

March 2023

# PROVIDERS' NEWS

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



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Announcement**

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**Upcoming holidays**

**Good Friday**  
Friday, April 7



Arkansas  
**BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

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Arkansas  
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# Arkansas Blue Cross and Blue Shield

## Name Change Announcement: AIM Specialty Health will transition to Carelon Medical Benefits Management Inc.

In June 2022, AIM Specialty Health (AIM) announced that it joined the Carelon family of companies. Carelon is a new healthcare services brand dedicated to solving the industry’s most complex challenges. This does not impact the services AIM offers or the way AIM works with providers.

As part of this shift, on March 1, 2023, AIM Specialty Health will sunset the use of its legacy name and begin operating under a new name, Carelon Medical Benefits Management.

In March, any documents that mention AIM Specialty Health, such as determination letters or the website, will begin adopting the new Carelon Medical Benefits Management name. Please know this is a name shift only. There will be no changes to the way you submit a case or the contact information you use for checking case status.

Please see below for a list of frequently asked questions (FAQs).

### Provider brand transition FAQs

Focus area	Answers
<b>Provider experience</b>	
Will the AIM <a href="#">ProviderPortalSM URL</a> or platform name be changed?	The portal address will not be impacted; all providers will continue to have access to <a href="http://www.providerportal.com">www.providerportal.com</a> . The AIM logo will be replaced with a Carelon logo. No changes are being made to the case submission process.
Will there be any changes to the <a href="#">AIM Clinical Guidelines URL</a> or content?	The web address (URL) you use today will continue working but will be automatically redirected to a new Carelon URL. The branding will be updated to reflect the Carelon branding.
Are any phone number changes planned as part of this transition?	No inbound phone numbers are being changed. The reference to AIM within recorded scripting will be replaced with Carelon Medical Benefits Management

Focus area	Answers
How will third party portals, such as <a href="#">Avality</a> , be impacted?	There will be no change to the way you access these portals. Within the portals, any reference to AIM Specialty Health will be replaced with the new name. This may take some time to fully complete.
Will references to AIM on health plan websites and other materials be changed?	Yes. While you may continue to see the AIM company name on health plan websites and member ID cards for some time, it's expected that these will be changed through scheduled content update cycles.
<b>Corporate website</b>	
Will the <a href="#">AIM corporate website</a> URL be changed?	Yes. The corporate website will be moved to <a href="http://www.carelon.com">www.carelon.com</a> .  All links to <i>ProviderPortal</i> and our clinical guideline pages will remain active and will be redirected.
<b>Provider microsites</b>	
Will the provider microsite URLs be changed?	Yes. The provider microsite URLs will be automatically redirected to new Carelon URLs, and the branding will be updated to reflect the Carelon branding. Please bookmark the new URLs after you are redirected.

Thank you for your partnership. We look forward to working together as AIM Specialty Health works to adopt their new name.

## New Directions and Tridium become Lucet

Effective January 19, 2023 New Directions Behavioral Health, the behavioral health company that serves Arkansas Blue Cross and Blue Shield's members (and is 10%-owned by USABLE Corporation), and Tridium, a clinical research and technology company acquired by New Directions in January 2022, have merged and re-branded as Lucet.

For now, for the most part, this identity change will not impact Arkansas Blue Cross members and employees in the ways in which they currently interact with New Directions. However, please note that there are two major areas in which members and employees may need clarification as to what this transition means:

- The Employee Assistance Program (EAP) for all participating health plans (including Arkansas Blue Cross) will continue under the identity of New Directions Behavioral Health.
- The new Navigate & Connect platform will not be available to members of existing New Directions groups (whether fully insured or self-funded) unless access to Navigate & Connect as a value-added service is purchased. This includes all health plans administered Arkansas Blue Cross, BlueAdvantage Administrators of Arkansas and Health Advantage.

## Routing of Secondary Claims

As of April 1, 2023, Arkansas Blue Cross, Health Advantage, Blue Advantage and Federal Employee Program (FEP) will no longer automatically route secondary claims to our other Arkansas Blue Cross lines of business for processing. Providers should file secondary claims to the appropriate line of business following processing of claims by the primary payer. With the sunset of AHIN, providers do not have the ability to see these ABCBS local “Blue on Blue” secondary claims and their status and your feedback has indicated confusion and frustration. This was a special process that was created through AHIN. This has no effect on the process you follow today when submitting secondary claims to other Payors, including other Blue Plans or Blue Medicare. This change is effective for claims submitted April 1 and after.

## Prescription Drug Benefits Reminder

For fully insured plans with Blue Cross, Health Advantage, and self-insured Blue Advantage plans that utilize Blue Advantage prescription drugs benefits.

Medications prescribed for the treatment of obesity, or for use in any program of, weight control, weight reduction, weight loss, or dietary control are not covered.

