

December 2023

# PR*NEWS*VIDERS'

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



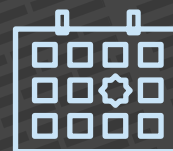
**DispatchHealth**

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Changes**

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**Upcoming holidays**

**Winter Holidays**

Friday, December 22  
and Monday, December 25

**New Years**

January 1



**Arkansas  
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

**Editor : Christy Givens**

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An overhead photograph of three people—two men and one woman—standing in a modern office space. They are gathered around a table, looking at documents and talking. The woman is wearing a red top, and the men are in light-colored shirts. The floor is made of large, light-colored tiles.

# Arkansas Blue Cross and Blue Shield

## Coverage Policy Manual Updates

The following policies were added or updated in Arkansas Blue Cross and Blue Shield's Coverage Policy manual. To view entire policies, access the coverage policies located our Web site at [arkansasbluecross.com](https://arkansasbluecross.com).

Policy ID#	Policy Name
1997113	Immune Globulin, Intravenous and Subcutaneous
1997126	Low Level LaserTherapy (LLLT) and High Intensity LaserTherapy
1998031	Airway Clearance Devices
1998158	Trastuzumab ANDTrastuzumab and Hyaluronidase-oysk
1998161	Infliximab (e.g., Remicade and Unbranded Infliximab)
2001035	PET or PET/CT for Prostate Cancer, FDG and non-FDG
2004029	Genetic Test: Assays of Genetic Expression in Tumor Tissue to Determine Prognosis in Patients With Breast Cancer (Oncotype DX®, EndoPredict, Breast Cancer Index, Prosigna, Mammaprint)
2006016	Rituximab (e.g., Rituxan) and Biosimilars- Oncologic Indications
2006026	Genetic Test: Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts & Leukoencephalopathy (CADASIL) (NOTCH3)
2008010	Certified Nurse Practitioners
2008013	Certified Nurse Midwives
2008014	Physician Assistants
2008015	Clinical Nurse Specialist
2008025	Stem Cell Growth Factor, Romiplostim (e.g., Nplate)

Policy ID#	Policy Name
2008027	Somatic Biomarker Testing (including Liquid Biopsy) for Targeted Treatment in Metastatic Colorectal Cancer (KRAS, NRAS, BRAF, and HER2)
2010005	Peripheral Nerve Stimulation
2010013	Injection, Clostridial Collagenase for Fibroproliferative Disorders
2010046	Intravitreal, Punctum Corticosteroid Implants and Ranibizumab (e.g., Susvimo)
2011026	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: TYPE 2 DIABETES MELLITUS SCREENING FOR ADULTS
2011043	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: DEPRESSION AND ANXIETY SCREENING, ADULTS
2011044	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: DEPRESSION AND ANXIETY SCREENING IN ADOLESCENTS
2011053	Autism Spectrum Disorder in Children, Applied Behavioral Analysis
2011056	Electrical Stimulation, Percutaneous Tibial Nerve Stimulation for the Treatment of Voiding Dysfunction
2011066	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OVERVIEW
2012032	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: GESTATIONAL AND POSTPARTUM DIABETES SCREENING
2012035	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: CONTRACEPTIVE USE AND COUNSELING
2012040	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: Newborn Screening For Inherited Disorders
2012046	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: WELL-CHILD VISITS, NEWBORN, INFANT, CHILDREN, ADOLESCENTS & AGES 18-21
2013026	Intraoperative Assessment of Surgical Margins during Breast-Conserving Surgery
2013040	Genetic Test: Alpha and Beta Thalassemia
2013041	Cardiovascular Risk Panels
2013048	Repository Corticotropin Injection
2015014	Amniotic Membrane and Amniotic Fluid Injections
2015017	Genetic Test: Limb-Girdle Muscular Dystrophies
2016004	Lab Test: Identification of Microorganisms Using Nucleic Acid Probes
2016005	Anti-PD-1 (programmed death receptor-1) Therapy (e.g., Nivolumab) (e.g., Durvalumab) (e.g., Cemiplimab)

Policy ID#	Policy Name
2016008	Thermal Ablation of Peripheral Nerves to Treat Pain Associated with Plantar Fasciitis, Knee Osteoarthritis, Sacroiliitis and Other Conditions
2016015	Alemtuzumab (e.g., Lemtrada)
2016021	Paliperidone Palmitate (e.g., Long-acting Injectables Invega Sustenna <sup>®</sup> & Invega Trinza)
2016024	Gender Affirming Surgery
2017001	Alpha-1 Proteinase Inhibitor Therapy (e.g., Aralast, Glassia, Prolastin, and Zemaira)
2017006	Bevacizumab (e.g., Avastin <sup>™</sup> ) for Oncologic Indications
2017007	Cetuximab (e.g., Erbitux <sup>™</sup> )
2017009	Denosumab (e.g., XGEVA <sup>™</sup> and Prolia <sup>™</sup> )
2017015	Avelumab (e.g., Bavencio <sup>™</sup> )
2017019	Molecular Testing in the Management of Pulmonary Conditions
2017021	Ocrelizumab (e.g., Ocrevus)
2017034	Inotuzumab Ozogamicin (e.g., Besponsa <sup>™</sup> )
2017035	Gemtuzumab Ozogamicin (e.g., Mylotarg <sup>™</sup> )
2018000	Leadless Cardiac Pacemakers
2018002	Chemodenervation, Botulinum Toxins
2018022	Testing for Oral and Esophageal Cancer
2018025	Mucopolysaccharidoses Agents
2019011	Treatment for Spinal Muscular Atrophy
2020004	Teprotumumab-trbw (e.g., TEPEZZA <sup>™</sup> )
2020007	Eptinezumab-jjmr (e.g., VYEPTI <sup>™</sup> )
2021024	White Blood Cell Growth Factors (Colony Stimulating Factors)
2021027	Evinacumab-dgnb (e.g., Evkeeza)

Policy ID#	Policy Name
2021034	Rituximab (e.g., Rituxan) and Biosimilars – Non-Oncologic Indications
2021036	Ibuprofen I 131 (e.g., Azepra®)
2021044	Cabotegravir extended release – rilpivirine extended release (e.g., Cabenuva)
2022001	Efgartigimod (e.g., Vyvgart) and Efgartigimod alfa and Hyaluronidase-qvfc (e.g., Vyvgart Hytrulo)
2022003	Cabotegravir ER inj susp (e.g., Aprelude)
2022005	Non-Invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease
2022014	Lutetium Lu 177 vipivotide tetraxetan (e.g., Pluvicto)
2022024	Sutimlimab-jome (e.g., Enjaymo)
2022027	Pilot Policy: Percutaneous Arteriovenous Fistula (pAVF)
2022033	Ground Ambulance
2023010	Tremelimumab-actl (e.g., Imjudo)
2023012	Teplizumab-mzww (e.g. Tzield™ )
2023013	Enzyme Replacement Therapy (ERT) for Fabry Disease: Agalsidase Beta (e.g., Fabrazyme) and Pegunigalsidase alfa (e.g., Elfabrio)
2023014	Bevacizumab (e.g., Avastin) for Non-Oncologic and Non-Ophthalmologic Indications
2023026	Omidubicel (e.g., Omisurge) as Adjunct Treatment for Hematologic Malignancies
2023031	Laboratory Testing Investigational Services
2023032	Tofersen (e.g., Qalsody)
2023033	Retifanlimab-dlwr (e.g., Zynyz)
2023034	Epcoritamab-bysp (e.g., Epkinly)
2023035	Sebelipase alfa (e.g., Kanuma)
2023036	Glofitamab-gxbm (e.g., Columvi)
2023037	Pegcetacoplan (e.g., Syfovre)



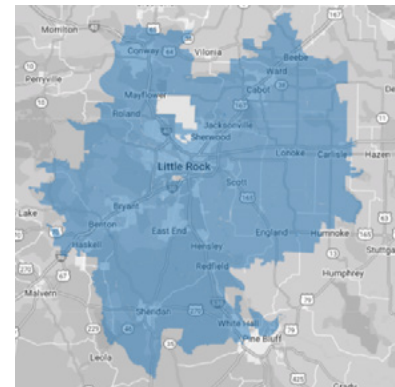
Policy ID#	Policy Name
2023038	Lanreotide (e.g., Lanreotide injection, Somatuline depot®)
2023041	Ublituximab-xiiy (e.g., Briumvi)
2023043	Safety Beds
2023044	Liposuction for Lipedema and Lymphedema
2023045	Eculizumab (e.g., Soliris)

## DispatchHealth

Arkansas Blue Cross and Blue Shield introduces you to [DispatchHealth®](#), a company that provides support to members who have moderate-to-high-risk conditions and care gaps — bringing them urgent medical care in the comfort of their homes in the central Arkansas area.

### About DispatchHealth

DispatchHealth extends and supports in-clinic providers by delivering comprehensive, in-home medical care for patients with serious health concerns. DispatchHealth's licensed healthcare professionals can provide on-demand urgent medical care, recovery care following discharge from the hospital, and personalized health evaluations — all within the comfort of the patient's home.



DispatchHealth services are in-network for Arkansas Blue Cross members in central Arkansas. To see if a member's ZIP code is in their service area, use this [Dispatch Health link](#).

### Urgent medical care at home (Acute Care)

DispatchHealth can provide in-home, high-acuity, same-day medical care to members for urgent illnesses and injuries. **They share clinical notes following every visit to ensure coordination of care with the patient's PCP or specialist.** [Watch the video](#) to see what providers can expect.

- **Accessible:** DispatchHealth medical professionals bring high-acuity care to members in their homes 8 a.m. to 10 p.m. (CST). (in most service areas), every day of the year, including holidays.
- **Affordable:** A visit from DispatchHealth will have the same out-of-pocket costs as a walk-in urgent care visit.
- **Comprehensive care:** They can treat urinary concerns, extremity injuries, swelling, confusion, weakness, cellulitis, abscesses and [more](#).

### Get started today:

- **Request a visit online** using DispatchExpress, a HIPAA-compliant online care request platform for healthcare professionals. It's the easiest and fastest way to get an appointment.
  - [Activate an account](#) today or [log in here](#).
- Providers also call DispatchHealth at **501-302-9044**.



- After a provider submits a request for a visit, **DispatchHealth will reach out to the member** to finish scheduling their appointment.

