

September 2023

PR*NEWS*VIDERS'

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



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Upcoming holidays

Labor Day
Monday, September 6

Thanksgiving
Thursday, November 25,
and Friday, November 26



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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Arkansas Blue Cross and Blue Shield

2023 Open enrollment – Please use Availity

The 2023 Open Enrollment period begins October 1 and will continue through January 15, 2024. The enrollment of many new members and renewal of current members produces 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 website for the following:

- **Availity** – Availity uses the same information available to our customer service representatives and can save you valuable time. Use for information regarding eligibility, benefits, claims status, as well as submitting authorization requests. Availity displays information on benefits to assist providers when scheduling appointments, checking eligibility, 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.

Availity Essentials Portal: Send unsolicited attachments with claims and upload solicited attachments in the Availity dashboard

Arkansas Blue Cross and Blue Shield began allowing providers to submit medical records and other attachments with claims in September 2022. Unsolicited attachments such as medical records, explanation of benefits from other payers, and letters of medical necessity for DME can be sent electronically. In June 2023 we began a soft launch period allowing providers to upload solicited attachments in the Availity dashboard. Currently, there are over 2700 registered providers (facilities and individual providers) receiving a portion of their record requests electronically.

In the past month, we have sent 2961 electronic requests with a daily average of 137 requests. To date, 59% of all requests sent to registered providers have been electronically processed and at least 60% of the previously faxed letters are mapped to a LOINC. Arkansas Blue Cross will continue work until all previously faxed, bar-coded letters are mapped to a LOINC to fully replace the paper request process. Until this work is completed, providers will continue to receive a portion of their requests by fax.

In the coming weeks, Availity will be sending invitations for Attachment Training for submitting medical records and other attachments electronically. If you missed the opportunity to attend the live training in June, please take the opportunity to attend one of the following live sessions in September. Submitting attachments electronically

either with your claim or allowing Arkansas Blue Cross to request records from you electronically not only saves time but also allows for faster claim adjudication.

If you have any questions about registering for one of the following Attachment trainings, please contact Availity at **800-Availity** (282-4548).

Provider webinars – Register in Availity Essentials Portal Learning Center

Arkansas Blue Cross

Submit Medical Records Requests / Solicited Attachments
9/13/23, 3-4 PM / 2-3 PM CT

Arkansas Blue Cross

Submit Medical Records Requests / Solicited Attachments
9/14/23, 1:30 - 2:30 PM ET / 12:30 – 1:30 PM CT

Coronary Fractional Flow Reserve (FFR) and Instantaneous Flow Reserve (iFR)

Invasive coronary fractional flow reserve (FFR) is used in the cardiac cath lab to determine the hemodynamic significance of a coronary artery stenosis. It is reported using CPT 93571 (Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure) or 93572 (each additional vessel).

Invasive FFR has been largely replaced by Instantaneous flow reserve (iFR, sometimes called diastolic flow reserve (DFR)), which does not involve administration of adenosine to produce hyperemia. There is currently no specific CPT code for iFR, as the FFR code includes induction of hyperemia.

FFR and iFR are similar enough that they should both be reported on claims as CPT 93571. For ABCBS, it is not necessary to append the -82 modifier to this CPT code when used for iFR.

Coverage policy manual updates

Since June 2021, Arkansas Blue Cross has added or updated several policies in its Coverage Policy manual. The table below highlights these additions and updates. If you want to view the entire policies, you can access the coverage policies located on our website at arkansasbluecross.com.

