelines should be used based on diagnosis and requested product or service.

Please use the self-registration tool to create a login <https://prod.ds.interqual.com/service/connect/transparency?tid=27b0a724-ca06-4b22-846b-598b8dae52fc> and view the criteria.

Sending Electronic Attachments via Availity

When submitting unsolicited records of attachments, needing to be synced to a claim or a barcoded request using the Availity Dashboard, be sure the Attachment Control Number is the claim number from the medical record request letter OR the Availity Attachment Number from the medical record request letter. It should not be a claim number from an associated or previous claim. If not done properly, the record will not attach to the correct claim and can become lost.

For additional instructions on submitting electronic attachments please refer to the [Quick Tip Guide – Using Availity](#) to Send Electronic Attachments in the Arkansas Blue Cross Availity Payer Space under Resources

Medical Pharmacy Coverage Changes

Arkansas Blue Cross and Blue Shield and its affiliates (BlueAdvantage Administrators of Arkansas, Health Advantage and Skai Blue Cross Blue Shield) seek to ensure that health plan members receive **safe and effective medicine** at the **lowest possible cost**.

We have expanded our adoption of **preferred products** to include new therapeutic categories in 2026.

Arkansas Blue Cross and Blue Shield and its affiliates will prefer two to three products in the selected categories across all lines of business (excluding Medicare Advantage, the Federal Employee Program, Arkansas State University, Arkansas State Employees, Public School Employees and Arkansas State Police). Walmart, previously excluded, will now be included beginning April 1, 2026. Preferred product categories for calendar year 2026 include bevacizumab, filgrastim, infliximab, pegfilgrastim, rituximab, trastuzumab, ocular vascular endothelial growth factor inhibitors and ustekinumab.

*(Note: Regarding **bevacizumab**, members with an **ophthalmic** indication will be allowed to use any bevacizumab product and will not be subject to the preferred products.)*

When prescribing for a medication in one of the selected categories, providers should choose from one of the preferred products in the coverage policy. If a provider chooses a **nonpreferred** product, it **will not be covered**. Exception criteria can be found in the coverage policy.

We have directed any member that may be affected by the change to consult their healthcare provider to discuss these changes and have provided them with available alternatives.

All members currently utilizing a **non-preferred** product will be required to utilize a preferred product in 2026 unless an exception is granted.

The 2026 preferred products are available on the next page. These are subject to change. Please refer to the corresponding coverage policies for the most up-to-date preferred product listings.

To switch to a preferred product – Submit **Authorization | Organizational Determination Request Form** indicating the chosen biosimilar or reference product – along with the corresponding Healthcare Common Procedure Coding System (HCPCS) code. If approved, we will enter a new authorization. As with all such authorizations, it will cover a defined time period and must be renewed at the end of that term.

Physician Fee Schedule

Notice of Material Amendment

Effective June 12, 2026, Arkansas Blue Cross and Blue Shield will implement new fee schedule allowances for codes listed below. Contact your local NDR or Provider Reimbursement at providerreimbursement@arkbluecross.com if you have any questions.

CODE	CODE TYPE	DESCRIPTION	OFFICE GLOBAL	OFFICE PC	OFFICE TC	FACILITY GLOBAL	FACILITY PC	FACILITY TC	EFFECTIVE DATE
B4102	DME/ SUPPLIES	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	\$2.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026
B4103	DME/ SUPPLIES	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	\$2.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026
B4104	DME/ SUPPLIES	Additive for enteral formula (e.g., fiber)	\$3.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026
B4149	DME/ SUPPLIES	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	\$2.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026

CODE	CODE TYPE	DESCRIPTION	OFFICE GLOBAL	OFFICE PC	OFFICE TC	FACILITY GLOBAL	FACILITY PC	FACILITY TC	EFFECTIVE DATE
B4150	DME/ SUPPLIES	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	\$0.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026
B4152	DME/ SUPPLIES	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	\$0.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026
B4153	DME/ SUPPLIES	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	\$2.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026

CODE	CODE TYPE	DESCRIPTION	OFFICE GLOBAL	OFFICE PC	OFFICE TC	FACILITY GLOBAL	FACILITY PC	FACILITY TC	EFFECTIVE DATE
B4154	DME/ SUPPLIES	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	\$0.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026
B4160	DME/ SUPPLIES	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	\$0.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026
B4161	DME/ SUPPLIES	Enteral formula, for pediatrics, hydrolyzed/ amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	\$2.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026

CODE	CODE TYPE	DESCRIPTION	OFFICE GLOBAL	OFFICE PC	OFFICE TC	FACILITY GLOBAL	FACILITY PC	FACILITY TC	EFFECTIVE DATE
B4162	DME/ SUPPLIES	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	\$5.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026
B4185	DME/ SUPPLIES	Parenteral nutrition solution, not otherwise specified, 10 grams lipids	\$4.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026
B4189	DME/ SUPPLIES	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein premix	\$4.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026
B4193	DME/ SUPPLIES	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein premix	\$4.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026
B4197	DME/ SUPPLIES	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein premix	\$4.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026

CODE	CODE TYPE	DESCRIPTION	OFFICE GLOBAL	OFFICE PC	OFFICE TC	FACILITY GLOBAL	FACILITY PC	FACILITY TC	EFFECTIVE DATE
B4199	DME/ SUPPLIES	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein premix	\$4.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026
77402	RADIOLOGY	Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed	\$109.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026
77407	RADIOLOGY	Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed	\$437.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026
77412	RADIOLOGY	Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) or a single-isocenter photon therapy (eg, 3D or IMRT) with active motion management, or total skin electrons, or mixed-electron/ photon field(s), including imaging guidance, when performed	\$539.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/12/2026

Medical Specialty Medications Prior Authorization Update

The table below lists medical specialty 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. Please note ASE/PSE, ASP and Medicare have their own prior authorization programs and table below does not include the medications for those programs.