### Recovery care at home (Bridge Care)

DispatchHealth provides proactive, high-acuity medical interventions in the home for patients within 72 hours after discharge from a hospital or skilled nursing facility. DispatchHealth will help bridge the gap between the inpatient setting to a patient's recovery at home, helping to prevent readmission for conditions such as cellulitis, pneumonia, exacerbations of CHF or COPD and more. Following the Bridge Care visit, DispatchHealth will share clinical notes and help coordinate follow-up care with the member's primary or specialty care doctor.

Watch this [short video](#) about Bridge Care.

### Personalized Health Evaluations

DispatchHealth provides in-home health evaluations for members who are identified for targeted outreach based on high-risk conditions and care gaps. These in-home evaluations are in addition to an annual wellness checkup with a primary care doctor. They focus on overall health and wellness, preventive screenings, potential barriers to care, social services and closure of select HEDIS gaps. DispatchHealth will be reaching out to eligible Arkansas Blue Cross and Blue Shield members to introduce their services, schedule and perform these in-home assessments and will provide clinical notes to the member's primary care doctor following the appointment.

## Electronic Data Interchange (EDI) Unique Submitter Identification Number No Longer Required for Claims Submission

For many years Arkansas Blue Cross EDI has required issuance of a unique alpha-numeric submitter ID number (EXXXX) to be used when submitting claims to Arkansas Blue Cross and Blue Shield, Health Advantage, Arkansas Blue Medicare, BlueAdvantage, and the Federal Employee Program. In November 2023, the requirement for this unique identification number was removed.

Providers and their clearinghouses are no longer required to use this number for claims submission. Only a valid NPI, Tax ID or EIN and taxonomy code should be used when submitting 837i, 837p or 837d transactions. Availity sent notification to all Trading Partners and the Availity Essentials portal will be updating training documents and removing the required PAPI (payer specific identifier) from the Availity enrollment process. If your system is still sending this identifier, claims will not be rejected, but it is no longer a requirement. Any newly credentialed providers, clinics or facilities will no longer need to apply for a submitter identification number.

### Humira Biosimilars Now Available on the Pharmacy Benefit

The Humira biosimilar options on the pharmacy benefit are Hyrimoz and Adalimumab-Adaz. These are only covered on the pharmacy benefit.

The following table indicates the AWP (average wholesale price) cost for similar dosage forms of Humira, Hyrimoz and Adalimumab-Adaz. Hyrimoz and Adalimumab-Adaz are not interchangeable with Humira, which means that providers will need to write for the particular biosimilar product.

Biosimilars can provide significant savings for patients, especially if the patient has a high deductible health plan.

Both biosimilars have citrate-free options for patients, which decreases the pain at the injection site.

Biosimilars are not generics but are very close in structure and function to the reference biologic. A biosimilar must prove that there are no meaningful differences from the reference biologic in safety, purity and potency. Patients should expect a similar clinical response to the biosimilar drugs as they would to Humira. The biosimilars may not have all the indications as the reference drug. This is mostly due to patent protection, not due to lack of effectiveness.

Humira will continue to be covered on the pharmacy formularies. Humira, Hyrimoz and Adalimumab-Adaz all require prior authorization based on the criteria for the patient's diagnosis. Prior authorization criteria can be found at <https://www.arkansasbluecross.com/members/pharmacy-resources> and choose clinical documentation.

Drug	Estimated AWP	Tier
<b>Humira</b> 40mg/0.4mL, Pen-Injector 0.8ml package size	\$8300	Preferred specialty med tier
Hyrimoz Inj 40/0.4mL 0.8ml package size	\$7,900	Preferred specialty med tier
<b>Adalimumab-Adaz Inj</b> 40/0.4mL, Auto Injector 0.8ml package size	\$1,600	Preferred specialty med tier

Again, the biosimilars are not interchangeable. The provider will need to write for the specific biosimilar before the patient will be able to take advantage of the cost savings.

### Lucet's Emergency Department Toolkit: Behavioral Health Resource

Arkansas Blue Cross and Blue Shield partners with Lucet to help manage the long-term success of behavioral health patients discharged from emergency department (ED) visits. The post discharge appointment is crucial to the wellbeing of each patient. Lucet has a free online ED toolkit to help health care providers and their patients. The purpose of this toolkit is to offer guidance and a better understanding of the HEDIS behavioral health performance measures related to follow-up care for members after being seen in the emergency department for mental illness, substance use, or drug overdose. Click [here](#) for the ED Toolkit. Lucet and Arkansas Blue Cross are available to meet and further discuss how we can support your Emergency Department in ensuring members that present to the Emergency Department with mental health or substance use concerns receive follow-up behavioral health care. If interested, please contact your local [Network Development Representative \(NDR\)](#).

## Medical Pharmacy Coverage changes

### Notice of Material Amendment

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

In a handful of categories (limited to biosimilar products or their reference products), we have expanded our adoption of **preferred products**. Previously, preferred products were limited to plans that utilize Carelon Oncology.

Effective **January 1, 2024**, 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, Arkansas State Police and Walmart). Categories that will be affected by the change include bevacizumab, filgrastim, infliximab, pegfilgrastim, rituximab and trastuzumab products.

(**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 listed in either of our Arkansas Blue Cross and Blue Shield bevacizumab policies.)

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.

Members who have an **oncology indication** will be allowed to continue their current product whether preferred or non-preferred. Members whose plans use Carelon Oncology will be granted continuation upon renewal through Carelon if member meets clinical criteria. All other members will be managed through Arkansas Blue Cross and Blue Shield and its affiliates, and an authorization will be entered on their file for continuation through **December 31, 2024**. Should the member need to continue therapy beyond the authorization term, providers will need follow the prior approval process for continuation.

All preferred products **require prior authorization**. Please refer to the corresponding coverage policies for the most up-to-date preferred product listings.

**To switch to a preferred product** – Submit a **Prior Approval 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.

## Medical Records Review Process Improvements

Arkansas Blue Cross recently implemented electronic attachments via the Attachments Dashboard in Availity Essentials to reduce fax/mailed bar-code medical record requests. This electronic process will allow you to proactively submit 'unsolicited attachments' when you file the original claim. It will also enable you and your team to respond to 'solicited' medical record requests electronically.

The ability to upload documents (unsolicited and solicited attachments) can be accessed through a convenient dashboard on Availity Essentials portal: Access the dashboard from **Home | Claims & Payments | Attachments**.

Please note your user administrator must register your organization for this function.

Training videos are available in the Availity Learning Center. Providers can log in and select **Help & Training | Get Trained** to search the Availity Learning Center catalog:

- Attachments (Training demo)
- Attachments Dashboard Intro & Medical Attachments Setup (recorded webinar)
- Medical Attachments Setup (Training demo)

- Arkansas BCBS – Submit attachments with 837 and Direct-Data Entry (DDE) Claims (recorded webinar)

## Terminology

**Solicited Attachments** – These are requests sent electronically from Arkansas Blue Cross to the provider for medical records related to a specific claim.

**Unsolicited Attachments** – Many providers know that the services they are billing require medical records. When they file the original claim, they can also attach the medical records. These are called Unsolicited Attachments

**Medical Records Requests (MRR)** is now referred to as Medical Attachments.

## Some things to note about this change:

We will direct the medical record request to the clinic or facility whenever possible instead of the individual provider so the electronic request will be posted for the appropriate provider organization in Availity. There will be some instances where the request will be directed to a referring provider if Arkansas Blue Cross is unable to obtain clinic information.

Moving the request process from paper to electronic requires the use of standard coding known as Logical Observation Identifiers Names and Codes, or more commonly referred to as LOINC. **LOINC** is the world's most widely used terminology standard for health measurements, observations, and documents. LOINC helps make health data more portable. To send providers electronic requests Arkansas Blue Cross must map the formerly faxed letters to a standard **LOINC**. Some letters have not yet been mapped (i.e. Medical Questionnaires). Mapping of these requests is an on-going process we are working through. Due to this on-going process, only a portion of the medical request letters can be sent electronically at this time; the remaining requests continue to be sent via fax/mail. You may continue to receive a portion of record requests by fax/mail in addition to electronically until all request letters can be mapped.

The Patient Account number referenced on a Medical Record request may not match your records. Medical record requests we send to the referring provider will include the patient account number of the provider who submitted the claim (ie. Ancillary provider). Please use the patient's name to locate the member's records.

If a response is not received within 20 days of the original request (electronic or faxed), a follow-up request **letter** will be sent through USPS Mail.

## Cancel Request

If you receive a request from Arkansas Blue Cross that, in your opinion, does not apply to you:

- The best practice is to respond to all requests.
- Select the request in question.
- Upload a note stating why you cannot respond with records. For example, the patient listed is not your patient, or unable to locate the date of service in question; in general, why should the request sent to this NPI be cancelled.
- Select Submit.

## Troubleshooting

For primary support of the registration setup, you can:

- Create a support ticket in Availity through **Help & Training | Availity Support**, then **Contact Support**

- Call Availity Client Services at 1-800-AVAILITY (800-282-4548)
- Initiate a Live Chat with an Availity Client Services Representative through **Help & Training | Availity Support**, then **Contact Support**

For customer support regarding the request or claims status: Call the number on the back of the member ID card for specific questions related to the request. For example, was my request sent electronically or by fax. To inquire on the status of a claim pending for medical record review, please check claim status on Availity Essentials portal.

## New Prior Authorization for GLP1 Receptor Agonist Drug Class

To assist with the increased utilization of the GLP1 receptor agonist drug class for non-FDA approved indications, all members with a prescription for a GLP1 receptor agonist will need confirmation that they have a type 2 diabetes diagnosis.

Type 2 diabetes diagnosis can be confirmed the following ways:

- The provider can add the appropriate ICD 10 code indicating the patient has type 2 diabetes to their prescription for the GLP1 RA and the pharmacist will need to enter it in their dispensing system when filing the GLP1 RA.
- The provider can complete a prior authorization and submit medical records that indicate the member has a type 2 diabetes diagnosis.

Ozempic, Victoza, Trulicity and Rybelsus are current formulary options and are FDA approved for the treatment of type 2 diabetes. They are not indicated for treatment of weight loss. Utilization of these drugs for weight loss is considered a non-FDA-approved use and weight loss drugs are not a covered benefit for Arkansas Blue Cross and Blue Shield or Health Advantage members.