## PA Process Changes Delayed Until August

We’ve announced that we will be modifying our PA process to be effective on 4/1/23 for our fully insured, non-Medicare Advantage plans. Implementation has been further delayed until 8/7/23. Additional information will be posted to Availity as it becomes available.

## Public Health Emergency (PHE) Ending

On February 11, 2023, Arkansas Department of Human Services (DHS) began sending letters to ARHOME members who may be at risk of losing their ARHOME coverage due to Public Health Emergency (PHE) ending. DHS will restart the eligibility redetermination process on April 1, 2023 and will terminate coverage for members who no longer qualify. The “Medicaid unwinding” will take place over six months, ending in September, and could impact the coverage of over 60,000 Arkansas Blue Cross and Blue Shield members.

ARHOME members who received a renewal form from DHS should complete it and return it to DHS as soon as possible to avoid losing ARHOME health insurance if they are still eligible.

For more information, members can call DHS at 844-872-2660, go to the [website](#) or visit their local DHS office.

## Timely filing. National Emergency.

### Notice of material amendment.

In conjunction with the federal decision to end the national emergency and public health emergency on May 11, 2023, Arkansas Blue Cross and Blue Shield, BlueAdvantage Administrators, and Health Advantage will reinstate

timely filing requirements for submitting claims. Additionally, any flexibilities granted by federal or state law that are set to expire at the end of federal emergency period on May 11, 2023, including but not limited to eight free home COVID Tests a month, 100% coverage of PCR COVID tests, and reimbursement of out of network providers for tests and related services at the same rate will return to the normal coverage per the benefit and coverage policies. Self-funded plans may have different policies that you should review for applicability.

## Medical specialty medications prior approval update

On April 1, 2018, Arkansas Blue Cross and Blue Shield and its family of companies enacted prior approval 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 approval 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 approval. ASE/PSE, FEP and Medicare are not included in this article but have their own prior approval programs.

Drug	Benefit
Abecma (idecabtagene vicleucel)	Medical
Actemra (tocilizumab)	Medical & Pharmacy
Adakveo (crizanlizumab-tcma)	Medical
Aldurazyme (laronidase)	Medical
Amvuttra (vutrisiran)	Medical
Apretude (cabotegravir)	Medical
Arcalyst (rilonacept)	Medical
Asparlas (calaspargase pegol)	Medical
Avsola (infliximab-axxq)	Medical
Benlysta (belimumab)	Medical & Pharmacy
Berinert (c1 esterase, inhib, human)	Medical
Botox (onabotulinumtoxin a)	Medical & Pharmacy
Breyanzi (lisocabtagene maraleucel)	Medical
Brineura (cerliponase alfa)	Medical
Cabenuva (cabotegravir & rilpivirine)	Medical
Cablivi (caplacizumab-yhdp)	Medical & Pharmacy
Carvykti (ciltacabtagene autoleucel)	Medical
Cinqair (reslizumab)	Medical
Cinryze (c1 Esterase, inhib, human)	Medical
Crysvita (burosumab – twza)	Medical & Pharmacy
Duopa (levodopa-carbidopa intestinal gel)	Medical
Durysta (bimatoprost)	Medical
Dysport (abobotulinumtoxin a)	Medical
Elaprased (idursulfase)	Medical
Elzonris (tagraxifusp-erzs)	Medical
Enjaymo (sutimlimab-jome)	Medical
Enspryng (satralizumab-mwge)	Medical & Pharmacy
Entyvio (vedolizumab)	Medical

Drug	Benefit
Evenity (romosozumab-aqqg)	Medical
Evkeeza (evinacumab-dgnb)	Medical
Fabrazyme (agalsidase beta)	Medical
Fyarro (sirolimus protein-bound particles)	Medical
Gamifant (emapalumab-lzsg)	Medical
Givlaari (givosiran)	Medical
Ilaris (canakinumab)	Medical & Pharmacy
Ilumya (tildrakizumab-asmn)	Medical
Inflectra (infliximab-dyyb)	Medical
Invega Sustenna or Invega Trinza (paliperidone palmitate)	Medical & Pharmacy
Ixifi (infliximab-qbtx)	Medical
Kalbitor (ecallantide)	Medical & Pharmacy
Kimmtrak (tebentafusp-tebn)	Medical
Krystexxa (pegloticase)	Medical
Kymriah (tisagenlecleucel)	Medical
Lemtrada (alemtuzumab)	Medical
Leqvio (inclisiran)	Medical
Lumizyme (alglucosidase alfa)	Medical
Lutathera (lutetium Lu 177 Dotatate)	Medical
Mepsevii (vestronidase-Alfa)	Medical
Myalept (metreleptin)	Pharmacy
Myobloc (rimabotulinumtoxin b)	Medical
Nagalzyme (galsulfase)	Medical
Nexviazyme (avalglucosidase alfa-ngpt)	Medical
Ocrevus (ocrelizumab)	Medical
Oncaspar (pegaspargase)	Medical
Onpattro (patisiran)	Medical
Opdualag (nivolumab and relatlimab-rmbw)	Medical
Orencia (abatacept)	Medical & Pharmacy
Oxlumo (lumasiran)	Medical
Pluvicto (Lutetium Lu 177 vipivotide tetraxetan)	Medical
Reblozyl (luspatercept)	Medical
Remicade and Unbranded Infliximab (infliximab)	Medical
Renflexis (infliximab-abda)	Medical
Rethymic (allogeneic processed thymus tissue-agdc)	Medical
Revatio (sildenafil)	Medical
Riabni (rituximab-arrx)	Medical
Rituxan (rituximab)	Medical
Ruconest (c1 esterase, inhib, recombinant)	Medical
Rylaze (asparaginase erwinia chrysanthemi)	Medical
Ruxience (rituximab-pvvr)	Medical
Ryplazim (plasminogen)	Medical
Saphnelo (anifrolumab-fnia)	Medical
Simponi Aria (golimumab)	Medical

