PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	**POLICY NUMBER**	**CRITERIA CHANGE**	**MATERIAL AMENDEMENT**	**EFFECTIVE DATE**	**LINK TO FULL POLICY**
Medical Technology Assessment, Non-covered Services	2022013	PLA code 0035U will be added as non-covered.	Yes	**01/19/2026**	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2022013