

**PROVIDER NOTIFICATION OF POLICY CRITERIA
CHANGE**

POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMEDEMMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Chronic Intermittent Insulin Therapy (CIIT)	2005001	Policy will be archived effective June 15, 2026.	No	6/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2005001
Hepsin Biomarker Testing	2018026	Policy will be archived effective June 15, 2026.	No	6/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2018026
Moh's Micrographic Surgery	1997141	Policy will be archived effective June 15, 2026.	No	6/15/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1997141