Drug	Benefit
Skyrizi (risankizumab)	Medical & Pharmacy
Soliris (eculizumab)	Medical
Spevigo (spesolimab-sbzo)	Medical
Spinraza (nusinersen)	Medical
Stelara (ustekinumab)	Medical & Pharmacy
Susvimo (ranibizumab)	Medical
Tecartus (brexucabtagene autoleucl)	Medical
Tepezza (teprotumumab)	Medical
Testopel (testosterone pellet)	Medical
Tezspire (tezepelumab)	Medical
Tivdak (tisotumab vedotin-tftv)	Medical
Truxima (rituximab-abbs)	Medical
Tysabri (natalizumab)	Medical
Ultomiris (ravulizumab-cwyz)	Medical
Uplizna (inebilizumab)	Medical
Vimizim (elosulfase alfa)	Medical
Vyepti (eptinezumab-jjmr)	Medical
Vyvgart (efgartigimod alfa-fcab)	Medical
Xeomin (incobotulinumtoxin a)	Medical
Yescarta (axicabtagene ciloleucl)	Medical
Zolgensma (onasmnogene abeparvovec-XIOI)	Medical
Zulresso (brexanolone)	Medical
Zynteglo (betibeglogene autotemcel)	Medical

For more information on how to submit a request for prior approval 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 approval form specific to the member's group. BlueAdvantage members can find the form at the following link: [blueadvantagearkansas.com/providers/forms.aspx](https://blueadvantagearkansas.com/providers/forms.aspx).

For all other members, the appropriate prior approval form can be found at the following link: [arkansasbluecross.com/providers/resource-center/provider-forms](https://arkansasbluecross.com/providers/resource-center/provider-forms).

These forms and any additional documentation should be faxed to 501-210-7051 or submitted using the Availity portal for BlueAdvantage members. For all other members, the appropriate fax number is 501-378-6647.

## Coverage policy manual updates

Since January 2022, 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 entire policies, you can access the coverage policies located on the Arkansas Blue Cross website.

PolicyID#	PolicyName
1998031	Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions
2006011	Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb

PolicyID#	PolicyName
1998137	Genetic Test: Alzheimer's Disease
2002002	Genetic Test: Azothiaprime, 6MP Sensitivity, Genotyping & Phenotyping (TPMT) (NUDT15)
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)
2007024	Genetic Test: HER2 Testing
2009003	Genetic Test: Tamoxifen Treatment (CYP2D6)
2009004	Biochemical Markers, Alzheimer's Disease
2009013	Testing for Drugs of Abuse or Drugs at Risk of Abuse Including Controlled Substances
2011060	Biomarker, Auto-antibody, and Molecular Signature Testing for Monitoring Disease Activity in Rheumatoid Arthritis
2012003	Genetic Test: Molecular Markers in Fine Needle Aspirates of the Thyroid
2012005	Genetic Test: Molecular Testing of Tumors for Genomic Profiling as a Therapeutic Guide
2013046	Genetic Test: Testing for the Diagnosis and Management of Mental Health Conditions
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)
2015008	Genetic Test: Miscellaneous Genetic and Molecular Diagnostic Tests
2015009	Genetic Test: Next-Generation Sequencing for Cancer Susceptibility Panels and the Assessment of Measurable Residual Disease
2015013	Genetic Test: Fanconi Anemia
2016004	Lab Test: Identification of Microorganisms Using Nucleic Acid Probes
2022017	Genetic Test: Germline Genetic Testing for Pancreatic Cancer Susceptibility Genes
2022040	Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer
2022043	Genetic Test: Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Prostate Cancer
2022044	Genetic Test: Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Ovarian Cancer
2022047	Genetic Test: Hereditary Diffuse Gastric Cancer (CDH1, CTNNA1)
1997195	Sleep Apnea and Other Pulmonary Diseases, Ventilation Support and Respiratory Assist Devices
2000049	HDC & Hematopoietic Stem Cell Support-Miscellaneous Solid Tumors in Adults
2001009	Non-Implantable Insulin Infusion Devices, Hybrid Insulin Infusion Devices, and Continuous Glucose Monitoring Devices
2010017	Aqueous Shunts and Devices for Glaucoma
2011008	Left Atrial Appendage Occlusion, Closure Devices
2011053	Autism Spectrum Disorder in Children, Applied Behavioral Analysis
2014017	Transcatheter Mitral Valve Repair
2015007	Laboratory Tests for Chronic Heart Failure and Organ Transplant Rejection
2022013	Medical Technology Assessment, Non-Covered Services
2022036	Digital Health Technologies: Diagnostic Applications
2023004	Digital Health Technologies: Therapeutic Applications
2023005	Autism Spectrum Disorder in Adults, Applied Behavioral Analysis
1997105	Interferon Gamma-1B
1998144	Pulmonary Arterial Hypertension, Infusion and Selected Inhalation therapy
1998158	Trastuzumab AND Trastuzumab and Hyaluronidase-oysk
2000034	Hyperhidrosis Treatment

