

PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Medical Technology Assessment	2022013	Effective April 15, 2026, CPT code 52284 will be removed from Coverage Policy 2022013 and coverage will be changed from non-covered to restricted coverage.	No	04/15/2026	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2022013">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2022013</a>