Policy ID#	Policy Name
1997018	Implantable, Subcutaneous, and Wearable (VEST) Cardioverter Defibrillators and Automated External Defibrillators (AED)
1997041	Orthopedic Postoperative Rehabilitative Devices in the Home Setting (eg. CPM; ROMTech®)
1997087	Growth Hormone, Human
1997105	Interferon Gamma-1B
1997177	Tumor Antigen, Prostate Specific Antigen (PSA)
1997208	Spinal Cord Neurostimulation for Treatment of Intractable Pain
1997249	Pain Management, Facet Nerve Denervation, other than Radiofrequency
1998095	Intraoperative Neurophysiologic Monitoring

Policy ID#	Policy Name
1998099	Electrical Stimulation, Deep Brain (e.g. Parkinsonism, Dystonia, Multiple Sclerosis, Post-Traumatic Dyskinesia)
1998109	Chimeric Antigen Receptor Therapy for Hematologic Malignancies (CAR-T) (e.g., Kymriah™, Yescarta™, Tecartus™, Breynzi®, Abecma®, Carvykti™)
1998118	Surgery for Morbid Obesity
1998158	Trastuzumab AND Trastuzumab and Hyaluronidase-oysk
1998162	Sacral Nerve Stimulation for the Treatment of Urge Urinary Incontinence
2001009	Non-Implantable Insulin Infusion Devices, Hybrid Insulin Infusion Devices, and Continuous Glucose Monitoring Devices
2001021	HDC & Allogeneic Stem &/or Progenitor Cell Support-Acute Myelogenous Leukemia
2001032	Closure Devices for Atrial or Ventricular Septal Defects (ASD, VSD) or Patent Foramen Ovale (PFO), Percutaneous
2002009	Phototherapy for Psoriasis
2004053	Circulating Tumor Cells and Cell-Free DNA in the Management of Patients with Cancer, Detection of
2005003	Genetic Test: Cytochrome p450 Genotype Guided Treatment Strategy
2005004	Sacral Nerve Stimulation for the Treatment of Fecal Incontinence
2005010	Cardiac and Coronary Artery Computed Tomography, CT Derived Fractional Flow Reserve and CT Coronary Calcium Scoring
2005021	Preimplantation Genetic Diagnosis, Testing or Treatment
2008010	Certified Nurse Practitioners
2008014	Physician Assistants
2008015	Clinical Nurse Specialist
2008017	Genetic Test: Molecular Testing for the Management of Pancreatic Cysts, Barrett Esophagus, and Solid Pancreaticobiliary Lesions (PathFinderTG®)
2008025	Stem Cell Growth Factor, Romiplostim (e.g., Nplate)
2008031	Rilonacept (e.g., Arcalyst)
2009044	Vagus Nerve Stimulation
2010005	Electrical Stimulation, Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuromodulation Therapy (PNT)
2010016	Electrical Stimulation, Occipital and Transcutaneous Peripheral Nerve Stimulation for Treatment of Headaches
2010038	Pneumatic Compression Devices and Non-Elastic Compression Garments for Treatment of Lymphedema, Burns, Venous Ulcers, and Arterial Insufficiency
2011030	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OBESITY IN CHILDREN; SCREENING AND COUNSELING
2011045	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: COLORECTAL CANCER SCREENING
2011061	Genetic Test: Melanoma and Glioma, Testing to Predict Response to Targeted Therapy
2011066	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OVERVIEW
2012005	Genetic Test: Molecular Testing of Tumors for Genomic Profiling as a Therapeutic Guide
2012009	Skin and Soft Tissue Substitutes, Bio-Engineered Products (Including Prosthetic Material)
2012021	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: INTIMATE PARTNER, INTERPERSONAL, AND DOMESTIC VIOLENCE; SCREENING IN WOMEN AND ADOLESCENTS
2012031	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: WELL-WOMAN VISITS FOR ADOLESCENT AND ADULT WOMEN
2012068	Genetic Test: Preconception or Prenatal Testing as a Carrier Screen