PolicyID#	PolicyName
2010035	Lyme Disease Intravenous Antibiotic Therapy and Associated Diagnostic Testing
2013003	Stem Cell Growth Factors, Erythropoiesis-Stimulating Agents (ESAs), Darbepoetin, Epoetin, Peginesatide
2014014	Pertuzumab (e.g., Perjeta)
2015028	Testosterone Therapy
2016005	Anti-PD-1 (programmed death receptor-1) Therapy (e.g., Nivolumab) (e.g., Durvalumab) (e.g., Cemiplimab)
2016016	Atezolizumab (e.g., Tecentriq®)
2017021	Ocrelizumab (e.g., Ocrevus)
2017031	Dupilumab (e.g., Dupixent)
2017037	Direct Acting Antiviral Medications for Treatment of Chronic Hepatitis C
2018002	Chemodenervation, Botulinum Toxins
2019005	Pembrolizumab (e.g., KEYTRUDA®)
2019009	Romosozumab-aqqg (e.g., Evenity®)
2020015	Fam-trastuzumab deruxtecan-nxki (e.g., Enhertu®)
2020024	Belantamab mafodotin-blmf (e.g., Blenrep™)
2020029	Covid-19 Monoclonal Antibody Therapy
2021008	Moxetumomab pasudotox-tdfk* (e.g., LUMOXITI)
2021033	Belimumab (e.g., Benlysta)
2021034	Rituximab (e.g., Rituxan) and Biosimilars – Non-Oncologic Indications
2022003	Cabotegravir ER inj susp (e.g., Apretude)
2022029	Bortezomib (e.g., Velcade)
2022031	Risankizumab (e.g., Skyrizi)
2022038	Nivolumab and relatlimab-rmbw (e.g., Opdualag)
2022041	Pegcetacoplan (e.g., Empaveli)
2022042	Treatment of Hereditary Transthyretin-mediated Amyloidosis [Patisiran (e.g., Onpattro) and Vutrisiran (e.g., Amvuttra)]
2022046	Gene Therapies for Thalassemia: Betibeglogene autotemcel (e.g., Zynteglo)
2022048	Tildrakizumab-asmn (e.g., Ilumya)
2023002	Spesolimab-sbzo (e.g., Spevigo)
2011026	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: TYPE 2 DIABETES MELLITUS SCREENING FOR ADULTS
2011045	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: COLORECTAL CANCER SCREENING
2011066	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OVERVIEW
2002011	Breast Brachytherapy and Accelerated Breast Irradiation
2003044	Computed Tomography (CT) Scanning for Lung Cancer Screening
2003061	Radioembolization of Primary & Metastatic Tumors of the Liver
2005010	Cardiac and Coronary Artery Computed Tomography, CT Derived Fractional Flow Reserve and CT Coronary Calcium Scoring
2006019	Brachytherapy, Prostate, High-Dose Rate Temporary
2011071	Intensity Modulated Radiation Therapy (IMRT), Abdomen and Pelvis
1998103	Transplant, Small Bowel/Liver and Multivisceral
1998104	Transplant, Liver
1998118	Surgery for Morbid Obesity

PolicyID#	PolicyName
2000041	Cryoablation of Neoplastic Conditions
2002029	Implantable Bone Conduction Hearing Aids
2004003	Radiofrequency Ablation of Pulmonary Tumors
2004022	Artificial Vertebral Disc, Lumbar Spine
2012009	Skin and Soft Tissue Substitutes, Bio-Engineered Products
2015014	Amniotic Membrane and Amniotic Fluid Injections
2015035	Sleep Apnea, Minimally Invasive Surgical Treatment
2017032	Orthopedic Implants
2018028	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse
2021029	Percutaneous Arteriovenous Fistula (pAVF)
2022039	Surgery for Morbid Obesity-Maryland Specific Policy
2022045	Axillary Reverse Mapping for Prevention of Breast Cancer-Related Lymphedema
2023001	Bariatric Surgery for ASE/PSE Contracts
2023003	Temporarily Implanted Nitinol Device (iTind) for Benign Prostatic Hyperplasia

