Regence

February 1, 2023

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 February 1, 2023

Genetic Testing

- Evaluating the Utility of Genetic Panels (#64)
  - Added 13 new investigational panels
  - Removed nine panels
- Genetic Testing for Familial Hypercholesterolemia (#11)
  - Added criteria for testing of children for known familial FH-causing variants
- Targeted Genetic Testing for Selection of Therapy for Non-Small Cell Lung Cancer (NSCLC) (#56)
  - Simplified criteria for EGFR and BRAF testing which, along with the Oncomine Dx Target Test, may now be considered medically necessary for any stage of NSCLC

Laboratory

- Circulating Tumor DNA and Circulating Tumor Cells for Management (Liquid Biopsy) of Solid Tumor Cancers (#46)
  - Revised criteria to reflect circulating tumor DNA (ctDNA) testing may now be considered medically necessary when tumor testing is not possible and the test is needed to select a targeted treatment approved by the U.S. Food and Drug Administration (FDA)

- Vitamin D Testing (#52)
    - Updated diagnoses for which testing may be considered medically necessary to include cystic fibrosis, Crohn's disease, ulcerative colitis, pancreatitis and long-term use of certain medications

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 January 1, 2023
Administrative

- Diabetic Supplies (#128)
    - Removed deleted codes HCPCS K0553 and K0554 because they were no longer eligible for reimbursement as of policy effective date
    - Added replacement codes HCPCS A4239 and E2103, which became eligible for reimbursement on policy effective date
    - Added HCPCS A4238 and E2102 for transparency and to align with the Centers for Medicare & Medicaid Services (CMS)

Medicare Advantage

Changes effective January 1, 2023
Administrative

- Diabetic Supplies (#128)
    - Removed deleted codes HCPCS K0553 and K0554 because they were no longer eligible for reimbursement as of policy effective date
    - Added replacement codes HCPCS A4239 and E2103, which became eligible for reimbursement on policy effective date
    - Added HCPCS A4238 and E2102 for transparency and to align with CMS

- Incident to Services (#148)
    - Added CMS definition of “general supervision” and related requirements
    - Clarified that CMS includes licensed professional counselors (LPCs) and licensed marriage and family therapists (LMFTs) as providers who can render services billed incident to

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.