Policy ID#	Policy Name
2013005	Treatment of Sacroiliac Joint (SIJ) Pain
2013014	Ado-Trastuzumab Emtansine (e.g., Trastuzumab-DM1) for Treatment of HER-2 Positive Malignancies
2013032	Hereditary Angioedema (HAE), Prophylaxis and Acute Treatment
2013034	Peroral Endoscopic Myotomy (POEM)
2013041	Cardiovascular Risk Panels
2013046	Genetic Test: Testing for the Diagnosis and Management of Mental Health Conditions
2014013	Genetic Test: Li-Fraumeni Syndrome
2014023	Responsive Neurostimulation for the Treatment of Refractory Partial Epilepsy
2015002	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)
2015009	Genetic Test: Next-Generation Sequencing for Cancer Susceptibility Panels and the Assessment of Measurable Residual Disease
2015014	Amniotic Membrane and Amniotic Fluid Injections
2015024	Ablative Procedures for Benign Prostatic Hyperplasia (BPH) and Minimally Invasive Benign Prostatic Hyperplasia Treatments
2015035	Sleep Apnea, Minimally Invasive Surgical Treatment
2016004	Lab Test: Identification of Microorganisms Using Nucleic Acid Probes
2016021	Paliperidone Palmitate (e.g., Long-acting Injectables Invega Sustenna [®] & Invega Trinza)
2017001	Alpha-1 Proteinase Inhibitor Therapy (e.g., Aralast, Glassia, Prolastin, and Zemaira)
2017004	Asfotase alfa (e.g. Strensiq [®])
2017008	Brentuximab (e.g., Adcetris [™])
2017009	Denosumab (e.g., XGEVA [™] and Prolia [™])
2017012	Nab-Paclitaxel (e.g., Abraxane [™])
2017019	Molecular Testing in the Management of Pulmonary Conditions
2017020	Pemetrexed (e.g., Alimta)
2017032	Orthopedic Implants
2017036	Metreleptin (e.g., Myalept)
2018000	Leadless Cardiac Pacemakers
2020005	Self-Administered Medication
2020007	Eptinezumab-jjmr (e.g., VYEPTI [™])
2021004	PET or PET/CT for Cancer Surveillance and Other Oncologic Applications
2021006	Satralizumab-mwge (e.g., Enspryng [™])
2021032	Lumasiran (e.g., Oxlumo)
2021033	Belimumab (e.g., Benlysta)
2021042	Monoclonal Antibodies for Treatment of Alzheimer Disease [Aducanumab (e.g., Aduhelm) and Lecanemab (e.g., Leqembi)]
2022007	Maternal Serum Biomarkers for Prediction of Adverse Obstetric Outcomes
2022013	Medical Technology Assessment, Non-Covered Services
2022022	Sirolimus protein-bound particles for injectable suspension (e.g., FYARRO)
2022024	Sutimlimab-jome (e.g., Enjaymo)
2022029	Bortezomib (e.g., Velcade)
2022036	Digital Health Technologies: Diagnostic Applications
2022041	Pegcetacoplan (e.g., Empaveli)
2023004	Digital Health Technologies: Therapeutic Applications
2023008	Olipudase alfa (e.g., Xenpozyme)
2023009	Sodium Thiosulfate (e.g., Pedmark)

Policy ID#	Policy Name
2023010	Tremelimumab-actl (e.g., Imjudo)
2023012	Teplizumab-mzwv (e.g. Tzielid™)
2023015	Teclistamab-cqyv (e.g., Tecvayli)
2023017	Gene Therapies for Hemophilia (Etranacogene dezaparvovec-drlb [e.g., Hemgenix])
2023018	Velmanase alfa-tycv (e.g., Lamzede®)
2023019	Mirvetuximab soravtansine-gynx (e.g. Elahere)
2023020	Nadofaragene firadenovec-vncg (e.g., Adstiladrin)
2023022	Percutaneous Electrical Nerve Field Stimulation for Irritable Bowel Syndrome
2023023	Somatic Biomarker Testing for Immune Checkpoint Inhibitor Therapy (BRAF, MSI/MMR, PD-L1, TMB)
2023024	Mosunetuzumab-axgb (e.g. Lunsumio™)
2023025	PET or PET/CT for Oncologic Applications for ASE/PSE Contracts
2023027	Lenacapavir (e.g., Sunlenca)
2023028	Fecal microbiota, live-jslm (e.g., Rebyota)
2023029	Management of Dry Eye Syndrome
2023030	Genetic Test: Multicancer Early Detection Testing
2023031	Laboratory Testing Investigational Services
2023032	Tofersen (e.g., Qalsody)
2023033	Retifanlimab-dlwr (e.g., Zynyz)
2023034	Epcoritamab-bysp (e.g., Epkinly)

Medical specialty medications prior authorization update

On April 1, 2018, Arkansas Blue Cross and Blue Shield and its family of companies enacted prior authorization for payment of specialty medications used in treating rare, complex conditions that may go through the medical benefit. Since then, medications have been added to the initial list as products come to market.

