

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 December 11, 2024

Medicine

- Gender Affirming Interventions for Gender Dysphoria (#153)
 - Clarified criteria and documentation requirements

Changes effective January 1, 2025

Allied Health

- Administrative Guidelines to Determine Dental vs Medical Services (#45)
 - Updated criteria to remove age limits and provide guidance for use of general anesthesia services

Durable Medical Equipment

- Electromagnetic Therapy (#83.13)
 - Updated policy to address concurrent optical and electromagnetic stimulation for wound healing

Laboratory

- Laboratory Tests for Organ Transplant Rejection (#51)
 - Updated policy to address urinary measurement of CXCL10
 - Clarified criteria for gene expression tests for organs other than the heart

Medicine

- Hyperbaric Oxygen Therapy (#14)
 - Added criteria for continuation of treatment
- New and Emerging Medical Technologies and Procedures (#149)
 - Updated the policy in alignment with the 2025 Q1 annual code update

Surgery

- Ablation of Primary and Metastatic Liver Tumors (#204)
 - Added criteria to address 3D ablation confirmation software

- Devices for Treatment of Benign Prostatic Hyperplasia, Urethral Stricture, and Urethral Stenosis (#230)
 - Added criteria to address prostatic urethral scaffold device
- Dual Chamber Leadless Cardiac Pacemakers (#217)
 - Changed policy title; policy was previously titled *Leadless Cardiac Pacemakers*
 - Updated policy to remove reference to single chamber leadless pacemakers; policy now only addresses dual chamber leadless pacemakers as investigational
- Magnetic Resonance (MR) Guided Focused Ultrasound (MRgFUS), and High Intensity Focused Ultrasound (HIFU) Ablation, and Transurethral Ultrasound Ablation (TULSA) (#139)
 - Changed policy title; policy was previously titled *Magnetic Resonance (MR) Guided Focused Ultrasound (MRgFUS) and High Intensity Focused Ultrasound (HIFU) Ablation*
 - Added criteria related to transurethral ultrasound ablation (TULSA)
- Radiofrequency and Ultrasound Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension (#235)
 - Changed policy title; policy was previously titled *Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension*
 - Updated policy to address ultrasound renal denervation for the treatment of hypertension

Changes effective April 1, 2025

Medicine

- Intensity Modulated Radiotherapy (IMRT) of the Thorax, Abdomen, Pelvis, and Extremities (#165)
 - Clarified criteria regarding pancreatic cancer and prostate cancer

Sepsis policy to remain in place

In the October 2024 issue of *The Bulletin*, we announced plans to archive our *Treatment of Adult Sepsis* (Medicine #172) medical policy. We are postponing this action until later in 2025. The policy will continue to support sepsis-related reimbursement reviews.

[View our commercial
Medical Policy Manual](#)

Medicare Advantage

Changes effective January 1, 2025

Durable Medical Equipment

- Electrical Stimulation and Electromagnetic Therapy Devices (#83)
 - Updated policy to address concurrent optical and electromagnetic stimulation for wound healing

Genetic Testing

- Genetic and Molecular Diagnostics – Next Generation Sequencing, Genetic Panels, and Biomarker Testing (#64)
 - Updated the policy in alignment with the 2025 Q1 annual code update and current Medicare guidance
- Genetic and Molecular Diagnostics – Testing for Cancer Diagnosis, Prognosis, and Treatment Selection (#83)
 - Updated the policy in alignment with the 2025 Q1 annual code update and current Medicare guidance

Medicine

- Investigational (Experimental) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services (#149)
 - Updated the policy in alignment with the 2025 Q1 annual code update

Surgery

- Radiofrequency and Ultrasound Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension (#235)
 - Changed policy title; policy was previously titled *Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension*
 - Updated policy to address ultrasound renal denervation for the treatment of hypertension

[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 January 1, 2025

Administrative

- Virtual Care (#132)
 - Removed CPT 99441-99443 (telephone codes); physicians should use the appropriate evaluation & management (E&M) code with an audio-only modifier

- Added new CPT codes 98000-98015 (telehealth E&M), which are reimbursable when appended with the appropriate modifier (GT, FQ, 93) and place of service (02, 10)
 - We continue to reimburse for CPT 99202-99215 (telehealth E&M)
- Added new reimbursable CPT code 98016 (virtual check-in), and removed HCPCS G2012
- Added new 2024 codes HCPCS G0011 and G0013 (HIV PrEP) and new 2025 code HCPCS G0560 (crisis safety plan intervention)
- **Note:** We follow CMS in our reimbursement of HCPCS G2211 when billed as an add-on to additional services as indicated by CMS (e.g., annual wellness visits).

Medicine

- Cellular and Gene Therapy Products (#112)
 - Added 10 drug names to Appendix 1 with their estimated FDA-approval dates
 - Added brand names for the drugs that have been FDA-approved
 - Removed beremagene geperpavec (Vyjuvek) because it will be included in the Site of Care Program for injected drugs
 - Increased the reimbursement from 50% to 75% of the wholesale acquisition cost (WAC) when claims for listed drugs are received without an invoice

Medicare Advantage

Changes effective January 1, 2025

Administrative

- Palliative Care (#136)
 - Removed CPT 99324-99328 and 99334-99337 because they have been replaced by CPT 99341-99345 and 99347-99350
 - Removed CPTs 99354-99355 because they have been replaced by CPT 99417
 - Added HCPCS G0017, G0018 and G2211
- Virtual Care (#132)
 - Removed CPT 99441-99443 (telephone codes); physicians should use the appropriate evaluation & management (E&M) code with an audio-only modifier
 - Added new reimbursable CPT code 98016 (virtual check-in), and removed HCPCS G2012
 - Added new 2024 codes HCPCS G0011 and G0013 (HIV PrEP) and new 2025 code HCPCS G0560 (crisis safety plan intervention)
 - **Notes**
 - We continue to cover telehealth services when the originating site is the member's home.
 - We continue to reimburse for CPT 99202-99215 (telehealth E&M); CPT 98000-98015 are not reimbursable.
 - Medicare now allows reimbursement for some therapies (physical, occupational, speech, cardiac) when performed via telehealth: CPT 92507, 92508, 92521-92524, 92526, 92609, 97110, 97112, 97116, 97129, 97130, 97161-97168, 97530, 97535, 97550, 97551, 97552, 93797 and 93798 and HCPCS G0422 and G0423.
 - We follow CMS in our reimbursement of HCPCS G2211 when billed as an add-on to additional services as indicated by CMS (e.g., annual wellness visits)

[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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