Brand Name	Generic Name	HCPCS	2026 Preferred Product
Abecma	idecabtagene vicleucel	Q2055	
Actemra IV	tocilizumab IV	J3262	Preferred
Acthar	corticotropin	J0801	
Adakveo	crizanlizumab-tcma	J0791	
Adstiladrin	nadofaragene firadenovec-vncg	J9029	
Adzyna	ADAMTS13, recombinant-krhn	J7171	
Ahzantive	aflibercept-mrbb	Q5150	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]
Aldurazyme	laronidase	J1931	
Alymsys*	bevacizumab-maly	Q5126	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Amtagvi	lifileucel	J9999	
Amvuttra	vutrisiran	J0225	
Anktiva	nogapendekin alfa inbakicept-pmln	J9028	
Aralast NP	alpha-1 proteinase inhibitor (human)	J0256	
Arcalyst	riloncept	J2793	
Asparlas	calaspargase pegol	J9118	
Aucatzyl	obecabtagene autoleucel	Q2058	
Avastin*	bevacizumab	J9035	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Avsola	infliximab-axxq	Q5121	Preferred
Avtozma	tocilizumab-anoh	Q5156	Non-preferred [Actemra (J3262), Tofidence (Q5133), and Tyenne (Q5135) preferred]
Avzivi*	bevacizumab-tnjn	C9399	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Benlysta IV	belimumab IV	J0490	
Beovu	brovacizumab-dbll	J0179	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]
Beqvez	fidanacogene elaparvovec-dzkt	J1414	
Berinert	c1 esterase, inhibitor, human	J0597	
Bizengri	zenocutuzumab-zbco	J9382	
Bkemv	eculizumab-aeab	Q5152	Preferred
Blenrep	belantamab mafodotin-blmf	C9399	

Brand Name	Generic Name	HCPCS	2026 Preferred Product
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	
Casgevvy	exagamglogene autotemcel	J3392	
Cerezyme	imiglucerase	J1786	
Cimerli	ranibizumab-eqrn	Q5128	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]
Cimzia	certolizumab pego	J0717	
Cinqair	reslizumab	J2786	
Cinryze	c1 esterase, inhibitor, human	J0598	
Columvi	glofitamab-gxbm	J9286	
Cosela	trilaciclib	J1448	
Cosentyx IV	secukinumab IV	J3247	
Crysvita	burosumab-twza	J0584	
Danyelza	naxitamab-gqgk	J9348	
Datroway	datopotamab deruxtecan-dlnk	J9011	
Daxxify	daxibotulinumtoxina-lanm	J0589	
Duopa	levodopa-carbidopa intestinal gel	J7340	
Dysport	abobotulinumtoxin a	J0586	
Elahere	mirvetuximab soravtansine-gynx	J9063	
Elaprase	idursulfase	J1743	
ElELYso	taliglucerase alfa	J3060	
Elevidys	delandistrogene moxeparvover-rolid	J1413	
Elfabrio	pegunigalsidase alfa-iwxj	J2508	
Elrexfio	elranatamab-bcmm	J1323	
Elzonris	tagrazofusp-erzs	J9269	
Emrelis	telisotuzumab vedotin-tllv	J9326	
Encelto	revakinagene taroretcel-lwey	J3403	
Enjaymo	sutimlimab-jome	J1302	
Entyvio IV	vedolizumab IV	J3380	
Enzeevu	afilbercept-abzv	Q5149	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]
Epkinly	epcoritamab-bysp	J9321	
Epysqli	eculizumab-aagh	Q5151	Preferred
Erzofri	paliperidone palmitate	J2428	
Evenity	romosozumab-aqqg	J3111	

Brand Name	Generic Name	HCPCS	2026 Preferred Product
Evkeeza	evinacumab-dgnb	J1305	
Eylea	aflibercept	J0178	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]
Eylea HD	aflibercept	J0177	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]
Fabrazyme	agalsidase beta	J0180	
Flolan	epoprostenol	J1325	
Fulphila	pegfilgrastim-jmdb	Q5108	Preferred
Fyarro	sirolimus protein-bound particles	J9331	
Fylnetra	pegfilgrastim-pbbk	Q5130	Non-preferred [Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108) preferred]
Gamifant	emapalumab-lzsg	J9210	
Givlaari	givosiran	J0223	
Glassia	alpha-1 proteinase inhibitor human	J0257	
Grafapex	treosulfan	J0614	
Granix	tbo-filgrastim	J1447	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Hemgenix	etranacogene dezaparvovec-drlb	J1411	
Herceptin	trastuzumab	J9355	Non-preferred [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	Non-preferred [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Hercessi	trastuzumab-strf	Q5146	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	
Imaavy	nipocalimab-aahu	J9256	
Imdelltra	tarlatamab-dlle	J9026	
Imlygic	talimogene laherparepvec	J9325	
Imuldosa	ustekinumab-srlf	Q5098	Non-preferred [Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)]
Inflectra	infliximab-dyyb	Q5103	Preferred
Invega Sustenna	paliperidone palmitate	J2426	
Invega Trinza	paliperidone palmitate	J2427	
Istodax	romidepsin	J9319	

