

PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMEDEMMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Prenatal Screening (Non-Genetic)	2024030	Coding change was made to implement current coverage criteria. CPT codes 81001, 81002, 81003, 81007, 81015, 87081, 87088 & 86762 are not covered when billed with Z32.01 for Encounter for pregnancy test, result positive.	Yes	11/24/2025	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024030">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024030</a>
Urine Culture Testing for Bacteria	2024052	Coding change was made to implement current coverage criteria. CPT Codes 87077, 87140, 87147, 87149, 87181, or 87186 are not covered when billed with N39.41 Urge Incontinence.	Yes	11/24/2025	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024052">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024052</a>
Thyroid Disease Testing	2024026	Coding change was made to implement current coverage criteria for noncoverage for testing of asymptomatic nonpregnant individuals, testing for thyroid dysfunction during a general exam without abnormal findings.	Yes	11/24/2025	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024026">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024026</a>