The table below is the current list of medications that require prior authorization through the member's medical benefit. It is also indicated when a medication is required to be processed through the pharmacy benefit. Any new medication used to treat a rare disease should be considered to require prior authorization. ASE/PSE, ASP and Medicare are not included in this article but have their own prior authorization programs.

Brand Name	Generic Name	HCPCS
Abecma	idecabtagene vicleucel	Q2055
Actemra	tocilizumab	J3262
Acthar	corticotropin	J0800
Adakveo	crizanlizumab-tcma	J0791
Adstiladrin	nadofaragene firadenovec-vncg	J9029
Aldurazyme	laronidase	J1931
Amvuttra	vutrisiran	J0225
Aralast NP	alpha-1 proteinase inhibitor (human)	J0256
Arcalyst	rilonacept	J2793
Asparlas	calaspargase pegol	J9118
Avsola	infliximab-axxq	Q5121
Benlysta	belimumab	J0490
Berinert	c1 esterase, inhibitor, human	J0597

Brand Name	Generic Name	HCPCS
Botox	onabotulinumtoxin a	J0585
Breyanzi	lisocabtagene maraleucel	Q2054
Brineura	cerliponase alfa	J0567
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
Epkinly	epcoritamab-bysp	C9399
Evenity	romosozumab-aqqg	J3111
Evkeeza	evinacumab-dgnb	J1305
Fabrazyme	agalsidase beta	J0180
Fyarro	sirolimus protein-bound particles	J9331
Gamifant	emapalumab-lzsg	J9210
Givlaari	givosiran	J0223
Glassia	alpha-1 proteinase inhibitor (human)	J0257
Hemgenix	etranacogene dezaparvovec-drlb	J1411
Ilaris	canakinumab	J0638
Ilumya	tildrakizumab-asmn	J3245
Imjudo	tremelimumab-actl	J9347
Inflixtra	infliximab-dyyb	Q5103
Invega Sustenna	paliperidone palmitate	J2426
Invega Trinza	paliperidone palmitate	J2427
Ixifi	infliximab-qbtx	Q5109
Kalbitor	ecallantide	J1290
Kanuma	sebelipase alfa	J2840
Kimmtrak	tebentafusp-tebn	J9274
Krystexxa	pegloticase	J2507
Kymriah	tisagenlecleucel	Q2042
Lamzede	velmanase alfa-tycv	J3590
Lemtrada	alemtuzumab	J0202
Leqvio	inclisiran	J1306
Lumizyme	alglucosidase alfa	J0221
Lunsumio	mosunetuzumab-axgb	J9350
Lutathera	lutetium Lu 177 Dotatate	A9513

Brand Name	Generic Name	HCPCS
Luxturna	voretigene neparvovec-rzyl	J3398
Mepsevii	vestronidase alfa-vjvk	J3397
Monjuvi	tafasitamab-cxix	J9349
Myobloc	rimabotulinumtoxin b	J0587
Naglazyme	galsulfase	J1458
Nexviazyme	avalglucosidase alfa-ngpt	J0219
Nplate	romiplostim	J2796
Ocrevus	ocrelizumab	J2350
Oncaspar	pegaspargase	J9266
Onpattro	patisiran	J0222
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
Remicade and Unbranded Infliximab	infliximab	J1745
Renflexis	infliximab-abda	Q5104
Rethymic	allogeneic processed thymus tissue-agdc	J3590
Revatio	sildenafil (IV)	J3490
Riabni	rituximab-arrx	Q5123
Rituxan	rituximab	J9312
Ruconest	c1 esterase, inhibitor, recombinant	J0596
Ruxience	rituximab-pvvr	Q5119
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
Spevigo	spesolimab-sbzo	J1747
Spinraza	nusinersen	J2326
Stelara	ustekinumab (IV)	J3358
Stelara	ustekinumab (SC)	J3357
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
Trodrelvy	sacituzumab govitecan-hziy	J9317