Brand Name	Generic Name	HCPCS	2026 Preferred Product
Ixifi	infliximab-qbtx	Q5109	Non-preferred [Inflectra (Q5103), Infliximab (J1745), Remicade (J1745) and Inflectra (Q5103) preferred]
Jemperli	dostarlimab	J9272	
Jevtana	cabazitaxel	J9043	
Jobevne*	bevacizumab-nwgd	Q5160	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Kadcyla	ado-trastuzumab emtansine	J9354	
Kalbitor	ecallantide	J1290	
Kanjinti	trastuzumab-anns	Q5117	Preferred
Kanuma	sebelipase alfa	J2840	
Kebilidi	eladocagene exuparvovec	J3590	
Kimmtrak	tebentafusp-tebn	J9274	
Kisunla	donanemab-azbt	J0175	
Krystexxa	pegloticase	J2507	
Kymriah	tisagenlecleucel	Q2042	
Kyprolis	carfilzomib	J9047	
Lamzede	velmanase alfa-tycv	J0217	
Lanreotide (Cipla)	lanreotide	J1932	
Lemtrada	alemtuzumab	J0202	
Lenmeldy	atidarsagene autotemcel	J3391	
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	
Lyfgenia	lovotibeglogene autotemcel	J3394	
Lymphir	denileukin diftitox-cxdl	J9161	
Lynozytic	linvoseltamab-gcpt	C9307	
Mepsevii	vestronidase alfa-vjbk	J3397	
Monjuvi	tafasitamab-cxix	J9349	
Mvasi*	bevacizumab-awwb	Q5107	Preferred
Naglazyme	galsulfase	J1458	
Neulasta and Neulasta Onpro	pegfilgrastim	J2506	Preferred
Neupogen	filgrastim	J1442	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Nexviazyme	avalglucosidase alfa-ngpt	J0219	
Niktimvo	axatilimab	J9038	
Nivestym	filgrastim-aafi	Q5110	Preferred
Nplate	romiplostim	J2802	

Brand Name	Generic Name	HCPCS	2026 Preferred Product
Nypozi	filgrastim-txid	Q5148	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Nyvepria	pegfilgrastim-apgf	Q5122	Non-preferred [Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108) preferred]
Ocrevus	ocrelizumab	J2350	
Ocrevus Zunovo	ocrelizumab and hyaluronidase-ocsq	J2351	
Ogivri	trastuzumab-dkst	Q5114	Preferred
OmvoH	mirikizumab-mrkz	J2267	
Onapgo	apomorphine hydrochloride	J3490	
Oncaspar	pegaspargase	J9266	
Onivyde	irinotecan liposomal	J9205	
Onpattro	patisiran	J0222	
Ontruzant	trastuzumab-dttb	Q5112	Preferred
Opdualag	nivolumab and relatlimab-rmbw	J9298	
Opuviz	aflibercept-yszy	Q5153	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]
Orencia	abatacept	J0129	
Otulfi IV and SC	ustekinumab-aaaz	Q9999	Non-preferred [Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)]
Oxlumo	lumasiran	J0224	
Padcev	enfortumab vedotin-ejfv	J9177	
PiaSky	crovalimab-akkz	J1307	
Pluvicto	lutetium lu 177 vipivotide tetraxetan	A9607	
Pombiliti	cipaglucosidase alfa-atga	J1203	
Poteligeo	mogamulizumab- kpkc	J9204	
Prevymis IV	letermovir IV	J3490	
Prolastin	alpha-1 proteinase inhibitor human	J0256	
Pyzchiva IV	ustekinumab-ttwe	Q9997	Preferred
Pyzchiva SC	ustekinumab-ttwe	Q9996	Preferred
Qalsody	tofersen	J1304	
Radicava IV	edaravone IV	J1301	
Reblozyl	luspatercept-aamt	J0896	
Rebyota	fecal microbiota, live-jslm	J1440	
Releuko	filgrastim-ayow	Q5125	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Relizorb	digestive enzyme cartridge	B4105	
Remicade and Unbranded Infliximab	infliximab	J1745	Preferred