## Standard Formulary changes effective April 1, 2023

Product/Drug Label Name	Change	Formulary Alternatives
ACZONE GEL	No longer 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, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
BYSTOLIC TAB	No longer covered	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel
CLIMARA DIS	No longer covered	estradiol, DIVIGEL, EVAMIST
CLIMARA DIS	No longer covered	estradiol, DIVIGEL, EVAMIST
COMBIGAN SOL	No longer covered	brimonidine-timolol
DALIRESP TAB	No longer covered	roflumilast
FENOFIB MICR CAP	No longer covered	fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
ZOMIG NASL SPR	Moving from tier 2 to tier 3	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH

## Metallic Formulary changes effective May 1, 2023

Product/Drug Label Name	Change	Formulary Alternatives
DIVIGEL PAK GEL	No longer covered	estradiol gel
DALIRESP TAB	No longer covered	roflumilast tab

Product/Drug Label Name	Change	Formulary Alternatives
GILENYA CAP	No longer covered	fingolimod cap
TAZORAC GEL	No longer covered	tazarotene gel
ACCU-CHEK TES GUIDE	Quantity Limit Added	Quantity limit of 150 test strips every 30 days
ACCU-CHEK TES AVIVA PL	Quantity Limit Added	Quantity limit of 150 test strips every 30 days
FREESTYLE LT TES STRIPS	Quantity Limit Added	Quantity limit of 150 test strips every 30 days
FREESTYLE TES STRIPS	Quantity Limit Added	Quantity limit of 150 test strips every 30 days
ACCU-CHEK TES SMRTVIEW	Quantity Limit Added	Quantity limit of 150 test strips every 30 days
CONTOUR NEXT TES STRIPS	Quantity Limit Added	Quantity limit of 150 test strips every 30 days
RELION PREMI TES GLUCOSE	Quantity Limit Added	Quantity limit of 150 test strips every 30 days



## Federal Employee Program (FEP)

### Cervical Cancer Screening – How to improve your scores and close the gaps

#### Attention: PCP and OB/GYN

You may be missing reimbursement for cervical cancer screenings, and we may have to ask for more records. Please review all claims to ensure gynecological exams for cytology and/or HPV testing are documented.

Codes are being missed for these exams, as information/results are being found in the medical records during follow up reviews.

### FEP Health Focus of the Month: Prenatal and Postpartum Care

Did you know that February is Prenatal infection prevention month?

#### HOW TO IMPROVE YOUR SCORE:

- Schedule the initial prenatal visits early.
- Schedule the postpartum visit before the mother is discharged.
- Encourage pregnant FEP members to enroll in the Pregnancy Care Incentive Program.

#### DOCUMENTATION TO INCLUDE:

##### Prenatal care:

- A note indicating the date the prenatal visit occurred and evidence that the woman is pregnant (ex: prenatal flow sheet, LMP, EDD or gestational age, positive pregnancy test result, etc.)
- A basic physical obstetrical exam that includes one of the following:
  - i. Auscultation for fetal heart tone
  - ii. Pelvic exam with obstetric observation
  - iii. Measurement of fundus height
- Evidence that a prenatal procedure was performed (ex: ultrasound of pregnant uterus, rubella antibody test, TORCH antibody panel alone, etc.)

##### Postpartum Care:

- A note indicating the date the postpartum visit occurred and notation of postpartum care (ex: 6-week check, preprinted postpartum care form, etc.)

## EXCLUSION REMINDERS:

1. Deliveries resulting in non-live births.
2. Members in hospice.

## CODING:

### Prenatal Codes:

- Prenatal bundles services:
  - CPT: 59400, 59510, 59425, 59426, 59610, 59618
  - HCPCS: H1005
- Stand-alone prenatal visits:
  - CPT: 99500
  - CPTII: 0500F, 0501F, 0502F
  - HCPCS: H1000, H1001, H1002, H1003, H1004
- Hospital outpatient clinic visit:
  - CPT: 99201-99205, 99211-99215, 99241-99245, 99483
  - HCPCS: G0463, T1015
- Pregnancy diagnosis:
  - ICD-10: Z32.01, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93
- Telephone visits:
  - CPT: 99441, 99442, 99443, 98966, 98967, 98968
- Online Assessments:
  - CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99444, 99458
  - HCPCS: G2010, G2012, G2061, G2062, G2063