Drugs in the **GLP-1 receptor agonist class by indication:**

### FDA indicated for diabetes:

- Covered on AR Blue Cross formularies – Ozempic, Victoza, Trulicity, Rybelsus
- **Not covered on formulary** – Adlyxin, Bydureon, Byetta, Mounjaro

### FDA indicated for weight loss:

- **Not covered on formulary** – Saxenda, Wegovy, Zepbound

Patients receiving GLP-1s off-label will not be able to continue receiving coverage for GLP-1s when medical claims do not support a diabetes diagnosis. These members will be sent a letter letting them know that the GLP1 RA will not continue to be covered.

## Overpayments: Payer-Identified Overpayments now Available on Availity Essentials Portal

As of November 11, 2023, your organization has access to manage your Arkansas Blue Cross and Blue Shield payer-identified overpayments on Availity Essentials. Coming in January, if you are currently submitting overpayments in Availity Payer Space, you soon can submit provider-initiated overpayments in Essentials also. Please watch for notifications from Availity regarding training. If you miss a live training for one of these features, the recorded, on-demand training is available to use 24/7 in the Availity Learning Center.

Here are just a few of the features of using the electronic overpayment process:

- Initiate and submit a payer-identified overpayment.
- Use the summary page to view the status and details for all overpayments.
- Receive Arkansas Blue Cross notifications within the overpayments application once overpayments are finalized.

### Who has the correct roles to perform this function?

Anyone in your office who currently has the claims status and claims overpayment recovery roles will have access to use the overpayments application. If you do not have access, contact your office's Availity Essentials administrator to determine if you need access.

## Paper Claim Reduction

Effective March 1, 2024, paper claims will no longer be accepted without an approved waiver.

In the September 2023 Providers' News, providers were notified that effective March 1, 2024, Arkansas Blue Cross and Blue Shield, USABLE, Health Advantage, Arkansas Blue Medicare, BlueAdvantage, and Federal Employee Program will no longer accept paper claims except for member-submitted claims and other limited situations approved by waiver.

The [electronic claims waiver request](#) must be submitted for review by any provider who has sufficient reason(s) to be exempt from this process. This form will be reviewed, along with historical claims data. You will be notified by letter of our decision. **Providers already submitting electronic claims will NOT receive a waiver.** As a reminder, paper claims are edited at the same level as electronic claims and cause a greater number of rejections.

The top reasons paper claims are rejected:

- Member ID, name or DOB does not match member information on file. Providers should verify eligibility at each visit and submit claims with the information as displayed on the electronic eligibility, not the ID card.
- Value of element N301 is incorrect. Expected value should **not** be a 'PO BOX' or 'P.O. BOX'. Segment N3 is defined in the guideline at position 0250. **Claims must be submitted with physical address only.**
- Rendering provider must be registered with Arkansas Blue Cross.
- Coverage for this patient was not in effect for this date of service.

Please contact your clearinghouse if you feel they are dropping claims to paper vs correcting errors. Correcting the above errors will result in cleaner claim submission. Effective March 1, 2024, paper claims from **clearinghouses or providers without a waiver will result in a letter reminding you to submit claims electronically.**

**In late February / early March, Availity will be announcing live training opportunities to assist providers who are currently not using Availity Essentials or submitting claims electronically.**

**The sessions will include the following topics:**

## **Session 1: *Availity Essentials Introduction & Setup for Arkansas Blue Cross Providers***

### **Topics:**

- Technical requirements for using Availity Essentials, such as enabling pop-ups, browsers to use, etc.
- Roles & permissions- reviewing the roles needed to access applications and the role of their organization's Availity Administrator.
- Adding providers to Manage My Organization.
- Completing the setup steps for using Remittance Viewer.
- Accessing/locating Availity's Help & Training Resources.

## **Session 2: *Availity Essentials Applications Overview for Arkansas Blue Cross Providers***

### **Topics:**

- Quick overview of Eligibility & Benefits.
- DDE (direct data entry) claim submission.
- Quick overview of Claim Status and Remittance Viewer.
- Accessing/locating Availity's Help & Training resources.

**If you have not already registered for Availity Essentials, you can go to [www.availity.com/arkansasbluecross](http://www.availity.com/arkansasbluecross) or contact Availity at 877-282-4548 for assistance.**

## **Please Hold Claims Incurred During the Credentialing Process**

Arkansas Act 1232 requires payers to complete their credentialing process for physicians within 60 days of receiving a completed application. The law allows for certain circumstances where the clock is stopped during the credentialing process. Arkansas Blue Cross and Blue Shield and its family of companies consistently meet or beat this turnaround time requirement for physicians and nonphysician providers.

In addition, once a physician's application has been approved through the payer's credentialing process, Act 1232 requires a physician's network participation effective date to be backdated to the day the payer received a completed application. Arkansas Blue Cross applies this rule to physicians and nonphysician providers.

During this interim time, after you have applied to be credentialed, hold all claims until you receive notification that your credentialing has been fully completed and approved. Billing prematurely causes unnecessary delays for providers and members.

Act 1232 offers protection to physicians against unacceptable credentialing wait times. In addition, Arkansas Blue Cross has been able to provide compliance with these requirements. As a result, and to provide additional efficiency, Arkansas Blue Cross and Blue Shield, USABLE Corporation and Health Advantage have enacted a policy effective immediately that we will not adjust claims submitted during the credentialing process. In addition, our members cannot be billed and held responsible for more than their applicable in-network deductible, copay and/or coinsurance amounts.



Again, we ask providers to hold your claims until you receive our letter indicating full network participation.

## Please Use Availity During Open Enrollment

The 2023 Open Enrollment period began October 1 and continues through January 15, 2024. New member enrollments and current member renewals produce extremely high call volumes, which are expected to remain elevated through January 31, 2024.

Arkansas Blue Cross and Blue Shield strongly encourages provider offices and facilities to use the following websites to expedite your needs:

- **Availity** – Availity uses the same information available to our customer service representatives and can save you valuable time. Use it for information regarding eligibility, benefits, and claims status, as well as submitting authorization requests. Availity displays information on benefits to assist you when scheduling appointments, checking eligibility, and identifying benefits, and should be used to submit authorization requests.
- **Carelon portal** – If you need to request a prior authorization for imaging and high-tech radiology, please continue to use the Carelon portal.

During this time of enrollment, please be aware that call volume can spike and exceed our ability to answer every call in a timely manner. Please use Availity for the reasons noted above.

## Prior Authorization (PA) Intake Methods Changing

Please note that Arkansas Blue Cross will no longer take prior authorization (PA) requests over the phone or through mail. You may have heard through communications that Arkansas Blue Cross is going live in our new UM platform on December 11 and that Availity was to be the primary mode of intake. However, we've recently realized we need to reconfigure our integration to make submissions easier. Because we want to make the process as simple as possible and ensure providers have a smooth experience, we have decided to delay implementing Availity submissions until a later date.

Until Availity is fully integrated and available for submission, please complete and return the appropriate PA form:

BAA: <https://www.blueadvantagearkansas.com/providers/resource-center/provider-forms>

HA: <https://www.healthadvantage-hmo.com/providers/resource-center/provider-forms>

ARKANSAS BLUE CROSS: <https://www.arkansasbluecross.com/providers/resource-center/provider-forms>

You may either fax the request and supporting clinical records to the number on the form or you may email it to [IntakeTeam@arkbluecross.com](mailto:IntakeTeam@arkbluecross.com). Please note this email is for submissions only and will not be monitored for messages or questions. Before submitting any forms, please make sure to complete all fields and attach the necessary clinical documentation. **Ensuring the information is complete and accurate (as well as including all relevant clinical records) will allow the fastest turnaround time on decisions.**

## Reminder on Prior Authorization Requirement Changes for 2024

Effective January 1, 2024, modifications to prior authorization processes for medical services has changed for

fully insured policies, including Exchange policies. Prior authorizations will remain in place for pharmaceuticals, prescriptions drugs, medicines, biological products, and pharmaceutical services. We will continue to perform post-service pre-pay claim reviews for benefit and medical necessity consistent with our plan documents and coverage criteria. You will still have the option to submit an Organizational Determination/Benefit Inquiry prior to the service to assess for coverage. Please be advised that prior authorization processes will not change for Arkansas governmental plans and self-funded groups.

## Organizational Determination/Benefit Inquiry

Also, effective December 11, an organizational determination is replacing courtesy reviews and formal benefit inquiries. For those services that don't require a prior authorization, we encourage providers to submit an Organizational Determination/Benefit Inquiry instead. This form replaces any former courtesy reviews or formal benefit inquiries. Before submitting any forms, please fill out all the fields and attach the necessary clinical documentation. **Ensuring the information is complete and accurate (as well as including all relevant clinical records) will allow the fastest turnaround time on decisions.**

Organizational Determination/Benefit Inquiry form can be located at:

BAA: <https://www.blueadvantagearkansas.com/providers/resource-center/provider-forms>

HA: <https://www.healthadvantage-hmo.com/providers/resource-center/provider-forms>

ARKANSAS BLUE CROSS: <https://www.arkansasbluecross.com/providers/resource-center/provider-forms>

Fax the form and supporting clinical records to the number on the form. Please note we will only accept these forms via fax. Please do not email.

## Pre-Notifications

If you need to submit a pre-notification for an inpatient admission, please submit those via the Organizational Determination/Benefit Inquiry form.

## Billed Codes Reminder

Please ensure codes billed match codes/services/treatment rendered.

## FAQs

### **Q: How do I know if I need an Organizational Determination/Benefit Inquiry?**

**A:** We do not require an Organizational Determination/Benefit Inquiry. This is a courtesy for you to understand if a service meets medical necessity criteria.

**A:** If you're unsure whether you should submit a PA request, go ahead and submit one. Once we review and determine a PA is not required, you will get a response informing you that a PA is not required and advising you of your options to submit an Organizational Determination/Benefit Inquiry.

### **Q: Does everything that used to require a Prior Authorization now need an Organizational Determination/Benefit Inquiry?**

**A:** No. An Organization Determination/Benefit Inquiry is optional and is a courtesy for you to understand if a service meets medical necessity criteria.