Brand Name	Generic Name	HCPCS	2026 Preferred Product
Remodulin	treprostinil IV	J3285	
Renflexis	infliximab-abda	Q5104	Non-preferred [Inflectra (Q5103), Infliximab (J1745), Remicade (J1745) and Inflectra (Q5103) preferred]
Rethymic	allogeneic processed thymus tissue–agdc	J3590	
Revatio	sildenafil (IV)	J3490	
Revcovi	elapegademase-lvlr	J3590	
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]
Rivfloza	nedosiran	J3490	
Roctavian	valoctocogene roxaparvovec-rvox	J1412	
Rolvedon	eflapegrastim-xnst	J1449	Non-preferred [Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108) preferred]
Ruconest	c1 esterase, inhibitor, recombinant	J0596	
Ruxience	rituximab-pvvr	Q5119	Non-preferred [Riabni (Q5123) & Truxima (Q5115) preferred]
Rybrevant	amivantamab-vmjw	J9061	
Rylaze	asparaginase erwinia chrysanthemi (recombinant)-rywn	J9021	
Ryonicil	remestemcel-L-rknd	J3402	
Ryplazim	plasminogen, human-tvmh	J2998	
Rystiggo	rozanolixizumab-nol	J9333	
Rytelo	imetelstat	J0870	
Ryzneuta	efbemalenograstim alfa-vuxw	J9361	Non-preferred [Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108) preferred]
Saphnelo	anifrolumab-fnia	J0491	
Selarsdi	ustekinumab-aeqn	Q9998	Preferred
Simponi Aria	golimumab	J1602	
Skyrizi IV	risankizumab-rzaa IV	J2327	
Skysona	elivaldogene autotemcel	J3387	
Soliris	eculizumab	J1299	Preferred
Somatuline depot	lanreotide	J1930	
Spevigo	spesolimab-sbzo	J1747	
Spinraza	nusinersen	J2326	

Brand Name	Generic Name	HCPCS	2026 Preferred Product
Stelara IV	ustekinumab	J3358	Non-preferred [Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)]
Stelara SC	ustekinumab	J3357	Non-preferred [Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)]
Steqeyma IV and SC	ustekinumab-stba	Q5099	Non-preferred [Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)]
Stimufend	pegfilgrastim-fpgk	Q5127	Non-preferred [Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108) preferred]
Susvimo	ranibizumab implant	J2779	
Talvey	talquetamab-tgvs	J3055	
Tecartus	brexucabtagene autoleucel	Q2053	
Tecelra	afamitresgene autoleucel	Q2057	
Tecvayli	teclistamab-cqyv	J9380	
Tepezza	teprotumumab-trbw	J3241	
Tivdak	tisotumab vedotin-tftv	J9273	
Tofidence	tocilizumab-bavi	Q5133	Preferred
Trazimera	trastuzumab-qyyp	Q5116	Non-preferred [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Tremfya IV	guselkumab IV	J1628	
Trodelyv	sacituzumab govitecan-hziy	J9317	
Truxima	rituximab-abbs	Q5115	Preferred
Tyenne IV	tocilizumab-aaqg IV	Q5135	Preferred
Tyruko	natalizumab-sztn	Q5134	
Tysabri	natalizumab	J2323	
Tzield	teplizumab-mzww	J9381	
Udenyca	pegfilgrastim-cbqv	Q5111	Non-preferred [Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108) preferred]
Ultomiris	ravulizumab-cwyz	J1303	
Unloxyt	cosibelimab ipdl	J9275	
Uplizna	inebilizumab-cdon	J1823	
Uptravi IV	selexipag IV	J3490	
Vegzelma*	bevacizumab-adcd	Q5129	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Veletri	epoprostenol	J1325	
Veopoz	pozelimab-bbfg	J9376	
Viltepso	viltolarsen	J1427	
Vimizim	elosulfase alfa	J1322	
Vpriv	velaglucerase alfa	J3385	

Brand Name	Generic Name	HCPCS	2026 Preferred Product
Vyalev	foscarbidopa and foslevodopa	J7356	
Vyepti	eptinezumab-jjmr	J3032	
Vyjuvek	beremagene geperpavec-svdt	J3401	
Vyloy	zolbetuximab	J1326	
Vyvgart	efgartigimod alfa-fcab	J9332	
Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	J9334	
Wezlana IV	ustekinumab-auub	Q5138	Non-preferred [Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)]
Wezlana SC	ustekinumab-auub	Q5137	Non-preferred [Pyzchvia IV (Q9997), Pyzchvia SC (Q9996), Selarsdi (Q9998), Yesintek IV (Q5100) and Yesintek SC (Q9996)]
Xenpozyme	olipudase alfa-rpcp	J0218	
Xeomin	incobotulinumtoxin a	J0588	
Xiaflex	clostrisidial collagenase	J0775	
Ycanth	cantharidin	J7354	
Yesafili	aflibercept-jbvf	Q5155	Non-preferred [Vabysmo (J2777), Lucentis (J2778), Byooviz (Q5124), Pavblu (Q5147) preferred]
Yescarta	axicabtagene ciloleucel	Q2041	
Yesintek IV and SC	ustekinumab-kfce	Q5100	Preferred
Zarxio	filgrastim-sndz	Q5101	Preferred
Zemaira	alpha-1 proteinase inhibitor (human)	J0256	
Zepzelca	lurbinectedin	J9223	
Ziextenzo	pegfilgrastim-bmez	Q5120	Non-preferred [Neulasta (J2506), Neulasta Onpro (J2506) & Fulphila (Q5108) preferred]
Ziihera	zanidatamab-hrii	J9276	
Zirabev*	bevacizumab-bvzr	Q5118	Preferred
Zolgensma	onasmnogene abeparvovec-xioi	J3399	
Zulresso	brexanolone	J1632	
Zynlonta	loncastuximab tesirine-lpyl	J9359	
Zynteglo	betibeglogene autotemcel	J3393	

For more information on submitting a request for medication prior authorization, call the appropriate customer service phone number on the back of the member 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 for medical specialty medications can be found at the following link: <https://www.arkansasbluecross.com/providers/resource-center/prior-approval-for-requested-services>.