Brand Name	Generic Name	HCPCS
Truxima	rituximab-abbs	Q5115
Tysabri	natalizumab	J2323
Tzield	teplizumab-mzww	J9381
Ultomiris	ravulizumab-cwyz	J1303
Uplizna	inebilizumab-cdon	J1823
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
Zemaira	alpha-1 proteinase inhibitor (human)	J0256
Zepzelca	lurbinectedin	J9223
Zolgensma	onasemnogene abeparvovec-xioi	J3399
Zulresso	brexanolone	J1632
Zynteglo	betibeglogene autotemcel	J3590
Zynyz	retifanlimab-dlwr	C9399

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 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: blueadvantagearkansas.com/providers/forms.aspx.

For all other members, the appropriate prior authorization form can be found at the following link: 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**.

Paper Claim Reduction: How Availity Essentials portal can help

In a continued effort to reduce the amount of paper processes, Arkansas Blue Cross and Blue Shield, USABLE, Health Advantage, Arkansas Blue Medicare, BlueAdvantage, and Federal Employee Program will no longer accept paper claims 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, excluding the Arkansas Blue Medicare plan, unsolicited attachments (including medical records) and other documentation can now be submitted with a claim. Paper claims cause a greater number of rejections, are not visible in the Availity portal and paper claims are edited using the same process as electronic claims.

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 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 in 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**.

Additional information will be included in the December 2023 Providers' Newsletter. A limited exception policy and how to apply will be included in the December article.

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 Authorization/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 authorization review on Availity Essentials portal.

Prior Authorization Requirement Changes for 2024

Please be aware that effective January 1, 2024, modifications to prior authorization processes on medical services have changed for fully-insured 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 a Formal Benefit Inquiry/Organizational Determination prior to the service to assess for coverage. Please visit arkansasbluecross.com for more updates and information through the end of 2023. Please be advised that prior authorization processes will not change for Arkansas governmental plans and self-funded groups.

Prosthodontia Service Benefit/Payment Changes

NOTICE OF MATERIAL AMENDMENT

Changes related to payments for prosthodontia services currently are under development. Please watch for a notice to be mailed to oral and prosthodontia surgeons for more information. Meanwhile, beginning January 1, 2024, an approval of any benefit inquiry for individuals who are not currently in a course of treatment where prosthodontia services previously have been paid or approved should not be construed as an indication or guarantee that, after January 1, 2024, benefits will be paid or owed for any similar or related service performed outside of the authorization period. Likewise, a decision to pay a claim for prosthodontia services for a particular date of service should not be construed as an indication or guarantee that benefits will be paid or are owed on any separate claim submitted for similar or related services performed before or after the paid claim. Each claim for a non-authorized service and each authorization request will be individually evaluated to determine whether benefits are owed under the terms, conditions, limitations, and exclusions contained in the applicable plan. This change is the result of modifications to plan and policy language arising in part from our implementation of Act 575 of 2023. Prosthodontia services refers to the dental specialty that is concerned with the restoration or replacement of missing, deficient, or damaged teeth and maxillofacial tissue and bone and that typically involves the use of prosthetic devices (such as crowns, dentures, and implants) and surgical reconstruction. Please note that, if prosthodontia services meet coverage criteria and are payable, they are payable only up to the allowed amount. Additional information will be posted on Availity.

Metallic Formulary changes effective October 1, 2023

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
LATUDA TAB	Brand no longer covered	generic lurasidone tab
AUBAGIO TAB	Brand no longer covered	generic teriflunomide tab
CARDIZEM LA TAB	Brand no longer covered	generic diltiazem tab
ZIEXTENZO INJ	Not Covered	FYLNETRA, NYVEPRIA *These biosimilars are not interchangeable so the member will need a new prescription for Fylnetra or Nyvepria.

