PROVIDER NOTIFICATION OF PAYMENT POLICY CHANGE					
POLICY TITLE	**POLICY NUMBER**	**CRITERIA CHANGE**	**MATERIAL AMENDEMENT**	**EFFECTIVE DATE**	**LINK TO FULL POLICY**
General Coding Guidelines	**AR-PC-000020**	AR_PC_000020, General Coding Guidelines, has been revised. This revision includes the following new policy that will be effective February 01, 2026. Claims submitted for outpatient institutional claims (bill types13X, 14X and 85X with the following revenue codes require the appropriate associated HCPCS or CPT codes to be submitted for reimbursement: • 0250 Pharmacy — General • 0251 Pharmacy — Generic drugs • 0252 Pharmacy — Non-generic drugs • 0253 Pharmacy — Take-home drugs • 0254 Pharmacy — Drugs incident to other diagnostic services • 0255 Pharmacy — Drugs incident to radiology • 0256 Pharmacy — Experimental drugs • 0257 Pharmacy — Nonprescription • 0258 Pharmacy — IV Solutions • 0259 Pharmacy — Other • 0631 Pharmacy – Extension of 025X — Single source drug • 0632 Pharmacy – Extension of 025X — Multiple source drug • 0633 Pharmacy – Extension of 025X — Restrictive prescription • 0634 Pharmacy – Extension of 025X — Erythropoietin (EPO) less than 10,000 units • 0635 Pharmacy – Extension of 025X — Erythropoietin (EPO) 10,000 or more units • 0636 Pharmacy – Extension of 025X — Drugs requiring detailed coding • 0637 Pharmacy – Extension of 025X — Self-administered drugs If a claim submitted for one of these revenue codes does not include an associated CPT/HCPCS code, the service will not be reimbursed.	**YES**	**02/01/2026**	https://secure.arkansasbluecross.com/providers/PaymentPolicy_View.aspx?ID=000020.
Inpatient Interim Billing	**AR-PC-000028**	A new payment policy has been developed to publish our current and established policy on interim bill submission. **Please note the material amendment*	**YES**	**02/01/2026**	https://secure.arkansasbluecross.com/providers/PaymentPolicy_View.aspx?ID=000028

		change below affecting interim bills that may be submitted for admissions that extend beyond 14 days. Interim bills may be submitted by Acute Care hospitals only when the admission extends beyond sixty (60) days. Hospitals submitting interim bills must file claims using the bill type codes listed as follows: Bill Type 112: Original Interim Bills (First Interim Bill) Bill Type 113: Subsequent Interim Bills (each 60 days going forward) Bill Type 114: Last Interim Bill (Final bill) Interim inpatient claims with bill type 112 and 113 should not be submitted for time periods less than 60 days. Claims submitted with bill type 112 and 113 will deny if submitted for time periods less than 60 days. **Exclusions/Exceptions:** Transplant Billing: If the member is an inpatient at the time the organ becomes available, the inpatient stay preceding the transplant should not be billed as an interim bill type. The pre-transplant and transplant hospital stays should be billed on two separate claims with bill type 111 with no overlapping days. The transplant hospital claim should start consistent with the first day of the global period. The inpatient stay prior to the transplant should end the day before the first day of the global period. Psychiatric Hospitals, Rehabilitation Hospitals, Withdrawal Management Facilities and other specifically contracted facilities may submit an interim bill when the admission extends beyond fourteen (14) days. Interim bills for these facilities should not be submitted for time periods of less than 14 days. **Effective 2/01/2026, Interim claims submitted for these facilities will deny if submitted for time periods less than 14 days.**			