

The Bulletin

This monthly bulletin includes recent changes to our medical policies and reimbursement policies. It is a supplement to our bimonthly provider newsletter, [The Connection](#). **Note:** Medication and dental policy updates are published in *The Connection*.

Our provider website includes [monthly summaries of changes](#) to our reimbursement, medication and dental policies, pre-authorization requirements, *Administrative Manual* and programs or initiatives that impact your office.

Note: For the Blue Cross and Blue Shield Federal Employee Program® (BCBS FEP®), please refer to the [Blue Cross Blue Shield Service Benefit Plan brochure](#), the [BCBS FEP medical policies](#) or call our [Customer Service team](#).

Medical policies

Disclaimer: View the [terms and conditions](#) of using our *Medical Policy Manual*.

Commercial

Changes effective June 1, 2022

Durable Medical Equipment

- Interferential Current Stimulation (#DME83.07)
 - Clarified criteria to state that devices capable of combination therapies (e.g., NexWave™) that provide several modalities (e.g., interferential current stimulation, neuromuscular electrical stimulation and transcutaneous electrical stimulation) are considered investigational for all indications

Medicine

- Digital Health Products (#MED175)
 - Revised to state policy does not apply to products for which coverage is required under state or federal law

Surgery

- Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy for Tumors Outside of Intracranial, Skull Base, or Orbital Sites (#SUR214)
 - Updated the criteria to include very low- to intermediate-risk prostate cancer

Changes effective September 1, 2022

Medicine

- Gender Affirming Interventions for Gender Dysphoria (#MED153)
 - Clarified the breast/chest procedures addressed in medical necessity criteria by adding "(i.e., breast augmentation, breast reduction, mastectomy, mastopexy, nipple/areola reconstruction/repositioning)"
- Intensity Modulated Radiotherapy (IMRT) for Breast Cancer (#MED166)
 - Added criteria requiring detailed rationale for medical necessity of longer conventionally fractionated regimens for some indications
- Intensity Modulated Radiotherapy (IMRT) of the Thorax, Abdomen, Pelvis, and Extremities (#MED165)
 - Added criteria requiring detailed rationale for medical necessity of longer conventionally fractionated regimens for prostate cancer

Surgery

- Reconstructive Breast Surgery/Mastopexy, and Management of Breast Implants (#SUR40)
 - To align with contract language, revised policy to state the following may be considered medically necessary:
 - Reconstructive breast surgery after accidental injury or trauma to the breast resulting in significant malformation
 - Breast implant replacement when placed during medically necessary reconstructive breast surgery
 - Added language to clarify that breast revision surgery, including breast implant explantation and/or replacement, following a cosmetic primary breast procedure is considered cosmetic when medical necessity criteria are not met

Medicare Advantage

Changes effective June 1, 2022

Durable Medical Equipment

- Bone Growth Stimulators (Osteogenic Stimulation) (#M-DME83.12)
 - Clarified payment will be made based on Centers for Medicare & Medicaid Services (CMS) rental status limitations and their allowable amounts
- Oxygen Concentrators (#M-DME22)
 - CMS has revised the national coverage determination (NCD) for home oxygen use to treat cluster headaches and decided medical necessity will be determined by the plan; oxygen use to treat cluster headaches will be considered medically necessary with no review criteria
 - CMS has determined oxygen therapy and oxygen equipment are covered in the home for acute or chronic conditions, short- or long-term, when the patient exhibits hypoxemia, which is defined in this NCD

Medicine

- Autologous Blood-Derived Growth Factors as a Treatment for Wound Healing and Other Miscellaneous Conditions (#M-MED77)
 - Clarified coverage with evidence development (CED) studies website will be reviewed for services prior to April 13, 2021
- Intensity Modulated Radiation Therapy (IMRT) (#M-MED136)
 - Removed commercial policy review criteria from this Medicare Advantage policy; reviews will rely on the guidance outlined in the Medicare documents included in the policy
 - Submission of comparative 3D versus IMRT dose/volume histograms continue to be required in color and are preferred on the same graph for review; a summary analysis table example is provided to submit with reviews but is not required
 - **Note:** The pre-authorization request form for Medicare Advantage has been updated to support these changes

Join our medical policy discussion

We welcome your input and feedback as we draft our medical policies. [Join our email reviewer list](#). While we prefer to receive input as policies are developed, we also have a formal process that allows you to submit additional information, such as clinical trial results, that may warrant a policy review.

Recent updates and archived medical policies

[Recent updates and archived medical policies](#) may include revisions that will be published in the next issue of *The Bulletin*.

Reimbursement policies

Disclaimer: View the [terms and conditions](#) of using our *Reimbursement Policy Manual*.

Commercial

Changes effective May 1, 2022

Facility

- Critical Care and Trauma Activation (#118)
 - New reimbursement policy states that:
 - Critical care services will be considered for reimbursement when at least 30 minutes of critical care is provided
 - Trauma activation is only considered for reimbursement when medical records indicate at least 30 minutes of critical care is provided
 - Policy includes claim billing and medical record documentation requirements

Changes effective June 1, 2022

Administrative

- COVID-19 Testing (#137)
 - Added new CPT 87913 as non-reimbursable effective February 21, 2022
 - Added new HCPCS K1034 for over-the-counter testing effective January 15, 2022
 - Clarified regarding coding for preprocedural testing using ICD-10-CM Z20.822 per the Centers for Disease Control and Prevention's (CDC's) correct coding guidelines
 - Updated references

Changes effective September 1, 2022

Facility

- Reimbursement of Facility Room and Board (#103)
 - Added clarifications and additional treatments to the list of items that are not separately reimbursable from room and board charges

Medicare Advantage

Changes effective June 1, 2022

Administrative

- COVID-19 Testing (Medicare Advantage #137)
 - Added new CPT 87913 as non-reimbursable effective February 21, 2022
 - Added new HCPCS K1034 for over-the-counter testing effective January 15, 2022
 - Clarified regarding coding for preprocedural testing using ICD-10-CM Z20.822 per the Centers for Disease Control and Prevention's (CDC's) correct coding guidelines

Updated references

Join our reimbursement policy discussion

Comments from physicians and other health care professionals regarding reimbursement policies are welcome. If you have a comment regarding a reimbursement policy, please complete the [Reimbursement Policy Feedback Form](#).

Verify your provider information

Providing up-to-date and accurate information about the providers in each of our networks is critical for our members to access care and a compliance requirement for the Affordable Care Act (ACA) and Medicare Advantage plans.

Validating provider directory content

Please [follow these steps](#) to review the information about your practice every 90 days. **Please respond timely to any requests from us for verification of your directory data.**

If your clinic or facility submits provider rosters to us, please submit changes, corrections, additions or terminations immediately so we can update our directories as soon as possible. **Your roster must be validated and reviewed in its entirety at least once per quarter.**

We appreciate your assistance in keeping information about your practice up to date.

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