Standard formulary changes effective October 1, 2023

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
ZIEXTENZO INJ	Not Covered	FYLNETRA, NYVEPRIA- *These biosimilars are not interchangeable so the member will need a new prescription for Fylnetra or Nyvepria.

Update on pre-payment review of high-dollar inpatient claims

In the June issue of Providers' News, we shared that on October 1, 2023, Arkansas Blue Cross and Blue Shield, BlueAdvantage Administrators of Arkansas and Health Advantage will be resuming (through Equian) the pre-payment review of inpatient claims that have total billed amounts exceeding \$100,000 – when a portion of the payment is tied directly to billed charges.

Such claims that have dates of service beginning October 1, 2023, or later will be reviewed.

In response to input from healthcare providers and customers, the program was paused in July 2022, to allow an evaluation of its review criteria, processes, and efficacy.

With that evaluation successfully completed and the resumption of the program approaching, it will be important for healthcare providers to be aware of the process for asking clarifying questions and to appeal pre-payment review findings, if necessary. Here's a rundown of the process:

1) *Questions/clarifications*

The first step in getting clarity about a claims review report is to contact the Equian Claims Resolution team. We encourage providers to work directly with the Equian Claims Resolution team to determine if additional information might lead to a change in their recommendation. The Equian Claims Resolution team can be reached at:

- Email: claimsresolution@equian.com
- Phone: 800.806.9784

2) **Formal appeals/disputes via Equian**

If a provider works with the Equian Claims Resolution team but believes further review is needed, they may file a formal request for reconsideration. In such cases, all correspondence should be:

- Identified as a formal dispute.
- Accompanied by documentation and explanations necessary to clarify the questioned charges.
- Directed to:

Equian Claim Disputes/Reconsiderations

- **Email:** reconsiderations@equian.com

- **Fax:** 866.700.5769

- **Mailing address:**

IBR

P.O. Box 2469

Shawnee Mission, KS 66201-2469

- **UPS/FedEx parcels:**

IBR

6860 W. 115th St.

Overland Park, KS 66211

3) **Formal appeals to Arkansas Blue Cross**

If a provider has followed the steps listed above and still believes further review is needed, they may make a final appeal to Arkansas Blue Cross.

Note: Appeals to Arkansas Blue Cross will be considered only after the provider has submitted a formal reconsideration request to Equian and received a determination from them.

Providers who wish to make a final appeal to Arkansas Blue Cross after completing the Equian appeal/reconsideration process may contact the Arkansas Blue Cross Payment Integrity team at paymentintegrity@arkbluecross.com. The email should include a description of the disputed item(s) and any supporting documentation.

Providers who have questions about these processes should feel free to reach out to their Network Development Representative.

We greatly value the high-quality care our healthcare providers deliver to the people who depend on us for their health insurance coverage as we work together to ensure that it is both effective and affordable.

Update on claims inventories

For the past few months, Arkansas Blue Cross and Blue Shield has been working diligently to reduce an uncharacteristically large backlog of healthcare claims.

We appreciate the patience our healthcare provider community continues to show as we work diligently to resolve this issue.

Despite our intense and continued focus of staff and resources we have been unable to bring several categories of claims inventories back in line with our customary levels.

Because we realize that our progress in this matter is of great interest to providers, we are sharing the following update.

Claims categories we are addressing

Categories that we continue to focus special attention on include:

- Health Advantage adjustments
- Exchange adjustments
- Arkansas State Employees (ASE) adjustments
- Arkansas Blue Cross and Host Plan adjustments
- Refunds for:
 - BlueAdvantage regular business
 - BlueAdvantage national accounts

Added measures we are taking

In addition to what we've already been doing to reduce claims inventories, we are:

- **Adding staff** – We are in the process of hiring 42 contingent workers to assist in reducing claims inventories. These workers will be employed until claims inventories are brought to acceptable levels.
- **Adding automation** – Deployed claims-processing “bots” are handling claims that do not require human intervention.
- **Leveraging internal staff** – Assigning 10 additional internal staffers who have claims-processing knowledge/experience to assist with the backlogs.