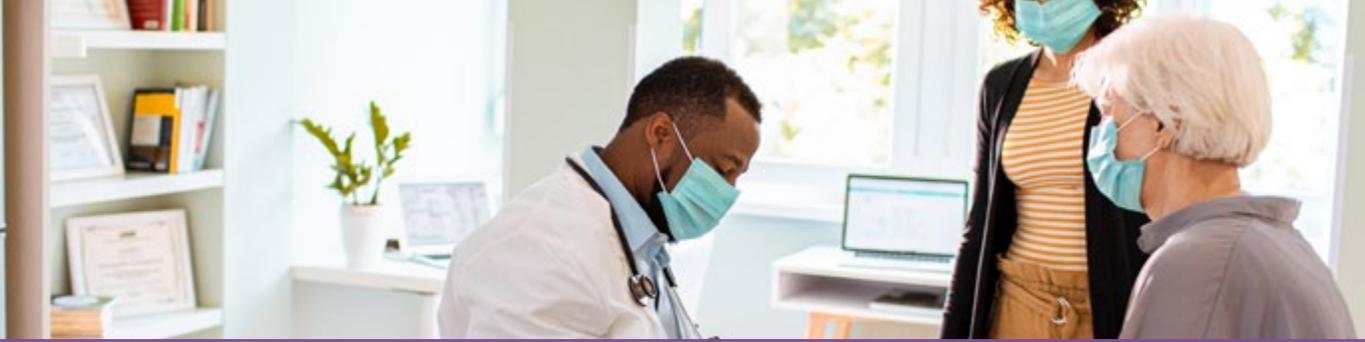
### Postpartum Codes:

- Cervical Cytology:
  - CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175
  - HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
- Postpartum visits:
  - CPT: 57170, 58300, 59430, 99501, 0503F
  - ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
  - HCPCS: G0101
- Postpartum bundled care:
  - CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

## NCQA MEASURE DEFINITION:

### Assesses access to prenatal and postpartum care:

- Timeliness of Prenatal Care. The percentage of deliveries in which women had a prenatal care visit in the first trimester.
- Postpartum Care. The percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery.



# Medicare Advantage

## Arkansas Blue Medicare 2023 Plans

**Arkansas Blue Medicare** is selling an expanded suite of Medicare Advantage plans effective January 1, 2023. The Arkansas Blue Medicare plans available in 2023 will focus on providing optimal, coordinated healthcare with a focus on clinical improvement through care management.

Please note the member prefix IDs below for our Medicare Advantage product lines. Our Medicare Supplement plans still maintain the Medi-Pak® Medicare Supplement name offered by Arkansas Blue Cross and Blue Shield.

### 2023 Medicare Advantage Plan Overview

Arkansas Blue Medicare Plans	Arkansas Blue Cross and Blue Shield MA Plans
BlueMedicare Premier (HMO)	Medi-Pak Medicare Supplement
BlueMedicare Independence (HMO)	
BlueMedicare Classic (HMO)	
BlueMedicare Classic Plus (HMO)	
BlueMedicare Saver Choice (PPO)	
BlueMedicare Value Choice (PPO)	
BlueMedicare Premier Choice (PPO)	
BlueMedicare Freedom Giveback (PPO)	
BlueMedicare Value (PFFS)	
BlueMedicare Preferred (PFFS)	
BlueMedicare Value Rx (PDP)	
BlueMedicare Premier Rx (PDP)	

### 2023 Member Sample ID Cards


BlueMedicare Value (PFFS)

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<b>Enrollee Name</b>	Plan H4213_016
xxxxxx xxxxxxxx	
<b>Enrollee ID</b>	
XCCFxxxxxxxxxx	
<b>Issuer</b> xxxxxxxxxx	
<b>Group Number:</b>	<b>Issued:</b>
14213	08/2022

**Members and Providers:** [www.arkbluemedicare.com](http://www.arkbluemedicare.com)



<p>Arkansas Blue Cross and Blue Shield An independent licensee of the Blue Cross and Blue Shield Association</p> <p>Use of this card is subject to terms of applicable contracts, conditions and user agreements.</p> <p><b>Arkansas Providers file claims to:</b> Arkansas Blue Cross P.O. Box 2181 Little Rock, AR 72203-2181</p> <p>Out-of-area providers: File Claims with the local BCBS Plan</p>	<p><b>Member Services:</b> 877-233-7022 TTY: 771</p> <p>To locate participating providers: outside of Arkansas: 800-810-2583 Misuse may result in prosecution. If you suspect fraud: 800-372-8321 <a href="http://MyVirtualHealth.com">MyVirtualHealth.com</a></p> <p>This plan does not provide prescription drug (Part D) coverage. You may use this card to receive benefits for the Part B drugs and select supplies at the pharmacy. Medicare limiting charges apply.</p>
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BlueMedicare Preferred (PFFS)

Enrollee Name XXXXX XXXXXXX	Plan H4213_017
Enrollee ID XCXF1XXXXXXXX	Rx Bin 016895
Issuer 8XXXXXXXXX	Rx PCN PFFSAR
	Rx Group ARPARTD
Group Number: 24213	Issued: 08/2022



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Arkansas Providers file claims to:  
Arkansas Blue Cross  
P.O. Box 2181  
Little Rock, AR 72203-2181

