

October 2025

Special issue

PR*NEWS*VIDERS'

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



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

Editor : Christy Givens

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



Thank you for reviewing Arkansas Blue Cross Blue Shield's October 2025 Special Issue Providers' News. The purpose of this communication is to provide updates for you on revisions to payment process, payment policy, and guidance. Please take time to review the content specific to your facility or practice and thank you for your continued service to your patients and our members. To subscribe to receive Providers' News via email when published, submit request to providernews@arkbluecross.com.

What's inside?

Arkansas Blue Cross and Blue Shield

Required Prior Authorization of Breast Reconstruction.....	3
Prior Authorization For Non-Essential Health Benefits.....	4

Medicare Advantage

2026 Medicare Advantage Updates.....	6
Availity – The Key to Self Service	6



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association



Arkansas Blue Cross and Blue Shield

Required Prior Authorization of Breast Reconstruction

Effective January 1, 2026

October 1, 2025

In accordance with the Arkansas Act 510, Prior Authorization Transparency Act, we are writing to provide contracted healthcare providers with written notice of new or amended requirements or restrictions for prior authorization at least sixty (60) days before implementation.

To comply with Arkansas Act 424, which mandates coverage for breast reconstruction surgeries and requires prior authorization (PA) for breast reconstruction surgeries, the following list of codes will require prior authorization, effective 1/1/2026, for fully Insured plans of Arkansas Blue Cross and Blue Shield. This requirement also applies to Health Advantage, Exchange, ARHome and Octave groups; as well as Arkansas State Employees- Public School Employees, Arkansas State Police and non-ERISA self-insured plans.

CPT Code	Description
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11970	Replacement of tissue expander with permanent implant
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15771	Grafting of autologous fat, harvested via liposuction, to the trunk, breasts, scalp, arms, and/or legs, with 50 cc or less injectate.
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)
19316	Mastopexy
19325	Breast augmentation with implant
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)
19342	Insertion or replacement of breast implant on separate day from mastectomy
19350	Nipple/areola reconstruction

CPT Code	Description
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
19361	Breast reconstruction; with latissimus dorsi flap
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)
19369	Breast reconstruction; with bipedicle transverse rectus abdominis myocutaneous (TRAM) flap
19370	Revision of the peri-implant capsule of the breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
19396	Preparation of moulage for custom breast implant
L8600	Implantable breast prosthesis, silicone or equal
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral

Prior Authorization For Non-Essential Health Benefits

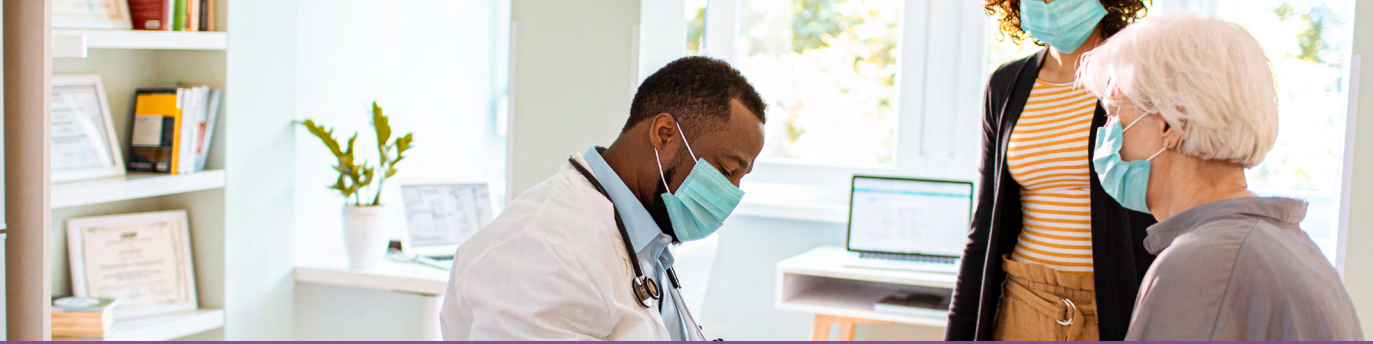
Effective January 1, 2026

October 1, 2025

The following services require prior authorization and will apply to Arkansas Blue Cross Blue Shield members that have the following plans:

- **ACA Individual Exchange, both On and Off Exchange Plans and Standalone Off Exchange Plans for Arkansas Blue Cross Blue Shield, Health Advantage, and Octave Members.**
 - Bariatric Surgery and Weight Loss Services
 - Craniofacial-related surgeries/services`
 - Reproductive services specific to RESTORE Act– Arkansas Blue Cross Blue Shield Exchange only
 - PANS-PANDAS Coverage
 - Outpatient Cognitive Rehabilitation (Acquired Brain Injury)
 - Inpatient Neuro-Rehabilitation Facility (Acquired Brain Injury)

- **Arkansas Blue Cross Blue Shield Small Group Metallic Plan and Arkansas Blue Cross Blue Shield Individual Plans, Complete and Complete Plus Only: DOES NOT INCLUDE** Comp Blue I or III, Blue Cares PPO, Short-term Blue, Farm Bureau, Blue Solution, or Blue Choice
 - Bariatric Surgery and Weight Loss Services
 - Outpatient Cognitive Rehabilitation (Acquired Brain Injury)
 - Inpatient Neuro-Rehabilitation Facility (Acquired Brain Injury)



Medicare Advantage

2026 Medicare Advantage Updates

Effective January 1, 2026

Arkansas Blue Medicare will not renew our Medicare Advantage PPO product line, which features the following plans:

- BlueMedicare Saver Choice (PPO)
- BlueMedicare Premier Choice (PPO)
- BlueMedicare Freedom Giveback (PPO)

Also, effective January 1, 2026, there will be a service area reduction for our BlueMedicare Premier (HMO) and BlueMedicare Independence (HMO) plans. We will be exiting the following counties for these two plans: Ashley, Boone, Carroll, Clark, Cleveland, Conway, Crawford, Franklin, Fulton, Grant, Greene, Izard, Jefferson, Johnson, Lonoke, Madison, Marion, Mississippi, Newton, Ouachita, Perry, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, Randolph, Scott, Searcy, St. Francis, Washington, White, Woodruff, and Yell.

Members affected by the PPO non-renewal and HMO service area reduction have been notified via a mailed letter. The letter informed members:

- Their Arkansas Blue Medicare coverage will end on December 31, 2025.
- Their need to switch to another Medicare Advantage plan in their area or return to Original Medicare during the 2026 Open Enrollment Period, which runs October 15, 2025, through December 7, 2025.
- Of other Medicare Advantage plans in their area.
- About their Medicare Supplement (Medigap) guarantee issue rights.

We are committed to helping our members through this transition period and appreciate your support and help as well.

Availity – The Key to Self Service

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

If you encounter an issue while using Availity, contact your network specialist who will work with you to get a resolution. Take your self-service to the next level with Availity.