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.

Coverage Policy Manual Updates

The following policies have been 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.

PolicyID#	PolicyName
1997027	Neutron Therapy and Boron Neutron Capture Therapy
1997036	Cognitive Rehabilitation
1997113	Immune Globulin, Primary and Secondary Immunodeficiencies
1997210	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy Gamma Knife Surgery, Linear Accelerator, Cyberknife, TomoTherapy
1998001	Brachytherapy, Prostate, Low-dose Rate
1998031	Airway Clearance Devices
1998044	Neurofeedback
1998052	Fetal Fibronectin Enzyme Immunoassay - Archived
1998108	Ventricular Assist Devices
1998118	Bariatric Surgery
2000001	PET or PET/CT for Colorectal Cancer
2000002	PET or PET/CT for Non-Hodgkins Lymphoma and Leukemia
2000003	PET or PET/CT for Melanoma
2000023	PET or PET/CT for Head and Neck Malignant Disease
2000041	Cryoablation of Neoplastic Conditions
2001009	Non-Implantable Insulin Infusion Devices, Hybrid Insulin Infusion Devices, and Continuous Glucose Monitoring Devices
2001011	Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors
2001028	Magnetic Resonance Imaging (MRI), Breast
2001035	PET or PET/CT for Prostate Cancer, FDG and non-FDG
2001036	PET or PET/CT for Breast Cancer
2001037	PET or PET/CT for Ovarian, Fallopian Tube, and Primary Peritoneal Cancer
2002011	Accelerated Breast Irradiation and Brachytherapy for Breast and Gynecological Cancers
2003015	Intensity Modulated Radiation Therapy (IMRT)
2003018	Genetic Test: Fecal and Serologic Genetic Testing to Detect Colorectal Cancer, Screening
2003031	Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee - Archived
2004024	PET or PET/CT for Thyroid Cancer
2006014	Microwave Thermotherapy for Breast Cancer - Archived

PolicyID#	PolicyName
2006019	Brachytherapy, Prostate, High-Dose Rate Temporary
2006038	Ultrafiltration in Decompensated Heart Failure - Archived
2007024	Genetic Test: HER2 Testing
2009008	Extracorporeal Shock Wave Therapy in the Treatment of Peyronie's Disease - Archived
2009012	Repair of Durable Medical Equipment (DME) and External Prosthetic Devices - Archived
2009034	Intensity Modulated Radiation Therapy (IMRT), Prostate
2009036	Intensity Modulated Radiation Therapy (IMRT), Breast
2010013	Injection, Clostridial Collagenase for Fibroproliferative Disorders
2011006	Ipilimumab (e.g., Yervoy)
2011056	Tibial Nerve Stimulation
2011066	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OVERVIEW
2011071	Intensity Modulated Radiation Therapy (IMRT), Abdomen and Pelvis
2011073	Biomarker, Methotrexate Polyglutamates to Predict Response to Methotrexate in Patients with Rheumatoid Arthritis (Avisc PG) - Archived
2011074	PET or PET/CT for Gastric and Hepatocellular and Biliary Tract Cancers
2013002	PET or PET/CT for Hodgkin's Lymphoma
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)
2015035	Sleep Apnea, Minimally Invasive Surgical Treatment
2016005	Nivolumab (e.g., Opdivo)
2016015	Alemtuzumab (e.g., Lemtrada)
2016016	Atezolizumab and Atezolizumab with Hyaluronidase (e.g., Tecentriq and Tecentriq Hybreza)
2017003	Ziv-aflibercept (e.g., Zaltrap)
2017022	Cerliponase Alfa (e.g., Brineura)
2018004	Letermovir (e.g., Prevymis)
2018012	PET or PET/CT for Bone Cancer
2018022	Testing for Oral and Esophageal Cancer
2018030	Site of Care or Site of Service Review
2019010	Esketamine (e.g., SPRAVATO)
2019011	Nusinersen (e.g., Spinraza)
2019013	Emapalumab-LZSG (e.g., Gamifant)
2020005	Self-Administered Medication
2020022	Tocilizumab (e.g., Actemra) and Biosimilars
2020024	Belantamab mafodotin-blmf (e.g., Blenrep)
2021001	Lurbinectedin (e.g., Zepzelca)
2021005	Tafasitamab-cxix (e.g., Monjuvi)
2021024	White Blood Cell Growth Factors (Colony Stimulating Factors)
2022003	Cabotegravir ER (e.g., Apretude)-ARCHIVED
2022013	Medical Technology Assessment, Non-Covered Services
2022036	Digital Health Technologies: Diagnostic Applications
2022041	Pegcetacoplan (e.g., Empaveli)
2022042	Treatment of Hereditary Transthyretin-mediated Amyloidosis [Patisiran (e.g., Onpattro) and Vutrisiran (e.g., Amvuttra)]