**Q: What are the turnaround times for Organizational Determination/Benefit Inquiry?**

**A:** Arkansas Act 815 allows for ten days turnaround time. It is our goal to meet or exceed this allowance.

**Q: How do I know which codes require PA?**

**A:** For full transparency, these items are available on our websites:

BAA: <https://www.blueadvantagearkansas.com/providers/resource-center>

HA: <https://www.healthadvantage-hmo.com/providers/resource-center>

ARKANSAS BLUE CROSS: <https://www.arkansasbluecross.com/providers/resource-center>

**Q: If an Organizational Determination/Benefit Inquiry is in the system, will Arkansas Blue Cross honor it?**

**A:** Yes. Arkansas Blue Cross will honor the decision(s) made on the Organizational Determination/Benefit Inquiry.

**Q: How do I follow up on the status of a Prior Authorization?**

**A:** Providers can call Arkansas Blue Cross Customer Service.

## Provider enrollment and re-credentialing

Arkansas Blue Cross maintains accreditation through URAC, which is required to administer certain programs and products.

URAC has made a recent change that will affect our provider enrollment, credentialing/re-credentialing process. This change requires any provider or facility that has a Drug Enforcement Agency license, submit a current copy of their **Diversion Control Certificate**. No additional types of DEA verification will be accepted.

Please ensure that all forms are thoroughly completed and submit all required documentation with any new and/or re-credentialing application.

Please contact [ProviderNetwork@arkbluecross.com](mailto:ProviderNetwork@arkbluecross.com) if you have any questions.

## Medical specialty medications prior authorization update

On April 1, 2018, Arkansas Blue Cross and Blue Shield, BlueAdvantage Administrators and Health Advantage enacted prior authorization for payment of 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 authorization through the member's medical benefit. Any new medication used to treat a rare disease should be considered to require prior approval. ASE/PSE, ASU, ASP, FEP and Medicare are not included in this article but have their own prior authorization programs.

Brand Name	Generic Name	HCP	Preferred vs Non-Preferred (effective 01/01/2024)
Abecma	idecabtagene vicleucel	Q2055	
Actemra	tocilizumab	J3262	
Acthar	corticotropin	J0801	
Adakveo	crizanlizumab-tcma	J0791	
Adstiladrin	nadofaragene firadenovec-vncg	J9029	
Aldurazyme	laronidase	J1931	
Alymsys* (PA not required for ophthalmic indications)	bevacizumab-maly	Q5126	<b>Non-preferred</b> [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Amvuttra	vutrisiran	J0225	
Aralast NP	alpha-1 proteinase inhibitor (human)	J0256	
Arcalyst	rilonacept	J2793	
Asparlas	calaspargase pegol	J9118	
Avastin* (PA not required for ophthalmic indications)	bevacizumab	J9035	<b>Non-preferred</b> [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Avsola	infliximab-axxq	Q5121	Preferred
Benlysta	belimumab	J0490	
Berinert	c1 esterase, inhibitor, human	J0597	
Botox	onabotulinumtoxin a	J0585	
Breyanzi	lisocabtagene maraleucel	Q2054	
Brineura	cerliponase alfa	J0567	
Briumvi	ublituximab-siiy	J2329	
Cablivi	caplacizumab-yhdp	C9047	
Carvykti	ciltacabtagene autoleucel	Q2056	
Cinqair	reslizumab	J2786	
Cinryze	c1 esterase, inhibitor, human	J0598	
Columvi	glofitamab-gxbm	C9399	
Crysvita	burosumab-twza	J0584	
Duopa	levodopa-carbidopa intestinal gel	J7340	
Durysta	bimatoprost implant	J7351	
Dysport	abobotulinumtoxin a	J0586	
Elahere	mirvetuximab soravtansine-gynx	J9063	
Elaprase	idursulfase	J1743	
Elfabrio	pegunigalsidase alfa-iwxj	C9399	
Elzonris	tagrazofusp-erzs	J9269	
Enjaymo	sutimlimab-jome	J1302	
Enspryng	satralizumab-mwge	J3590	
Entyvio	vedolizumab	J3380	

Brand Name	Generic Name	HCPCS	Preferred vs Non-Preferred (effective 01/01/2024)
Epkinly	epcoritamab-bysp	C9399	
Evenity	romosozumab-aqqg	J3111	
Evkeeza	evinacumab-dgnb	J1305	
Fabrazyme	agalsidase beta	J0180	
Fulphila*	pegfilgrastim-jmdb	Q5108	<b>Non-preferred</b> [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Fyarro	sirolimus protein-bound particles	J9331	
Fylnetra*	pegfilgrastim-pbbk	Q5130	<b>Non-preferred</b> [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Gamifant	emapalumab-lzsg	J9210	
Givlaari	givosiran	J0223	
Glassia	alpha-1 proteinase inhibitor (human)	J0257	
Granix*	tbo-filgrastim	J1447	<b>Non-preferred</b> [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Hemgenix	etranacogene dezaparvovec-drlb	J1411	
Herceptin Hylecta*	trastuzumab and hyaluronidase-oysk	J9356	<b>Non-preferred</b> [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Herceptin*	trastuzumab	J9355	<b>Non-preferred</b> [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Herzuma*	trastuzumab-pkrb	Q5113	<b>Non-preferred</b> [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Ilaris	canakinumab	J0638	
Ilumya	tildrakizumab-asmn	J3245	
Imjudo	tremelimumab-actl	J9347	
Inflectra	infliximab-dyyb	Q5103	<b>Non-preferred</b> [Avsola (Q5121), Infliximab (J1745), Remicade (J1745) are preferred]
Invega Sustenna	paliperidone palmitate	J2426	
Invega Trinza	paliperidone palmitate	J2427	
Ixifi	infliximab-qbtx	Q5109	<b>Non-preferred</b> [Avsola (Q5121), Infliximab (J1745), Remicade (J1745) are preferred]
Kalbitor	ecallantide	J1290	
Kanjinti*	trastuzumab-anns	Q5117	Preferred
Kanuma	sebelipase alfa	J2840	
Kimmtrak	tebentafusp-tebn	J9274	
Krystexxa	pegloticase	J2507	
Kymriah	tisagenlecleucel	Q2042	
Lamzedo	velmanase alfa-tycv	J3590	
Lemtrada	alemtuzumab	J0202	
Leqvio	inclisiran	J1306	

Brand Name	Generic Name	HCPCS	Preferred vs Non-Preferred (effective 01/01/2024)
Leukine*	sargramostim	J2820	<b>Non-preferred</b> [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Lumizyme	alglucosidase alfa	J0221	
Lunsumio	mosunetuzumab-axgb	J9350	
Lutathera	lutetium Lu 177 Dotatate	A9513	
Luxturna	voretigene neparvovec-rzyl	J3398	
Mepsevii	vestronidase alfa-vjbk	J3397	
Monjuvi	tafasitamab-cxix	J9349	
Mvasi* (PA not required for ophthalmic indications)	bevacizumab-awwb	Q5107	Preferred
Myobloc	rimabotulinumtoxin b	J0587	
Naglazyme	galsulfase	J1458	
Neulasta*	pegfilgrastim	J2506	Preferred
Neupogen*	filgrastim	J1442	<b>Non-preferred</b> [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Nexviazyme	avalglucosidase alfa-ngpt	J0219	
Nivestym*	filgrastim-aafi	Q5110	Preferred
Nplate	romiplostim	J2796	
Nyvepria*	pegfilgrastim-apgf	Q5122	Preferred
Ocrevus	ocrelizumab	J2350	
Ogivri*	trastuzumab-dkst	Q5114	Preferred
Oncaspar	pegaspargase	J9266	
Onpattro	patisiran	J0222	
Ontruzant*	trastuzumab-dttb	Q5112	Preferred
Opdualag	nivolumab and relatlimab-rmbw	J9298	
Orencia	abatacept	J0129	
Oxlumo	lumasiran	J0224	
Pedmark	sodium thiosulfate	J0208	
Pluvicto	lutetium lu 177 vipivotide tetraxetan	A9607	
Prolastin	alpha-1 proteinase inhibitor (human)	J0256	
Qalsody	tofersen	C9399	
Radicava	edaravone	J1301	
Reblozyl	luspatercept-aamt	J0896	
Rebyota	fecal microbiota, live-jslm	J1440	
Releuko*	filgrastim-ayow	Q5125	<b>Non-preferred</b> [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Remicade and Unbranded Infliximab	infliximab	J1745	Preferred

Brand Name	Generic Name	HCPCS	Preferred vs Non-Preferred (effective 01/01/2024)
Renflexis	infliximab-abda	Q5104	<b>Non-preferred</b> [Avsola (Q5121), Infliximab (J1745), Remicade (J1745) are preferred]
Rethymic	allogeneic processed thymus tissue-agdc	J3590	
Revatio	sildenafil (IV)	J3490	
Riabni	rituximab-arrx	Q5123	Preferred
Rituxan	rituximab	J9312	<b>Non-preferred</b> [Riabni (Q5123) & Truxima (Q5115) preferred]
Rituxan Hycela	rituximab and hyaluronidase	J9311	<b>Non-preferred</b> [Riabni (Q5123) & Truxima (Q5115) preferred]
Rolvedon*	eflapeggrastim-xnst	J1449	<b>Non-preferred</b> [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Ruconest	c1 esterase, inhibitor, recombinant	J0596	
Ruxience	rituximab-pvvr	Q5119	<b>Non-preferred</b> [Riabni (Q5123) & Truxima (Q5115) preferred]
Rylaze	asparaginase erwinia chrysanthemi (recombinant)- rywn	J9021	
Ryplazim	plasminogen, human-tvmh	J2998	
Saphnelo	anifrolumab-fnia	J0491	
Simponi Aria	golimumab	J1602	
Skyrizi	risankizumab-rzaa	J2327	
Skysona	elivaldogene autotemcel	J3590	
Soliris	eculizumab	J1300	
Somatuline depot	lanreotide	J1930	
Spevigo	spesolimab-sbzo	J1747	
Spinraza	nusinersen	J2326	
Stelara	ustekinumab (IV)	J3358	
Stelara	ustekinumab (SC)	J3357	
Stimufend*	pegfilgrastim-fpgk	Q5127	<b>Non-preferred</b> [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Susvimo	ranibizumab implant	J2779	
Tecartus	brexucabtagene autoleucel	Q2053	
Tecvayli	teclistamab-cqyv	J9380	
Tepezza	teprotumumab-trbw	J3241	
Testopel	testosterone pellet	S0189	
Tivdak	tisotumab vedotin-tftv	J9273	
Trazimera*	trastuzumab-qyyp	Q5116	<b>Non-preferred</b> [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]



