

The Bulletin

This monthly bulletin includes recent changes to our medical and reimbursement policies.

Notes

- *The Bulletin* is a supplement to our bimonthly provider newsletter, [The Connection](#).
 - Medication policy updates are published in *The Connection*.
- Dental policy updates are published in the News section of asurisdental.com/providers.

Medical policies

Commercial

Changes effective July 1, 2024

Durable Medical Equipment

- Electrical Stimulation for the Treatment of Wounds (#83.09)
 - Clarified that criteria include stimulation for nerve regeneration

Genetic Testing

- Expanded Molecular Testing of Cancers to Select Targeted Therapies (#83)
 - Expanded to allow molecular profiling panel testing for any advanced or metastatic solid tumor cancer, when criteria are met

Medicine

- Transcranial Magnetic Stimulation as a Treatment of Depression and Other Disorders (#148)
 - Added new codes for accelerated protocols

Surgery

- Benign Prostatic Hyperplasia Surgical Treatments (#210)
 - Changed policy title; policy was previously titled *Transurethral Water Vapor Thermal Therapy and Transurethral Water Jet Ablation (Aquablation) of the Prostate*
 - Updated policy criteria in alignment with Q3 code updates

Changes effective August 1, 2024

Behavioral Health

- Substance Use Disorder (#35)
 - Clarified use of American Society of Addiction Medicine (ASAM) criteria to determine medical necessity

Surgery

- Panniculectomy (#12.01)
 - Clarified policy criteria with no change to intent
- Transcatheter Heart Valve Procedures for Mitral or Tricuspid (#221)
 - New medical policy

Changes effective September 1, 2024

Medicine

- Transcranial Magnetic Stimulation as a Treatment of Depression and Other Disorders (#148)
 - Adding clarifying language for provider type and allowed age that is consistent with device-specific FDA indication

Changes effective November 1, 2024

Behavioral Health

- Applied Behavior Analysis for the Treatment of Autism Spectrum Disorder (#18)
 - Clarifying provider type and added context for continuation treatment
- Applied Behavior Analysis Initial Assessment for the Treatment of Autism Spectrum Disorder (#33)
 - Clarifying provider type with no change to intent.

[View our commercial
Medical Policy Manual](#)

Medicare Advantage

Changes effective July 1, 2024

Durable Medical Equipment

- Electrical Stimulation and Electromagnetic Therapy Devices (#83)
 - Updated policy to address stimulation for nerve regeneration

Medicine

- Investigational (Experimental) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services (#149)
 - Added codes related to the 2024 Q3 code set update
- Transcranial Magnetic Stimulation as a Treatment of Depression and Other Disorders (#148)
 - Added codes related to the 2024 Q3 code set update

Surgery

- Benign Prostatic Hyperplasia Surgical Treatments (#210)
 - Changed policy title; policy was previously titled *Transurethral Water Vapor Thermal Therapy and Transurethral Water Jet Ablation (Aquablation) of the Prostate*
 - Added guidance for transperineal laser ablation

Changes effective August 1, 2024

Surgery

- Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension (#235)
 - New Medicare Advantage medical policy uses commercial policy guidance
- Transcatheter Heart Valve Procedures (#221)
 - Indicated that if no Medicare guidance is available, providers should refer to our commercial policy

[View our Medicare Advantage Medical Policy Manual](#)

Join our medical policy discussion

We encourage input as policies are developed, but we also have a formal process that allows you to submit additional information—such as well-designed, published clinical trials—that may warrant a policy review. To share your feedback about our medical policies, join our [reviewer list](#).

Recent updates and archived medical policies

We encourage you to review [recent updates and archived medical policies](#), which may also include revisions that will be published in the next issue of *The Bulletin*.

Reimbursement policies

Commercial

Changes effective November 1, 2024

Administrative

- Radiation Oncology (#151)
 - New reimbursement policy applies to commercial and Medicare Advantage members

Anesthesia

- Anesthesia Reimbursement & Services Reporting (#102)
 - Adding that select role modifiers (i.e., AA, AD, QK, QX, QY or QZ) will be required on claims for anesthesia services provided on or after November 1, 2024

Facility

- Emergency Department Visits: Level of Service (#110)
 - Adding that we will begin using the Optum Emergency Department Claim (EDC) Analyzer tool for coding review of emergency department evaluation and management (E&M) claims

Medicare Advantage

Changes effective November 1, 2024

Anesthesia

- Anesthesia Reimbursement & Services Reporting (#102)
 - Adding that select role modifiers (i.e., AA, AD, QK, QX, QY or QZ) will be required on claims for anesthesia services provided on or after November 1, 2024

[View our Reimbursement Policy Manual](#)

Reimbursement policy feedback

We encourage physicians and other health care professionals to share their input using our [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 it's a requirement for the Affordable Care Act (ACA) and Medicare Advantage plans.

Validating provider directory content

Practice information, including rosters, must be reviewed and validated in its entirety at least once every 90 days. [Follow these steps](#) to review the information about your practice.

- Respond timely to our requests for verification of your directory data.
- If your clinic or facility submits provider rosters to us, please send changes, corrections, additions or terminations immediately so we can update our directories as soon as possible.

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

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