Duplicated claims

In working through these claims inventories, we have noted an unusually high number of **duplicated claims and adjustment requests**. These redundant items add to the backlog and impede our efforts to use automation and process them more expeditiously.

To help us reduce this backlog, please submit corrected claims **only once**.

As always, if you have a **question about a claim's status**, please **check the Availity portal** (availability.com/arkansasbluecross), which gives providers access to real-time information about submitted claims and can be accessed in seconds, around the clock.

In Availity, there two paths to view claim status: **Claim Status** and **Claims Management**.

After selecting one of these options, simply enter claim data specific to the associated provider or member.

Healthcare providers and staff who have issues accessing the Availity platform should call **800-282-4548** (or **800-AVAILITY**) – 7 a.m. to 7 p.m. Central Time.

Providers who submit claims through a **clearinghouse** also receive claim acceptance reports that can be used to view claims sent to the payer. These reports include a status description of either **accepted** or **rejected**.

Arkansas Blue Cross **greatly values our healthcare providers** and the high-quality care they provide to our members. Please be assured that this matter **has our full attention** and that we will continue to update you as we vigilantly work toward a resolution.



Federal Employee Program

Back to School and Welcome back to Germs

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) (Ages 18-64) - Save the Antibiotic

Providers, please consider asking the patients to wait 3 days to call back for a prescription if their symptoms are not better. When prescriptions are already sent to the pharmacy, the patient invariably will fill them anyway even if they don't need it. That counts against the provider for inappropriate antibiotic prescribing.

How to Improve your Providers AAB Scores:

- Educate patients on the lack of utility of antibiotics for viral infections and the impacts of overprescribing of antibiotics.
- Use simpler diagnostic language with patients: "Chest Cold" instead of "Bronchitis"
- If patients are insistent on antibiotics when not indicated, consider a "delayed prescription."
- Add diagnosis codes for those with competing diagnoses (sometimes antibiotics are needed for these conditions). Adding these codes will exclude the patient from the HEDIS measure and your HEDIS score will not be negatively impacted.

Some common competing diagnoses are:

- 1) UTI
- 2) Pneumonia
- 3) Tonsillitis
- 4) Sinusitis
- 5) Pharyngitis

Exclusion codes that a provider can submit that exclude members from the measure if applicable:

- **HIV:**
 - ICD-10: B20
- **HIV 2:**
 - ICD-10: B97.35
- **Asymptomatic HIV infection status:**
 - ICD-10: Z21

- **Malignant Neoplasms:**
 - **ICD-10:** C00- C97, D00- D09, D37-D48
- **Other Malignant Neoplasm of Skin:**
 - **ICD-10:** C43-C44
- **Emphysema:**
 - **ICD-10-CM:** J43.0, J43.1, J43.2, J43.8, J43.9
- **COPD:**
 - **ICD-10:** J44.0, J44.1, J44.9, J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9, J47.0, J47.1, J47.9
- **Comorbid Conditions:**
 - **ICD-10-CM:** A15.0 – A19.9, B44.81, D57.01 - D86.2, E84.0 – E84.9, J22 – J99, M05.10 - M35.02, O98.011 - O98.03, P27.0 - P27.9, Q25.45 - Q89.3
- **Disorders of the Immune System:**
 - **ICD-10-CM:** D80.0 – D89.9
- **Pharyngitis:**
 - **ICD-10-CM:** J02.0 – J03.91
- **Competing Diagnoses:**
 - **ICD-10-CM:** A00.00 – A69.9, B60.0 – B96.89, E83.2, H66.001 – H95.89, J01.00 – J39.9, K12.2, L01.00 – L98.3, M46.20 – M90.89, N10 – N77.1, Z20.2 – Z22.4

Diabetes Management

Please set reminders for your patients to have yearly wellness visit and A1c testing twice a year or every quarter if A1c remains elevated. FEP has a national diabetes management Program through Livongo. Please contact 1.800.225.1891 and request a case manager to assist the member.