Submit prescription claims to:  
Prime Therapeutics (Med-D)  
P.O. Box 20970  
Lehigh Valley, PA 18220-0970

Out-of-area providers:  
File Claims with the local BCBS Plan

Member Services: 877-233-7022  
TTY: 771  
Pharmacy Services: 866-246-1556  
Pharmacy Help Desk: 800-980-3815  
Provider Inquiries: 800-207-4188  
To locate participating  
outside of Arkansas: 800-810-2583  
If you suspect fraud: 800-372-8321  
MyVirtualHealth.com

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BlueMedicare Saver Choice (PPO)

Enrollee Name Sam Sample	Plan H3554_002
Enrollee ID MCMAB102XXXX	Rx Bin 016895
Issuer 8084023534	Rx PCN PPOAR2
	Rx Group ARPARTD
Group Number: 23554	Issued: 08/2022



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Arkansas Blue Medicare Plus is the trade name  
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Little Rock, AR 72203-2181

Submit prescription claims to:  
Prime Therapeutics (Med-D)  
P.O. Box 20970  
Lehigh Valley, PA 18220-0970

Out-of-area providers:  
File Claims with the local BCBS Plan

Member Services: 844-201-4934  
TTY: 771  
Pharmacy Services: 866-590-3028  
Pharmacy Help Desk: 800-983-3815  
Provider Inquiries: 800-287-4188  
To locate providers  
outside of Arkansas: 800-810-2583  
If you suspect fraud: 800-372-8321  
MyVirtualHealth.com

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BlueMedicare Value Choice (PPO)

Enrollee Name XXX XXXXXX	Plan H3554_004
Enrollee ID MCMABXXXXXXXX	Rx Bin 016895
Issuer 8XXXXXXXXX	Rx PCN PPOAR2
	Rx Group ARPARTD
Group Number: 43554	Issued: 08/2022



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Little Rock, AR 72203-2181

Submit prescription claims to:  
Prime Therapeutics (Med-D)  
P.O. Box 20970  
Lehigh Valley, PA 18220-0970

Out-of-area providers:  
File Claims with the local BCBS Plan

Member Services: 844-201-4934  
TTY: 771  
Pharmacy Services: 866-590-3028  
Pharmacy Help Desk: 800-983-3815  
Provider Inquiries: 800-287-4188  
To locate providers  
outside of Arkansas: 800-810-2583  
If you suspect fraud: 800-372-8321  
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BlueMedicare Premier Choice (PPO)

Enrollee Name XXXXX XXXXXXX	Plan H3554_007
Enrollee ID MCMF1XXXXXXXX	Rx Bin 016895
Issuer 8XXXXXXXXX	Rx PCN PPOAR2
	Rx Group ARPARTD
Group Number: 73554	Issued: 08/2022



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Submit prescription claims to:  
Prime Therapeutics (Med-D)  
P.O. Box 20970  
Lehigh Valley, PA 18220-0970

Out-of-area providers:  
File Claims with the local BCBS Plan

Member Services: 844-201-4934  
TTY: 771  
Pharmacy Services: 866-590-3028  
Pharmacy Help Desk: 800-983-3815  
Provider Inquiries: 800-287-4188  
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BlueMedicare Freedom Giveback (PPO)

Enrollee Name XXXXX XXXXXXX	Plan H3554_011
Enrollee ID MCMFXXXXXXXX	Rx Bin 016895
Issuer 8XXXXXXXXX	Rx PCN PPOAR2
	Rx Group ARPARTD
Group Number: 113554	Issued: 10/2022



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Out-of-area providers:  
File Claims with the local BCBS Plan

Member Services: 844-201-4934  
TTY: 771  
Provider Inquiries: 800-287-4188  
To locate providers  
outside of Arkansas: 800-810-2583  
If you suspect fraud: 800-372-8321  
MyVirtualHealth.com

This plan does not provide prescription drug (Part D) coverage. You may use this card to receive benefits for the Part B drugs and select supplies at the pharmacy. Medicare limiting charges apply.



BlueMedicare Premier (HMO)

Enrollee Name	Plan H6158_001
xxxxx xxxxxxx	
Enrollee ID	Rx Bin 016895
PBHF1xxxxxxx	Rx PCN HMOARZ
Issuer Bxxxxxxxx	Rx Group ARPARD
Group Number:	Issued:
16158	08/2022



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Submit prescription claims to:  
Prime Therapeutics (Med-D)  
P.O. Box 20970  
Lehigh Valley, PA 18220-0970

Out-of-area providers:  
File Claims with the local BCBS Plan

Member Services: 844-463-1088  
TTY: 771  
Pharmacy Services: 855-457-0228  
Pharmacy Help Desk: 800-693-3815  
Provider Inquiries: 800-267-4188  
To locate participating  
outside of Arkansas: 800-610-2583  
If you suspect fraud: 800-372-8321  
MyVirtualHealth.com

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agreements.  
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BlueMedicare Independence (HMO)