PolicyID#	PolicyName
2022044	Genetic Test: Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Ovarian Cancer
2022046	Betibeglogene autotemcel (e.g., Zynteglo)
2023007	Elivaldogene autotemcel (e.g., Skysona)
2023028	Fecal microbiota, live-jslm (e.g., Rebyota)
2023031	Laboratory Testing Investigational Services
2023050	Valoctocogene roxaparvovec-rvox (e.g., Roctavian)
2024013	Exagamglogene autotemcel (e.g., Casgevy)
2024014	Lovotibeglogene autotemcel (e.g., Lyfgenia)
2024042	Lisocabtagene Maraleucel (e.g., Breyanzi)
2024053	RTM_Beta-Hemolytic Streptococcus Testing
2024072	Nogapendekin alfa inbakicept-pmln (e.g., Anktiva)
2024073	Hereditary Angioedema (HAE) with normal C1 inhibitor levels, Prophylaxis and Acute Treatment
2024075	Factor XIII (e.g., Corifact, Tretten)
2024077	Donanemab (e.g., Kisunla)
2024078	Afamitresgene autoleucel (e.g., Tecelra)
2024079	New-To-Market Medical Benefit Medication
2024080	Imetelstat (e.g., Rytelo)
2025031	Maximum Dosage and Frequency for Medical Benefit Drugs
2025033	Apomorphine (e.g., Onapgo)
2025034	Bariatric Surgery Pilot (effective only through December 31, 2025)
2025035	Tonic Motor Activation (TOMAC) for Restless Legs Syndrome
2025036	Foscarbidopa with foslevodopa (e.g., Vyalev)
2025037	Linvoseltamab-gcpt (e.g., Lynozytic)
2025038	Denileukin diftitox-cxdl (e.g., Lymphir)
2025039	Telisotuzumab vedotin-tllv (e.g., Emrelis)
2025040	Anti-tissue Factor Pathway Inhibitors [Marstacimab-hncq (e.g., Hympavzi) and Concizumab-mtci (e.g., Alhemo)]

Payment Policy Manual Updates

The following policies have been added or updated in the Arkansas Blue Cross and Blue Shield's Payment Policy manual.

To view entire payment policies, please refer to the Arkansas Blue Cross Blue Shield website.

Payment Policy ID#	Payment Policy Name
000029	Durable Medical Equipment (DME), Prosthetics and Orthotics, and Medical Supplies (DMEPOS)

Metallic Formulary Changes Effective May 1, 2026

The formulary table below list covered drugs under the member's benefit plan. On Exchange, Off Exchange, Arkansas Works, Arkansas Blue Cross and Blue Shield Small group, Health Advantage small group use the metallic formulary. If you need assistance determining the appropriate formulary to use, please contact customer service.

Product/Drug Label Name	Change	Formulary Alternatives
ARNUITY ELPT	Brand no longer covered	generic fluticasone fur inh
DIFICID	Brand no longer covered	generic fidaxomicin tab
XARELTO	Brand no longer covered	generic rivaroxaban sus
ADZENYS XR	Brand no longer covered	generic amphetamine tab ER
PREMARIN	Brand no longer covered	generic conj estrogen tab

Standard Formulary Changes Effective April 1, 2026

The formulary table below list covered drugs under the member's benefit plan. Arkansas Blue Cross and Blue Shield large groups, Health Advantage large groups, and BlueAdvantage plans that have selected our prescription drug benefits use the standard formulary. If you need assistance determining the appropriate formulary to use, please contact customer service.

Product/Drug Label Name	Change	Formulary Alternatives
ARMOURTHYRO	No longer Covered	levothyroxine, liothyronine
FORTEO	No longer Covered	teriparatide, BONSTY, TYMLOS
NPTHYROID	No longer Covered	levothyroxine, liothyronine
BRILINTA	Tier 2 to Tier 3	clopidogrel, prasugrel, ticagrelor
COPAXONE	Tier 2 to Tier 3	dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, KESIMPTA, MAYZENT, REBIF, ZEPOSIA
DIFICID	Tier 2 to Tier 3	fidaxomicin

Skai Blue Cross and Blue Shield

In the December 2025 edition of Providers' News, we announced a new brand within the Arkansas Blue Cross and Blue Shield family of affiliates: Skai Blue. Skai Blue is a new third-party administrator (TPA) that will more broadly support the company's national business and clients.

Arkansas Blue Cross national accounts are currently serviced by BlueAdvantage Administrators of Arkansas (BAAA). Skai Blue will serve as a new TPA, administering health plan benefits for the company's self-funded national accounts and future national business, providing customer service, claims processing and other benefit solution services for some of the nation's leading companies. This new brand launched January 1, 2026, and includes the following groups: ABB, Arvest, JB Hunt, Simmons Foods, Paychex, Walmart, and Uniti.

In early September 2025, Availity provided communication to all clearinghouses notifying them of the new Payer ID# (BSKAI) assigned for the Skai brand.

Filing Claims Correctly

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, verify eligibility before submitting the claim. Claims should be submitted with the exact information displayed on the electronic eligibility.

To help reduce claim rejections, please check eligibility and benefits at each visit and ensure the patient's record is updated in your practice electronic record system. If any information is missing or cannot be validated, the claim will be rejected 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, the correct member ID should include the prefix and suffix to identify the member/subscriber on the claim. This also applies to Skai Blue Cross Blue Shield policies. 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.

You can also correct claims errors in Availity. If a claim rejects in Availity, click the “correct this claim” button in the Claims Management function or CMT, then correct the error and resubmit the claim. 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.