Brand Name	Generic Name	HCPCS	Preferred vs Non-Preferred (effective 01/01/2024)
Trodelvy	sacituzumab govitecan-hziy	J9317	
Truxima	rituximab-abbs	Q5115	Preferred
Tysabri	natalizumab	J2323	
Tzield	teplizumab-mzwv	J9381	
Udenyca*	pegfilgrastim-cbqv	Q5111	<b>Non-preferred</b> [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Ultomiris	ravulizumab-cwyz	J1303	
Uplizna	inebilizumab-cdon	J1823	
Vegzelma* (PA not required for ophthalmic indications)	bevacizumab-adcd	Q5129	<b>Non-preferred</b> [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Vimizim	elosulfase alfa	J1322	
Vyepti	eptinezumab-jjmr	J3032	
Vyvgart	efgartigimod alfa-fcab	J9332	
Xenpozyme	olipudase alfa-rpcp	J0218	
Xeomin	incobotulinumtoxin a	J0588	
Xiaflex	clostrisidial collagenase	J0775	
Yescarta	axicabtagene ciloleucel	Q2041	
Zarxio*	filgrastim-sndz	Q5101	Preferred
Zemaira	alpha-1 proteinase inhibitor (human)	J0256	
Zepzelca	lurbinectedin	J9223	
Ziextenzo*	pegfilgrastim-bmez	Q5120	<b>Non-preferred</b> [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Zirabev* (PA not required for ophthalmic indications)	bevacizumab-bvzr	Q5118	Preferred
Zolgensma	onasemnogene abeparvovec-xioi	J3399	
Zulresso	brexanolone	J1632	
Zynteglo	betibeglogene autotemcel	J3590	
Zynyz	retifanlimab-dlwr	C9399	
*PA effective 01/01/2024			

For more information on how to submit a request for prior authorization of one of these medications, call the appropriate customer service phone number on the back of the member's 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**.

## Quality of Care (QOC) Complaints

Arkansas Blue Cross and Blue Shield, BlueAdvantage Administrators and Health Advantage take Quality of Care (QOC) Complaints seriously and have a process that ensures our medical directors investigate each QOC complaint. To resolve these matters swiftly, any medical records or documentation being requested for a QOC complaint must be received from the provider within 30 days from the date of the request. It is very important that we provide swift review and response to the complaint and meet the required standards of the Blue Cross and Blue Shield Association as well as our accrediting bodies. Because of these priorities, failure to return the requested documentation within 30 days may result in network termination.

## Metallic Formulary changes effective January 1, 2024

On Exchange, Off Exchange, Arkansas Works, Arkansas Blue Cross and Blue Shield small group, Health Advantage small group use the metallic formulary.

Product/Drug Label Name	Change	Formulary Options
ADVAIR DISKU INH 100/50	Brand Not Covered	Drug is no longer covered-USE BREO ELLIPTA INH, fluticasone/salmeterol aer
ADVAIR HFA INH 45/21	Brand Not Covered	Drug is no longer covered-USE BREO ELLIPTA INH, fluticasone/salmeterol aer
AML/VAL/HCT5TAB	Not Covered	Drug is no longer covered-USE olmesartan med/ amlodipine tab/hydrochlorothiazide
AML/VAL/HCT5TAB	Not Covered	Drug is no longer covered-USE olmesartan med/ amlodipine tab/hydrochlorothiazide
ANORO ELLIPT INH 62.5-25	Not Covered	Drug is no longer covered-USE BEVESPI AER, STIOLTO AER
BASAGLAR TMP PEN 100U/ML	Not Covered	Drug is no longer covered-USE BASAGLAR INJ, TRESIBA FLEX INJ, TRESIBA INJ
BRILINTA TAB 60MG	Not Covered	Drug is no longer covered-USE clopidogrel tab, prasugrel tab
CITRANATAL PAK B-CALM	Not Covered	Drug is no longer covered-USE Elite-Ob tab, Inatal Gt tab, PNV-DHA cap, PNV-Select tab, Prenatal 19 chw tab, Trinate tab
CITRANATAL90 PAK DHA300MG	Not Covered	Drug is no longer covered-USE Elite-Ob tab, Inatal Gt tab, PNV-DHA cap, PNV-Select tab, Prenatal 19 chw tab, Trinate tab
COPAXONE INJ 20MG/ML	Not Covered	Drug is no longer covered-USE BETASERON INJ, COPAXONE INJ 40mg, dimethyl fumarate cap, fingolimod cap, glatiramer inj, Glatopa inj, teriflunomide tab, TYSABRI INJ
HYQVIA INJ	Not Covered	Drug is no longer covered-USE CUTAQUIG SOL
IBRANCE CAP	Not Covered	Drug is no longer covered-USE KISQALI TAB, VERZENIOTAB
IBRANCE TAB	Not Covered	Drug is no longer covered-USE KISQALI TAB, VERZENIOTAB

Product/Drug Label Name	Change	Formulary Options
ICLUSIG TAB	Not Covered	Drug is no longer covered-talk to your doctor
PRALUENT 2PK PEN 75MG/ML	Not Covered	Drug is no longer covered-USE REPATHA INJ, REPATHA PUSH INJ, REPATHA SURE INJ
PRALUENT INJ 75MG/ML	Not Covered	Drug is no longer covered-USE REPATHA INJ, REPATHA PUSH INJ, REPATHA SURE INJ
PREZISTA TAB 800MG	Brand Not Covered	Drug is no longer covered-USE generic darunavir tab 800mg
PULMICRT FLX INH 180MCG	Not Covered	Drug is no longer covered-USE ARNUITY ELPT INH, budesonide sus, QVAR REDI HALER AER
SYMBICORT AER 160-4.5	Brand Not Covered	Drug is no longer covered-USE BREO ELLIPTA INH, budesonide/formoterol aer, fluticasone/salmeterol aer
SYMBICORT INH 160-4.5	Brand Not Covered	Drug is no longer covered-USE BREO ELLIPTA INH, budesonide/formoterol aer, fluticasone/salmeterol aer
XIFAXAN TAB 200MG	Not Covered	Drug is no longer covered-USE azithromycin sus/tab, ciprofloxacin tab, levofloxacin sol/tab
XIFAXAN TAB 550MG	Not Covered	Drug is no longer covered-USE alosetron tab, Enulose sol, Generlac sol, lactulose sol, VIBERZITAB
ZIEXTENZO INJ 6/0.6ML	Not Covered	Drug is no longer covered-USE FYLNETRA INJ, NYVEPRIA INJ
ZONTIVITY TAB 2.08MG	Not Covered	Drug is no longer covered-USE clopidogrel tab, prasugrel tab

## Standard formulary changes effective January 1, 2024

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.

Product/Drug Label Name	Change	Formulary Options
ADVAIR DISKU INH	Not Covered	fluticasone-salmeterol (except certain NDCs), Wixela Inhub, BREO ELLIPTA (except certain NDCs), Dulera HFA(3rd tier)
ADVAIR HFA INH	Not Covered	fluticasone-salmeterol (except certain NDCs), Wixela Inhub, BREO ELLIPTA (except certain NDCs), Dulera HFA(3rd tier)
AIMOVIG 1PK INJ	Not covered	AJOVY, EMGALITY, QULIPTA
AIMOVIG PEN	Not Covered	AJOVY, EMGALITY, QULIPTA
ANASPAZ ODT 0.125MG	Tier 2 to Tier 3	dicyclomine, hyoscyamine sulfate, hyoscyamine sulfate orally disintegrating tabs
ARAZLO LOT 0.045%	Not Covered	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, ONEXTON, TWYNEO, WINLEVI

Product/Drug Label Name	Change	Formulary Options
BASAGLAR INJ 100UNIT	Not Covered	LANTUS, TRESIBA FLEX INJ, TRESIBA INJ, TOUJEO SOLOSTAR
BASAGLAR KWK PEN 100U	Not Covered	LANTUS, TRESIBA FLEX INJ, TRESIBA INJ, TOUJEO SOLOSTAR
BD PRGL 1ML MIS	Tier 2 to Tier 3	BD ULTRAFINE INSULIN SYRINGES, BD ULTRAFINE NEEDLES
CETROTIDE KIT 0.25MG	Not Covered	GANIRELIX ACETATE
COPAXONE INJ	Not Covered	dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
EASYTOUCH MIS LANC	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
EDURANT TAB 25MG	Not Covered	efavirenz
EMBRACE LANC MISTHIN	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
EPINEPH(E)2P KIT	Not Covered	epinephrine (except Mylan and Teva NDCs), AUVI-Q
EPINEPHRINE INJ	Not Covered	epinephrine (except Mylan and Teva NDCs), AUVI-Q
EPIPEN 2-PAK KIT	Not Covered	epinephrine (except Mylan and Teva NDCs), AUVI-Q
EPIPEN-JR2PK KIT	Not Covered	epinephrine (except Mylan and Teva NDCs), AUVI-Q
FREESTYLE MIS LANCETS	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
GENOTROPIN INJ	Not Covered	HUMATROPE, NORDITROPIN
GLOBAL 30G MIS LANCETS	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
GNP LANCETS MIS	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
GONAL-F INJ	Not Covered	FOLLISTIM AQ
GONAL-F RFF INJ	Not Covered	FOLLISTIM AQ
HYQVIA INJ	Not Covered	CUTAQUIG
ILARIS INJ 150MG/ML	Tier 2 to Tier 3	Talk to your doctor
INCONTROL	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
KROGER LANCE MIS	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
K-TAB TAB 10MEQ CR	Tier 2 to Tier 3	potassium chloride ext-rel, potassium chloride liquid
LANCET ULTRA MISTHIN	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
LANCETS MICR MISTHIN	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
LANCETS MIS	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
LANCETS ULTR MIS ULTRATHN	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
LEVEMIR FLEX PEN 100U/ML	Not Covered	LANTUS, TRESIBA FLEX INJ, TRESIBA INJ, TOUJEO SOLOSTAR
LEVEMIR PEN FLEXTOUNC	Not Covered	LANTUS, TRESIBA FLEX INJ, TRESIBA INJ, TOUJEO SOLOSTAR
LEVEMIR VIA 100U/ML	Not Covered	LANTUS, TRESIBA FLEX INJ, TRESIBA INJ, TOUJEO SOLOSTAR
LORBRENATAB 100MG	Not Covered	ALECENSA, ALUNBRIG
MICROLET LNC COLORED	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
POMALYST CAP	Tier 2 to Tier 3	REVLIMID
PREZCOBIX TAB	Tier 2 to Tier 3	atazanavir or darunavir plus ritonavir; SYMTUZA
PX LANCETS MIS	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
RELION ULTRA MISTHIN	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
RELISTORTAB	Not Covered	lubiprostone, SYMPROIC