Enrollee Name	Plan H6158_003
xxxxx xxxxxxx	
Enrollee ID	Rx Bin 016895
PBHABxxxxxxxx	Rx PCN HMOAR2
Issuer Bxxxxxxxx	Rx Group ARPARD
Group Number:	Issued:
36158	10/2022



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Submit prescription claims to:  
Prime Therapeutics (Med-D)  
P.O. Box 20970  
Lehigh Valley, PA 18220-0970

Out-of-area providers:  
File Claims with the local BCBS Plan

Member Services: 844-463-1088  
TTY: 771  
Pharmacy Services: 855-457-0228  
Pharmacy Help Desk: 800-693-3815  
Provider Inquiries: 800-267-4188  
To locate participating  
outside of Arkansas: 800-610-2583  
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BlueMedicare Classic (HMO)

Enrollee Name	Plan H9099_004
FIRST LAST	
Enrollee ID	Rx Bin 016895
XCSF00000000	Rx PCN HMOAR
ISSUER 8084019699	Rx Group ARPARD
Group Number:	Issued:
19099	02/2023



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Submit prescription claims to:  
Prime Therapeutics (Med-D)  
P.O. Box 20970  
Lehigh Valley, PA 18220-0970

Out-of-area providers:  
File Claims with the local BCBS Plan

Member Services: 877-345-9335  
TTY: 771  
Pharmacy Services: 855-249-1595  
Pharmacy Help Desk: 800-693-3815  
Provider Inquiries: 800-267-4188  
Provider Pre-authorization:  
800-610-2583  
If you suspect fraud: 800-372-8321  
MyVirtualHealth.com

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agreements.  
Medicare limiting charges apply.



BlueMedicare Classic Plus (HMO)

Enrollee Name	Plan H9099_006
FIRST LAST	
Enrollee ID	Rx Bin 016895
XCSF00000000	Rx PCN HMOAR
Issuer 8084029699	Rx Group ARPARD
Group Number:	Issued:
20600	02/2023



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TTY: 771  
Pharmacy Services: 855-249-1595  
Pharmacy Help Desk: 800-693-3815  
Provider Inquiries: 800-267-4188  
Provider Pre-authorization:  
800-610-2583  
If you suspect fraud: 800-372-8321  
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## Medicare Advantage Contact Information

Provider Support Line	1-877-359-1441 <a href="mailto:Medicareprovidersupport2@arkbluecross.com">Medicareprovidersupport2@arkbluecross.com</a>
Prime Therapeutics Clinical Department (reference call center numbers for each contract)	1-800-693-6703 (fax number)
Pharmacy Help Desk	1-800-693-3815
Provider Customer Service – Medical	1-800-287-4188
Medical Customer Service Fax Number	501-301-1927
24-Hour Nurse Hotline	1-800-318-2384
ABCBS Nurse Triage Team	1-800-817-7784
Blue Medicare Advantage PPO Provider Network (The Visitor/Travel Program)	1-800-810-Blue (2583)
Medicare Benefits 1-800-MEDICARE	1-800-633-4227 – TTY 1-877-486-2048 <a href="http://www.medicare.gov">www.medicare.gov</a>
Senior Health Insurance Information Program (SHIIP)	1-800-224-6330 <a href="http://www.insurance.arkansas.gov">www.insurance.arkansas.gov</a>
Social Security Benefits	1-800-772-1213 -TTY 1-800-325-0778 <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>

## Centers for Medicare and Medicaid Services (CMS) preclusion list

Effective January 1, 2019, CMS began releasing a monthly list of individual providers or entities that have been precluded from receiving payment for Medicare items, services, and Part D medications under the following two categories to protect member health and safety:

1. Are currently revoked from Medicare, are under an active reenrollment bar, and CMS determines that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program; or
2. Have engaged in behavior for which CMS could have revoked the individual or entity to the extent applicable if they had been enrolled in Medicare and CMS determines that the underlying conduct that would have led to the revocation is detrimental to the best interests of the Medicare program.

Effective April 1, 2019, any Part D sponsor and/or Medicare Advantage Plan are required to deny payment for any pharmacy claim or health care item prescribed or furnished by an individual listed on the Preclusion List.

In effort to protect member health and safety as referenced above, please note that any provider or entity that falls on the preclusion list will be terminated and removed from the networks in accordance with the network participation agreement(s). There will be an option to appeal the network termination decision at time of notice or upon removal from the CMS preclusion list.

Additional resources and reference guide can be found on the CMS website at [Preclusion List](#).

## 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. Please know that you as a provider 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 at [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare\\_Beneficiaries\\_Dual\\_Eligibles\\_At\\_a\\_Glance.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf).

## Requirements for outpatient observation care

In compliance with the Centers for Medicare and Medicaid Services (CMS) Medicare Outpatient Observation Notice (MOON), Arkansas Blue Cross and Blue Shield requires 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

The notice and accompanying instructions are available at <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html>