Federal Employee Program

HEDIS Quality Improvement Strategy

HEDIS Quality Improvement Strategy Blue Cross Blue Shield Association (BCBSA) continues to place a heightened priority on improving FEP HEDIS Quality scores in 2026. BCBSA decided to continue the 2025 collaborative effort for Federal Employee Health Benefit (FEHB) and Postal Service Health Benefit (PSHB) plans to focus on the top five (5) quality measures where the Federal Government's Office of Personnel Management has issued a corrective action plan which includes:

- [Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis \(AAB\)](#)
- [Controlling High Blood Pressure \(CBP\)](#)
- [Emergency Department Use \(EDU\)](#)
- [Glycemic Status Assessment for Patients with Diabetes \(GSD\)](#)
- [Use of Imaging Studies for Low Back Pain \(LBP\)](#)

These five key measures have scored low for the past several years for our members, and improvement is needed to enhance the quality of care and health outcomes for FEHB and PSHB Members.

Arkansas Blue Cross Blue Shield would like the assistance of our providers to achieve better results in the HEDIS Targeted Measures. In addition, we will be contacting providers for their support even more on the measures. Our ABCBS Plan is being held responsible and accountable for improvement in the FEP HEDIS QCR scores.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Why is AAB important? Research on antibiotics and acute bronchitis concludes that antibiotics reduce coughing slightly but may cause side effects and contribute to antibiotic resistance. At least 30% of antibiotic courses prescribed in an outpatient setting are not needed, meaning antibiotics did not improve the outcome. Most of these medically unnecessary antibiotics are for acute respiratory conditions, such as bronchitis, colds, and sore throats caused by viruses.

[HEDIS FEP Acute Bronchitis Bronchiolitis - AAB](#)

Controlling Blood Pressure (CBP)

Controlling blood pressure is important because it can help prevent or delay serious health problems, including heart attack, stroke, and kidney disease.

Key reasons why controlling blood pressure is important:

- Prevents heart attack and stroke: Uncontrolled blood pressure is a leading cause of heart attacks and stroke.

- Prevents kidney disease: High blood pressure can damage blood vessels, which can lead to kidney disease.
- Prevents dementia: Lowering blood pressure can reduce the risk of memory loss and dementia.
- Prevents poor birth outcomes: High blood pressure can put a mother and baby at risk for problems during pregnancy.

[HEDIS FEP Controlling Blood Pressure - CBP](#)

Emergency Department Utilization (EDU)

Proper Emergency Department utilization is important because it ensures that the ER is used for its intended purpose - treating true medical emergencies - which prevents unnecessary strain on the healthcare system, reduces costs, minimizes waiting times for patients with urgent needs, and ultimately leads to better patient outcomes by prioritizing care for those who require immediate medical attention.

Key reasons why proper ED utilization matters:

- Cost-effectiveness: Unnecessary ER visits are expensive and consume resources that could be used for more critical patients.
- Access to care for emergencies: When the ER is not overloaded with non-urgent cases, it can effectively treat patients with life-threatening conditions promptly.
- Improved patient experience: Shorter waiting times and efficient care delivery in the ER lead to better patient experience.
- Efficient resource allocation: By utilizing alternative care options for non-emergent issues, healthcare providers can better manage their staff and facilities.
- Quality of care: Appropriate ED utilization allows healthcare professionals to focus on providing the necessary level of care for truly emergent situations.

[HEDIS FEP Emergency Department Utilization - EDU](#)

Glycemic Status Assessment for Patients with Diabetes (GSD)

A Glycemic Status Assessment for Patients With Diabetes (GSD) is important because it allows providers to monitor and evaluate how well a diabetic patient is managing their blood sugar levels, which is crucial for preventing serious complications like vision loss, kidney damage, heart disease, and nerve damage associated with poorly controlled diabetes; by identifying patients with poorly controlled blood sugar, healthcare providers can intervene with necessary treatment adjustments to optimize their health outcomes.

Key reasons why GSD is important:

- Measures blood sugar control: Primarily uses the HbA1c test, which provides an average blood sugar level over the past few months, giving a more comprehensive picture of glycemic control than a single blood sugar reading.
- Early detection of complications: By regularly assessing glycemic status, healthcare providers can identify patients at risk of complications early on and take preventative measures.
- Treatment optimization: GSD results help inform treatment decisions, allowing clinicians to adjust medication dosages or lifestyle recommendations as needed to achieve optimal blood sugar control.
- Quality metric: GSD is often used as a quality measure in healthcare systems, tracking the percentage of diabetic patients with well-managed blood sugar levels.

[HEDIS FEP Glycemic Status Assessment - GSD](#)

Use of Imaging Studies for Low Back Pain (LBP)

Routine imaging (X-ray, MRI, CT scan) for low back pain does not always improve outcomes and could expose an individual to unneeded harm such as radiation.

It is critical to reduce imaging when there are no red flags, so treatments that are not effective, and may result in extra costs, are kept to a minimum.