Product/Drug Label Name	Change	Formulary Options
RETIN-A MICR GEL	Not Covered	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, ONEXTON, TWYNEO, WINLEVI
RHOFADE CRE 1%	Tier 2 to Tier 3	azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA
SYMBICORT AER	Not Covered	fluticasone-salmeterol (except certain NDCs), Wixela Inhub, BREO ELLIPTA (except certain NDCs), Dulera HFA(3rd tier)
SYMBICORT INH	Not Covered	fluticasone-salmeterol (except certain NDCs), Wixela Inhub, BREO ELLIPTA (except certain NDCs), Dulera HFA(3rd tier)
TRUEPLUS LNC	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
TRUEPLUS LNC STER	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
UNILET LANCT MIS	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
UNISTIK 3 MIS COMFORT	Tier 2 to Tier 3	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES
Vyvanse Cap	Tier 2 to Tier 3	amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, Lisdexamftamine
Vyvanse Chew	Tier 2 to Tier 3	amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, Lisdexamftamine
XTAMPZA ER CAP	Not Covered	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel
Xyrem	Not Covered	WAKIX, XYWAV

## Value formulary changes effective January 1, 2024

Product/Drug Label Name	Change	Formulary Options
ADVAIR DISKU INH	Not Covered	fluticasone propionate/salmeterol diskus (except excluded NDCs), Wixela Inhub
BASAGLAR KWK PEN	Not Covered	Lantus/Lantus Solostar
BUDES/FORMOT INH	Not Covered	fluticasone propionate/salmeterol diskus (except excluded NDCs), Wixela Inhub
EPINEPH(E)2P KIT	Not Covered	epinephrine (NDCs 00093-XXXX-XX and 49502-XXXX-XX), Symjepi
LEVEMIR VIA	Not Covered	Lantus/Lantus Solostar
LEVEMIR FLEX PEN	Not Covered	Lantus/Lantus Solostar

We have been notified of a shortage of the Novolog Flexpen, which should be resolved by January 2024. If your patient is unable to fill for Novolog Flexpen, formulary alternatives are the Novolog vial or Fiasp products.

Novo Nordisk has decided to discontinue manufacturing and distributing Levemir products. Supply disruptions of the Levemir Flexpen is expected to begin mid-January 2024 with complete discontinuation on April 1, 2024. The Levemir 10ml vial is expected to be available until December 31, 2024, after which time the full Levemir brand will be discontinued. Formulary alternatives are Lantus, Tresiba and Toujeo.

## USAbLe MCO and Workers' Compensation

Arkansas Blue Cross and Blue Shield recently received reports that several home health agencies are declining to treat injured workers who have coverage under the Arkansas Workers' Compensation System.

We would like to clear up any confusion or misperceptions about how workers' compensation claims are reimbursed. The following information explains our involvement in the workers' compensation system and how providers are reimbursed for services provided.

### USAbLe MCO

USAbLe MCO is a workers' compensation managed care organization certified by the Arkansas Workers' Compensation Commission (AWCC).

USAbLe MCO partners with Systemedic, an Arkansas company, to provide full managed care services.

Customers of USAbLe MCO have access to the **True Blue PPO network** for medical services.

USAbLe MCO's customers consist of self-insured businesses, self-insured government agencies and two workers' compensation insurance companies.

Providers treating workers' compensation patients are paid the **lesser** of:

- The provider's usual charge
- The maximum fee (if one is defined) specified under Arkansas Workers' Compensation Commission Rule 30
- The MCO/PPO (managed care organization/preferred provider organization) contracted price, where applicable

### Equitable & timely reimbursement

Providers generally are **reimbursed the same as most Arkansas Blue Cross fully insured members**, unless the state fee schedule for a specific service is less.

**Home health agencies** are reimbursed at the same rate that they are paid for Arkansas Blue Cross fully insured members, since **the state workers' compensation system has no fee schedule for home health services**.

AWCC Rule 30 requires payment of the undisputed portion of bills within **30 days** from the date of receipt of the bill with documentation of treatment.

### No extra documentation

USAbLe MCO/Systemedic **does not require additional** documentation from the providers – only the typical records documenting the codes billed.

Workers' compensation services are essential to our state's workforce, so we work diligently to ensure that the people we serve have adequate access and that healthcare providers are equitably compensated in a timely manner.

Providers who have questions about workers' compensation reimbursement or claims submission requirements may contact:

- **Ann Shelnutt** at [eshelnutt@arkbluecross.com](mailto:eshelnutt@arkbluecross.com) or **501-378-2333**

## Zero-dollar CPT codes

### **Allowable charge doesn't necessarily equal coverage.**

As you may be aware, our healthcare provider fee schedule historically has contained some codes for which the associated allowable charge was \$0, which signified that it was not covered per medical policy.

As we update fee schedules, some codes that previously corresponded to a \$0 allowable charge now have a set fee schedule amount.

However, the presence of an allowable charge greater than \$0 does not mean that these codes are covered under the benefits specified in an individual member's health plan.

Please check the member's benefit to ensure that the service associated with those codes are truly reimbursable.

If you have questions about individual codes, it may be helpful to consult the medical coverage policy of the corresponding health plan, which can be found on the health plan's website.





## Federal Employee Program

### 2024 FEP Benefit Changes

#### New Member ID Cards

- Updated member ID cards are being sent to all members. New enrollees, FEP Blue Focus members and members enrolled in the new Medicare Prescription Drug Plan (MPDP) will get their cards first. Everyone else will receive their ID cards in early 2024.

#### Mental Health Updates

- We will cover marital and family counseling for all members.

#### New Overseas Provider

- We have a new overseas benefit provider: **GeoBlue**.

#### Wellness Incentive Program Updates

- Members can use their MyBlue® Wellness Card at select Blue365® retailers for non-qualified medical expenses. You can spend up to **\$150** at these retailers during the calendar year.
- The Diabetes Management Incentive Program will end December 31, 2023.

#### Additional Benefit Updates

- We will cover medically necessary genetic testing for members who may be at high risk for certain conditions. You must receive prior approval. View the plan brochures for details.

### Plan-specific updates

#### Basic Option

- Basic Option members must receive prior approval before buying hearing aids. **No prior approval, no hearing aid benefits.**
- We've increased the copay for primary care and specialists by **\$5**.
- The Case Management requirement has been removed for Residential Treatment Centers.

## Standard Option

- Standard Option members with infertility can get any assisted reproductive technology (ART) procedure not listed as an exclusion in the brochure. **We will cover up to \$25,000 annually once you receive prior approval.**
- Standard Option members must receive prior approval before buying hearing aids. **No prior approval, no hearing aid benefits.**
- We've increased the copay for primary care and specialists by **\$5**.
- A signed consent form agreeing to enrollment and active participation in case management during a skilled nursing facility (SNF) stay prior to admission for members who do not have primary Medicare Part A is no longer required.

## FEP Blue Focus

- We've made changes to the out-of-pocket maximum and deductible for members with Medicare primary.

## High-Cost Drug Prior Authorization

Product Name	HCPCS Codes	Therapeutic Category
Givlaari	J0223	AHP (Acute Hepatic Porphyria)
Amvuttra	J0225	Amyloidosis
Onpattro	J0222	Amyloidosis
Tegsedi	NOC C93999, J5490 etc.	Amyloidosis
Vyvgart	J9332	Antimyasthenic Agents
Vyvgart Hytrulo	NOC C93999, J5490 etc.	Antimyasthenic Agents
Simponi Aria	J1602	Autoimmune
Skyrizi	J2327	Autoimmune
Stelara IV	J3358	Autoimmune
Stekara SQ	J3357	Autoimmune
Alymsys	C9142	Bevacizumab
Avastin	J9035	Bevacizumab
Mvasi	Q5107	Bevacizumab
Vegzelma	Q5129	Bevacizumab

Product Name	HCP Codes	Therapeutic Category
Zirabev	Q5118	Bevacizumab
Soliris	J1300	Complement Inhibitors
Ultomiris	J1303	Complement Inhibitors
Procrit	J0886	Erythropoietin
Retacrit	Q5106	Erythropoietin
Rolvedon	J1449	Eflapegrastim
Neupogen	J1442	Filgrastim
Granix	J1447	Filgrastim
Nivestym	Q5110	Filgrastim

## FEP Medicare Prescription Drug Program

We are introducing a new pharmacy benefit known as the FEP Medicare Prescription Drug Program, or MPDP. Through this program, eligible members with Medicare Part A and/or Part B get additional approved prescription drugs in some tiers and pay lower out-of-pocket costs for higher-cost drugs, all within the same FEP premium.