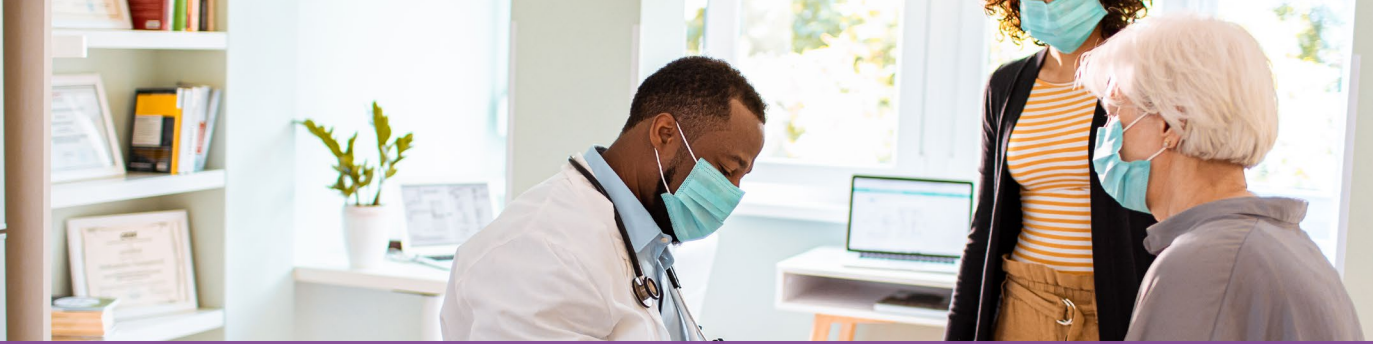
FEP has partnered with Virta for diabetes reversal for members in our state (without Medicare):

Virta is an online specialty medical clinic that reverses type 2 diabetes safely and sustainably, without the risks, costs or side effects of medications or surgery. Virta’s physician-led team coordinates care with providers as members safely reduce and eliminate diabetes medication, while blood sugar stabilizes through the Virta treatment.

Virta supports providers by:

- Helping members meet clinical goals for diabetes management (A1c, weight, etc.).
- Providing daily nutrition and behavior counseling to members, as well as diabetes medication management.
- Supplementing primary care by providing regular reporting on member medication reduction and elimination.

Virta is available at no cost to Blue Cross and Blue Shield Federal Employee Program® members within our state (without Medicare coverage) between the ages of 18 and 79 with type 2 diabetes. To refer members, direct them to virtahealth.com/join/fep-abcbs.



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 (ABCBS). CMS will continue to monitor and audit the ABCBS and Health Advantage provider directories to enforce action and compliance with the data maintained on the NPPES website. ABCBS will continue to issue quarterly provider demographic verification forms by mail to validate, correct, sign, date and return to [ABCBS Provider Network Operations](#).

Using NPPES as a centralized primary data resource will allow ABCBS 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](#)

New Requirement for Provider Language Disclosure and Linguistic Capabilities

The Centers for Medicare & Medicaid Services (“CMS”) has issued a new requirement to ensure that Arkansas Blue Medicare, Health Advantage and Arkansas Blue Cross and Blue Shield (collectively “ABCBS”) provider directories are up to date and accurate, including listings including all languages spoken by providers and staff, the availability of interpreter services, and the availability of other language assistance, such as American Sign Language or other oral interpretation services. To better serve our members and eliminate miscommunication, providers will need to review and validate the accuracy of this information to allow ABCBS to provide accurate information to our commercial and Medicare Advantage members. Toward that end, ABCBS will continue to request this information on all the initial provider and facility applications. Please review your provider or facilities current language options on the ABCBS website under “find care” at arkansasbluecross.com. If changes or additions are needed, please reach out to Provider Network Operations via email at providernetwork@arkansasbluecross.com.

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 in which participants are encouraged 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 leads to contest recognition and rewards, but the best bonuses are better health and fitness. 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.



Registration for the 21st annual Blue & You Fitness Challenge opened on September 1, 2023. Register your team now at blueandyoufitnesschallenge-ark.com! Team members sign up in February, giving you five months to recruit and build your team. Contest runs March 1 – May 31, 2024.



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.