

# 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*.

## Medical policies

### Commercial

#### Changes effective May 1, 2023

##### Genetic Testing

- Noninvasive Prenatal Testing to Determine Fetal Aneuploidies, Microdeletions, Single-Gene Disorders, and Twin Zygosity (#44)
  - Changed policy title; policy was previously titled *Noninvasive Prenatal Testing to Determine Fetal Aneuploidies, Microdeletions, and Twin Zygosity*
  - Added cell-free fetal DNA testing for single-gene disorders as investigational

##### Laboratory

- Circulating Tumor DNA and Circulating Tumor Cells for Management (Liquid Biopsy) of Solid Tumor Cancers (#46)
  - Added testing for targeted treatment selection in advanced or metastatic breast cancer that is estrogen receptor- (ER-) positive and HER2-negative
  - Clarified criteria

##### Surgery

- Transcutaneous Bone-Conduction and Bone-Anchored Hearing Aids (#121)
  - Clarified criteria with no change to policy intent

#### Changes effective August 1, 2023

##### Genetic Testing

- Identification of Microorganisms Using Nucleic Acid Probes (#85)
  - Added pathogen panel testing for urinary tract infections and for surgical or chronic wounds as investigational

## **Surgery**

- Temporary Implanted Nitinol Device (e.g., iTind) for Benign Prostatic Hyperplasia (#230)
  - New investigational medical policy

[View our commercial  
Medical Policy Manual](#)

## **Medicare Advantage**

**Changes effective May 1, 2023**

### **Genetic Testing**

- Genetic and Molecular Diagnostics – Next Generation Sequencing, Genetic Panels, and Biomarker Testing (#64)
  - Added and removed panel tests with their Medicare coverage determinations, where appropriate
  - Updated Medicare guidance, where appropriate

### **Surgery**

- Occipital Nerve Stimulation (ONS) (#174)
  - Added local coverage determination (LCD) L37360 and local coverage article (LCA) A55531 with note that there are no FDA-approved devices for ONS; no change to policy intent

**Changes effective August 1, 2023**

### **Surgery**

- Temporary Implanted Nitinol Device (e.g., iTind) for Benign Prostatic Hyperplasia (#230)
  - New Medicare Advantage policy directs to our commercial policy, which considers temporarily implanted nitinol devices investigational for the treatment of benign prostatic hyperplasia

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

## **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

## Commercial

**Changes effective May 1, 2023**

### Administrative

- Virtual Care (#132)
  - Revised to state that audio-only services, virtual check-ins and store-and-forward services will not be separately reimbursed when 1) performed within seven days of a related office visit or 2) they resulted in an office visit 24 hours or soonest appointment after the virtual visit
    - Our system will restrict reimbursement for these types of claims submitted on or after August 1, 2023, regardless of the date the service was provided; we will identify and correct claims billed or paid on or after May 1, 2022, for dates of service back to 2020
  - Clarified that store-and-forward codes CPT 99451 and 99452 are not subject to the “greater than 50% of time devoted to medical consultative ... discussion” requirement
  - Added HCPCS G2088, 0733T, 0734T and 0488T to the policy as reimbursable when criteria are met
  - Clarified that some remote monitoring services—such as CPT 98978, 0740T and 0741T—may be reimbursable when our reimbursement and medical policy criteria are met

## Medicare Advantage

**Changes effective May 1, 2023**

### Administrative

- Virtual Care (#132)
  - Revised to state that audio-only services, virtual check-ins and store-and-forward services will not be separately reimbursed when 1) performed within seven days of a related office visit or 2) they resulted in an office visit 24 hours or soonest appointment after the virtual visit
    - Our system will restrict reimbursement for these types of claims submitted on or after August 1, 2023, regardless of the date the service was provided; we will identify and correct claims billed or paid on or after May 1, 2022, for dates of service back to 2020

- Clarified that store-and-forward codes CPT 99451 and 99452 are not subject to the “greater than 50% of time devoted to medical consultative ... discussion” requirement
- Added HCPCS G2088, 0733T, 0734T and 0488T to the policy as reimbursable when criteria are met
- Clarified that some remote monitoring services—such as CPT 98978, 0740T and 0741T—may be reimbursable when our reimbursement and medical policy criteria are met
- Updated to include nutritional counseling procedures CPT 97802-97804 and smoking cessation procedures CPT 99406 and 99407 as potentially reimbursable if Medicare criteria are met

[View our Reimbursement Policy Manual](#)

### 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.