## Your MPDP benefits compared to your benefits with Medicare today

FEP Blue Focus Pharmacy Benefits		
Benefit	Traditional FEP Pharmacy Benefit with Medicare PArt B	FEP Medicare Prescription Drug Program
<b>In-network Retail Pharmacy</b> (for a 30-day supply)	<b>Tier 1: \$5</b> copay <b>Tier 2: 40%</b> of our allowance (\$350)	<b>Tier 1: \$5</b> copay <b>Tier 2: 40%</b> of our allowance (\$350) <b>Tier 3: 40%</b> of our allowance (\$350) <b>Tier 4: 40%</b> of our allowance (\$350)
<b>FEP Mail Service Pharmacy</b> (for a 90-day supply)	Not a benefit	Not a benefit
<b>FEP Specialty Pharmacy</b> (for a 30-day supply)	<b>Tier 2: 40%</b> of our allowance (\$350)	Your specialty drug benefits are in <b>Tier 4</b> (see above)
<b>Annual Pharmacy Out-of-Pocket Max</b>	Not a benefit	<b>\$3,250</b> per member

Standard Option Pharmacy Benefits		
Benefit	Traditional FEP Pharmacy Benefit with Medicare PArt B	FEP Medicare Prescription Drug Program
<b>In-network Retail Pharmacy</b> (for a 30-day supply)	<b>Tier 1: \$5</b> copay <b>Tier 2: 30%</b> of our allowance <b>Tier 3: 50%</b> of our allowance <b>Tier 4: 30%</b> of our allowance <b>Tier 5: 30%</b> of our allowance	<b>Tier 1: \$5</b> copay <b>Tier 2: 15%</b> of our allowance <b>Tier 3: 50%</b> of our allowance <b>Tier 4: 60%</b> copay
<b>FEP Mail Service Pharmacy</b> (for a 90-day supply)	<b>Tier 1: \$10</b> copay <b>Tier 2: \$90</b> copay <b>Tier 3: \$125</b> copay	<b>Tier 1: \$5</b> copay <b>Tier 2: \$85</b> copay <b>Tier 3: \$125</b> copay <b>Tier 4: \$150</b> copay
<b>FEP Specialty Pharmacy</b> (for a 30-day supply)	<b>Tier 4: \$65</b> copay <b>Tier 5: \$85</b> copay	Your specialty drug benefits are in <b>Tier 4</b> (see above)
<b>Annual Pharmacy Out-of-Pocket Max</b>	Not a benefit	<b>\$2,000</b> per member

Basic Option Pharmacy Benefits		
Benefit	Traditional FEP Pharmacy Benefit with Medicare PArt B	FEP Medicare Prescription Drug Program
<b>In-network Retail Pharmacy</b> (for a 30-day supply)	<b>Tier 1: \$10</b> copay <b>Tier 2: \$50</b> copay <b>Tier 3: 50%</b> of our allowance (\$60 min) <b>Tier 4: \$80</b> copay <b>Tier 5: \$100</b> copay	<b>Tier 1: \$10</b> copay <b>Tier 2: \$45</b> copay <b>Tier 3: 50%</b> of our allowance (\$60 min) <b>Tier 4: \$75</b> copay
<b>FEP Mail Service Pharmacy</b> (for a 90-day supply)	<b>Tier 1: \$20</b> copay <b>Tier 2: \$100</b> copay <b>Tier 3: \$125</b> copay	<b>Tier 1: \$15</b> copay <b>Tier 2: \$95</b> copay <b>Tier 3: \$125</b> copay <b>Tier 4: \$150</b> copay
<b>FEP Specialty Pharmacy</b> (for a 30-day supply)	<b>Tier 4: \$80</b> copay <b>Tier 5: \$100</b> copay	Your specialty drug benefits are in <b>Tier 4</b> (see above)
<b>Annual Pharmacy Out-of-Pocket Max</b>	Not a benefit	<b>\$3,250</b> per member

## HEDIS Improvement Coding Guide for Practitioners and Coders Prenatal and Postpartum Care Measures

### Prenatal and Postpartum Care Measures (PPC)

The percentage of deliveries that received a prenatal care visit in the first trimester. The percentage of deliveries that received a postpartum visit between 7 and 84 days after of delivery.

### To Improve Your Score:

- Code office visits on claim forms for EACH patient visit. (Global billing codes will not capture the first prenatal care visit or the first postpartum visit, and are therefore not useful for HEDIS measurement).
- Keep a small number of appointment openings on your schedule to accommodate patients requiring a first prenatal care visit in the first trimester, and postpartum visits between 7 and 84 days after of delivery.
- Schedule postpartum visits from 7 to 84 days after delivery. (Please note that staple removal following a cesarean section does not count as a postpartum visit for HEDIS®)
- Encourage FEP members who are pregnant to enroll in the Pregnancy Care Incentive Program.

### Stand Alone Codes – Visit Date Must Be Specified

Code System	Codes	Definition
CPT-CAT-II Tracking and performance measurement codes	0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit, and in a separate field, the date of the last menstrual period [LMP]) (Prenatal)
	0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)
	0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (e.g., an upper respiratory infection; patients seen for consultation only, not for continuing care).]
HCPCS	H1000	Prenatal care, at-risk assessment
	H1001	Prenatal care, at-risk enhanced service; antepartum management
	H1002	Prenatal care, at risk enhanced service; care coordination
	H1003	Prenatal care, at-risk enhanced service; education
	H1004	Prenatal care, at-risk enhanced service; follow-up home visit
CPT	99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring

### Global Billing Codes – Visit Date Must Be Specified

Code System	Codes	Definition
CPT	59400	Prenatal care, at-risk assessment
	59425	Prenatal care, at-risk enhanced service; antepartum management
	59426	Prenatal care, at risk enhanced service; care coordination
	59510	Prenatal care, at-risk enhanced service; education
	59610	Prenatal care, at-risk enhanced service; follow-up home visit
	59618	Routine Obstetric Care Cesarean Section, Following Attempted Vaginal Delivery After Previous Cesarean Delivery

Code System	Codes	Definition
HCPCS	H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004) (H1005)

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## FEP Reminders

### MENTAL HEALTH MEASURES – HOW TO IMPROVE YOUR SCORES AND CLOSE THE GAPS

#### ATTENTION: PCP

Please code for mental health, intentional self-harm, etc. even if the follow-up visit from the emergency department was for another diagnosis, if the member discussed mental health during the emergency department visit.

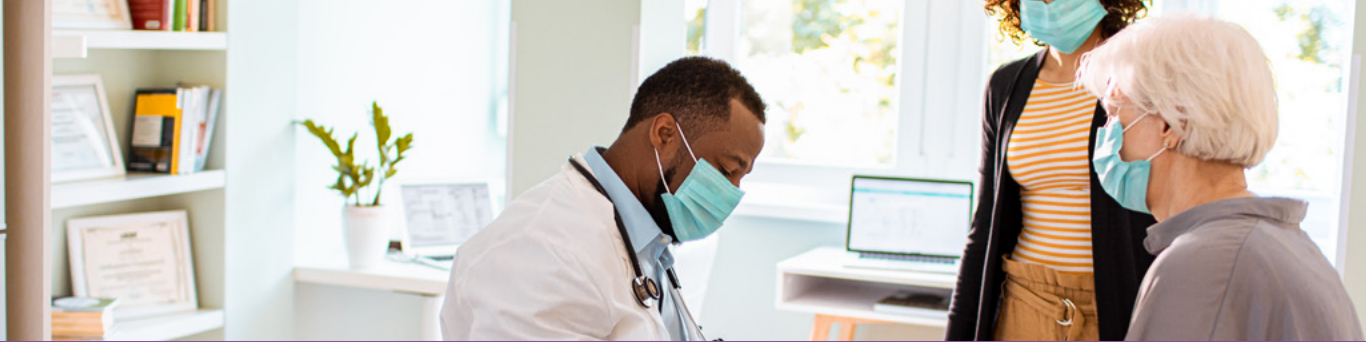
### CERVICAL CANCER SCREENING – HOW TO IMPROVE YOUR SCORES AND CLOSE THE GAPS

#### ATTENTION: PCP and OB/GYN

Please review all claims for gynecological exams for cytology and/or HPV testing. You may be missing money and we may have to ask you for more records.

Codes are not being included for these exams, but the information/results are being found in the medical records.

- EMM Code 99396 is +/- \$150
- EPV Code 87624 is +/- \$50
- Cytology 88175 is +/- \$50



## Medicare Advantage

### 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](mailto: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 \(hhs.gov\)](https://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](#)



## CMS Part D Guidance

The passage of the 2022 IRA enacted multiple Part D CMS policy changes:

- \$35 cap on a 30-day supply on all Part B and Part D insulin products. (Effective January 1, 2023)
- Elimination of member cost sharing during the Catastrophic Coverage Stage (greater of 5% or a CMS-mandated copay for generics and brand drugs). (Effective January 1, 2024)
- Expansion of the federal poverty level (FPL) requirement to be eligible for the full low-income subsidy (LIS) or Extra Help to 150% (instead of 135% of the FPL), eliminating the partial LIS benefit and making these beneficiaries full LIS-eligible. (Effective January 1, 2024)

## HIPAA and HITECH Reminders

As a Qualified Health Plan participating in the Federal Facilitated Marketplace (FFM) including the Multi State Plan Program (collectively known as the Exchange) this is Arkansas Blue Cross and Blue Shield's reminder to all network participating providers that they must be compliant with their applicable sections of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economics and Clinical Health (HITECH) in order to be in our provider networks.

Please be aware that:

1. Providers must comply with applicable interoperability standards and demonstrate meaningful use of health information technology in accordance with the HITECH Act, and
2. Subcontractors, large providers, providers, vendors, and other entities required by HIPAA to maintain a notice of privacy practices, must post such notices prominently at the point where an Exchange enrollee enters the website or web portal of such subcontractors, large providers, providers and/ or vendors.

For more detailed information, please visit: <https://www.hhs.gov/hipaa/for-professionals/index.html>

## Medicare Advantage Pharmacy Update

Starting January 1, 2024, Admelog and Fiasp will be part of our fast-acting covered insulin products. Admelog is a fast-acting insulin product made by Sanofi that's an alternative to Humalog. It's an insulin lispro like Humalog (made by Eli Lilly). Fiasp is also a fast-acting insulin product made by Novo Nordisk. It's insulin aspart just like Novolog, which is also made by Novo Nordisk. Fiasp is a newer formulation of Novolog with niacinamide (vitamin B3) added. We recommend writing insulin lispro or insulin aspart for all members (irrespective of plan) to allow for pharmacy flexibility to choose the in-network product. Additionally, glyburide will be moving off formulary due to Beers' List recommendations (glipizide and glimepiride as alternatives) and Victoza will also be replaced by Ozempic or Trulicity with a PA required due to significant misuse.

### Fast-Acting

Admelog®

Fiasp®

### Short-Acting

Humulin® R U-500

Novolin® R

### Intermediate-Acting

Novolin® 70/30

Novolin® N

### Long-Acting

Basaglar®

Lantus®

Toujeo®

Tresiba®

Our preferred diabetic testing supplies (e.g., blood glucose monitors and test strips) are manufactured by LifeScan (i.e., ONETOUGH®) or Roche (i.e., Accu-Chek®). Our preferred continuous glucose monitors (CGMs) are models from FreeStyle Libre or Dexcom. Members pay a \$0 copay for these items when they fill them at an in-network pharmacy but pay 20% at an in network Durable Medical Equipment (DME) provider. Provider Recommendation: Please send over generic prescriptions for test strips and meters and convert members who are non-preferred products.

COPD medication inclusion was updated for the 2024 formulary based upon medication pricing with Spiriva and Symbicort moving off formulary. The below are all viable options for MAPD members. The bolded products are the lowest tier products in the class.

Anticholinergic/Beta Agonist Combo	Anticholinergic	Beta Agonist
Anoro Ellipta Bevespi Aerosphere Breztri Aerosphere Combivent Respimat <b>Ipratropium-albuterol</b> Trelegy Ellipta	Atrovent HFA Incruse Ellipta <b>Ipratropium Bromide</b>	<b>Albuterol sulfate HFA</b> <b>Albuterol neb soIn</b> Afromoterol tartate Formoterol fumerate Levalbuterol HFA Levalbuterol soln Serevent Diskus Terbutaline sulfate tabs Ventoline HFA
Steroid/Beta Agonist	Steroid	
Advair HFA Breo Ellipta Dulera <b>Fluticasone-salmeterol</b> <b>(generic Advair Diskus)</b>	<b>Budesonide</b> Amuity Ellipta	

## Medicare Part B Step Therapy

The Arkansas Blue Medicare Preferred Drug List encourages utilization of clinically appropriate and lower net cost products within the following therapeutic drug classes. The Preferred Drug List applies to the listed products only and other products may be available under the plan's medical benefit.

The listed preferred products must be used first. An exception process is in place for specific circumstances that may warrant a need for a non-preferred product. For example, this step therapy requirement does not apply to the plan's members who are actively receiving treatment with non-preferred products.

Drug Class	Preferred Product(s)	Non-Preferred Products(s)
Alpha-1 Antitrypsin Deficiency	Prolastin-C	Aralast Glassia Zemaira
Antimetabolites	Pemetrexed	Alimta Pemfexy
Autoimmune Infused/Infliximab	Avsola Inflectra Renflexis	Infliximab Remicade
Autoimmune Infused/Other	Entyvio Simponi Aria	Actemra Cimzia Illumya Orencia Stelara
Avastin/Biosimilars (Oncology)	Mvasi Zirabev	Alymsys Avastin Vegzelma
Botulinum Toxins	Dysport Xeomin	Botox Myobloc
Breast Cancer Mab	Phesgo	Perjeta
Complement Inhibitors (aHUS, gMG, PNH)	Soliris Ultomiris	
Complement Inhibitors (NMOSD)	Soliris	Uplizna
Hematologic, Erythropiesis - Stimulating Agents (ESA)	Aranesp Procrit	Epogen Mircera Retacrit
Hematologic, Neutropenia, Colony Stimulating Factors - Long Acting	Fulphila Neulasta	Fylintra Nyvepria Rolvedon Stimufend Udenyca Ziextenzo
Hematologic, Neutropenia, Colony Stimulating Factors - Short Acting	Nivestym Releuko Zarxio	Granix Leukine Neupogen
Hematopoietic Agents - Iron	Ferrlecit Infed Sodium Ferric Gluconate Venofer	Feraheme Injectafer Monoferic

Drug Class	Preferred Product(s)	Non-Preferred Products(s)
Hemophilia Factor VIII - Recombinant	Kovaltry	Advate Afstyla Kogenate Novoeight Nuwiq Recombinate Xyntha Xyntha Solofuse
Hemophilia Factor IX - Recombinant	Alprolix Idelvion	
Immune Globulin - IV	Flebogamma Gammaked Gamunex-C Octagam Privigen	Asceniv Bivigam Gammagard Liq. Gammaplex Panzyga
Immune Globulin - SC	Hizentra	Cutaquig Cuvitru HyQvia Xembify
Lysosomal Storage Disorders - Gaucher Disease	Cerezyme Eleryso	VPRIV
Mitotic Inhibitors	Docetaxel Paclitaxel	Abraxane
Multiple Myeloma Proteasome Inhibitors	Bortezomib	Empliciti Kyprolis Sarclisa Velcade
Multiple Sclerosis (Infused)	Ocrevus Tysabri	Briumvi Lemtrada
Osteoarthritis Viscosupplements - Multiinjection	Orthovisc Synvisc	Euflexxa Gelsyn-3 GenVisc Hyalgan Hymovis Supartz FX Triluron TriVisc Visco-3
Osteoarthritis Viscosupplements - Single Injection	Durolane Synvisc-One	Gel-One Monovisc
Osteoporosis - Bone Density	Prolia Zoledronic Acid	Evenity

Drug Class	Preferred Product(s)	Non-Preferred Products(s)
Osteoporosis - Hypercalcemia of Malignancy	Pamidronate Zoledronic Acid	Xgeva
PD1/L1 Immune Checkpoint Inhibitors - Basal Cell & Squamous cell	Libtayo	Keytruda
PD1/L1 Immune Checkpoint Inhibitors - NSCLC	Libtayo	Imfinzi Keytruda Opdivo Tecentriq
Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Agents	Eligard	Camcevi Lupron Depot Trelstar Zoladex
Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents	Firmagon	
Retinal Disorders Agents - (ARMD) Age-Related Macular Degeneration	Avastin Byooviz Lucentis	Beovu Cimerli Eylea Susvimo Vabysmo
Rituximab	Ruxience Truxima	Riabni Rituxan Rituxan Hycela
Severe Asthma	Fasenra Xolair	Cinqair Nucala Tezspire
Somatostatin Analogues	Lanreotide Acetate Sandostatin LAR Depot	Signifor LAR Somatuline Depot
Trastuzumab	Kanjinti Ogivri Trazimera	Herceptin Herceptin Hylecta Herzuma Ontruzant

## Paper Remittance Advice Changes: Arkansas Blue Medicare

In a continued effort to reduce the amount of paper processes, **Arkansas Blue Medicare will no longer print and mail paper Remittance Advices ("Ras") beginning March 1, 2024.** Availity Essentials portal now serves as the electronic (EDI) gateway and provider portal allowing providers to submit direct data entry (DDE) claims and view their electronic Remittance Advice.

**In advance of March 1, 2024,** if you have not already registered with Availity, please take the time to do so now. You can find additional information about what is available and how to register by going to: [www.availity.com/arkansasbluecross](http://www.availity.com/arkansasbluecross). Once you are registered with Availity you can access several trainings specific to Arkansas providers in the Availity Learning Center. These trainings are helpful to learning how to

navigate Availity Essentials and guide you through utilizing the functionality.

To contact Availity for assistance with registration or portal navigation please call **800-Availity (282-4548)**. Or, for assistance with the paper reduction initiative, you can contact the Arkansas Blue Cross EDI division at **855-822-2446**.

Functionality available within Availity Essentials portal: Benefits, Eligibility, Claims, Claim Status, Claim Correction, Remittance Viewer, Electronic Remittance Advice, Dedicated Payer Space (helpful resources/links), Overpayment Requests, Prior Auth/Pre-Service Review, Electronic Funds Transfer, Fee Schedule, Unsolicited Attachments/Solicited Attachments. Arkansas Blue Medicare is not currently participating in electronic attachments, overpayments or prior auth review on Availity Essentials portal.

## Reminder on Billing Qualified Medicare Beneficiaries

Medicare providers are prohibited by federal law from billing qualified Medicare beneficiaries for Medicare deductibles, copayments, or coinsurance. Providers should accept Medicare and Medicaid payments received for billed services as payment in full. Dual-eligible members classified as qualified Medicare beneficiaries (QMBs) are covered under this rule.

QMBs who are enrolled in any Medicare Advantage plan to administer their Medicare benefits would have Medicare Advantage as their primary coverage and Medicaid as their secondary coverage. Payments are considered accepted in full even if the provider does not accept Medicaid. Providers 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](#).

## Requirements for Medicare Outpatient Observation Notice

In compliance with the Centers for Medicare and Medicaid Services (CMS) Medicare Outpatient Observation Notice (MOON), Arkansas Blue Medicare and Health Advantage Medicare Advantage require all acute care and critical access hospitals to provide written notification and an oral explanation of the notification to patients receiving outpatient observation services for more than 24 hours and no later than 36 hours after observation services as an outpatient begin. This also includes beneficiaries in the following circumstances:

- Beneficiaries who do not have Part B coverage (as noted on the MOON, observation stays are covered under Medicare Part B).
- Beneficiaries who are subsequently admitted as an inpatient prior to the required delivery of the MOON.
- Beneficiaries for whom Medicare is either the primary or secondary payer.

For some Medicare Advantage members, observation stays have pre-authorization or pre-notification requirements.

- The notice should explain the following using contemporary language:
- The patient is classified as outpatient
- Cost-sharing requirements
- Medication coverage

- Subsequent eligibility for coverage for services furnished by a skilled nursing facility
- Advise patients to contact his or her insurance plan with specific benefit questions

A copy of the notice and accompanying instructions are available [here](#).



# Blue & You Fitness Challenge

## 21st Annual Blue & You Fitness Challenge

The Blue & You Fitness Challenge is a free three-month contest encouraging participants to exercise, make healthy choices and log those activities to earn points. The Challenge is held from March 1 through May 31. Companies and organizations participate in the event as part of their wellness programs. Friends and family use the contest to focus on health goals, infuse new energy into their routines, remain connected and have fun! Points gained from logging activity lead to contest recognition and rewards, but the best bonuses are better health and fitness.

Register your team now at <https://blueandyoufitnesschallenge-ark.com>! Team members sign up in February, giving you several months to recruit and build your team. The contest runs March 1 – May 31, 2024. If you'd like to learn more about the Challenge, you can register for our Virtual Information Session on January 9, 2024, at 9 a.m. [Register here](#) or by visiting our website.

The Challenge was founded in 2004 and is hosted by Arkansas Blue Cross and Blue Shield, the Arkansas Department of Health and the Arkansas Department of Human Services.



*For ideas, comments, or suggestions of topics to be addressed in the Providers' News, please call Customer Service at (501) 221-3733 or 1-800-843-1329 or the local Arkansas Blue Cross regional office.*