[HEDIS FEP Use of Imaging Studies for Low Back Pain - LBP](#)



ARHOME & ACA members

2026 Risk Adjustment Announcement

Risk Adjustment medical record request schedule for 2026 dates of service:

Project Dates	Dates of service being requested	Request submitted to Clinics	Charts due to ABCBS
May 2026	Jan 1, 2026 – March 31,2026	May 5, 2026 – May 7,2026	July 15,2026
Aug 2026	Jan 1, 2026 – June 30,2026	Aug 4, 2026 – Aug 6,2026	October 15,2026
Nov 2026	Jan 1, 2026 – Sep 30,2026	Nov 3, 2026 – Nov 5,2026	December 26,2026
Jan 2027	Jan 1, 2026 – Dec 31,2026	Jan 5, 2027 – Jan 7,2027	March 15,2027

ACA CMS RADV IVA Audit June 2026 – November 2026

- May 2026 - CMS will release a list of members being audited.
- The audit will be for 2025 dates of service.
- Arkansas Blue Cross Blue Shield record requests will be delivered through Availity, either by MRR dashboard, digital correspondence, fax, or mail.
- Due to the quick turnaround time of the audit, it is crucial to return all dates of service requested for each member within 60 days of receiving the request.
- Vendors you may see request from:
 - Virtix (Inovalon) for any out of state Blues plans with members seen in our network
 - Cognisight, who may also utilize other vendors such as:

CIOX (Datavant)	RecordQuest
CopyMate	ShareCare
HealthMark	Stat Informatics
MRO	VCR
Moxe	Verisma
ProviderFlow	

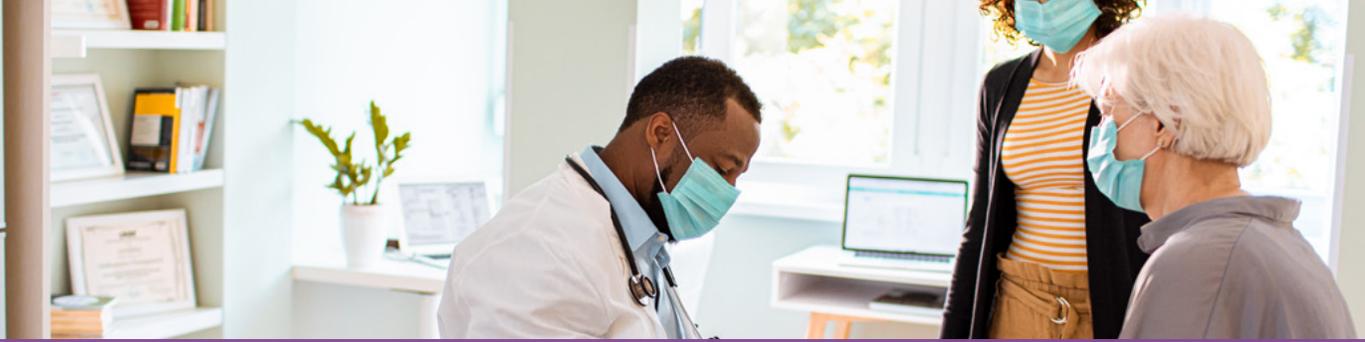
HIPAA and HITECH Reminders

As a Qualified Health Plan participating in the Federal Facilitated Marketplace (FFM) 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) 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: <https://www.hhs.gov/hipaa/for-professionals/index.html>



Medicare Advantage

2026 Preferred Continuous Glucose Monitor (CGM)

CMS announced its strategy to expand and significantly accelerate RADV (Risk Adjustment Data Validation) audits to address the backlog and ensure the integrity of Medicare Advantage (MA) payments.

- In February 2026 CMS began auditing dates of service 2019 – 2024.*
- EVERY MA PLAN existing within the audited year, across all payers, WILL BE AUDITED
- Number and names of audited members is unknown until CMS releases the audit list.
- Each audited year will be released in 3-month segments chronologically.
- Plans are given 5 months to retrieve records, identify documentation within a medical record proving the conditions exist, and upload the records to the CMS audit portal, starting when the audit member lists are received from CMS.
- Based on information released from CMS, below are the expected audit periods for Medicare Advantage members:
 - 2019 dates of service expected audit Feb 2026 – July 2026
 - 2020 dates of service expected audit May 2026 – October 2026
 - 2021 dates of service expected audit August 2026 – January 2027
 - 2022 dates of service expected audit November 2026 – April 2027
 - 2023 dates of service expected audit February 2027 – July 2027
 - 2024 dates of service expected audit May 2027 – October 2027
- Arkansas Blue Cross Blue Shield record requests will be delivered through Availity, either by MRR dashboard, digital correspondence, fax, or mail. **We will not be using a vendor for these requests, though we may contact locations directly if no response has occurred within 60 days.**
- Due to the quick turnaround time of the audit, it is crucial to return **all dates of service** within the audited year for each member requested as quickly as possible.
- Vendor you may see request from:
 - Virtix (Inovalon) for members with coverage from an out-of-state Blues plan, who saw a provider within our state/network.

*** The exact dates of the audit are not announced ahead of time, only the month.**

Availity – The Key to Self Service

Does your office use Availity? Save valuable time by using Availity to research questions versus contacting Customer Service. Most answers are at your fingertips with Availity, and those that aren't should be sent to your Medicare Advantage Network Specialist. This process ensures you receive the most accurate and complete information.

If you encounter an issue while using Availity, contact your [Medicare Network Specialists - Arkansas Blue Cross and Blue Shield](#). Take your self-service to the next level with Availity.

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](#)

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, for those who qualify. 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 https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf.