

# 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.

## Medical policies

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

### Commercial

#### Changes effective October 1, 2022

##### Genetic Testing

- Evaluating the Utility of Genetic Panels (#GT64)
  - Added 34 new investigational tests to the medical policy
- Gene-Based Tests for Screening, Detection, and Management of Prostate or Bladder Cancer (#GT17)
  - Added SelectMDx and miR-Sentinal tests to policy criteria

##### Laboratory

- Biochemical and Cellular Markers of Alzheimer's Disease (#LAB22)
  - Added blood biomarker testing to the medical policy
- Investigational Gene Expression and Multianalyte Testing (#LAB77)
  - Added four new investigational tests to the medical policy

#### Changes effective January 1, 2023

##### Allied Health

- Biofeedback (#AH32)
  - New medical policy addresses biofeedback with investigational and medically necessity criteria

# Medicare Advantage

Changes effective October 1, 2022

## Genetic Testing

- Genetic and Molecular Diagnostics – Next Generation Sequencing and Genetic Panel Testing (#M-GT64)
  - Updated policy with respect to local coverage determinations (LCDs) and articles (LCAs) as they are phased out and replaced with new LCDs and LCAs that are broader in scope
  - Added four new tests with Medicare guidance

## Medicine

- Investigational (Experimental) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services (#M-MED149)
  - Removed "Always Not Medically Necessary" edits from CPT 0378T and 0379T; these services will no longer require review

## 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)
  - Removing HCPCS A4230 and A4231 from this reimbursement policy
- DME Purchase and Rental Limitations and Reimbursement (#131)
  - Reducing reimbursement for DMEPOS suppliers from 110% to 105% of the current DMEPOS reimbursement schedule published by the Centers for Medicare & Medicaid Services (CMS)

- Non-Reimbursable Services (#107)
  - Adding HCPCS A4230 and A4231 to this reimbursement policy
- Transportation of Portable X-Ray Equipment (#147)
  - New reimbursement policy follows CMS guidance

## Medicine

- Cellular and Gene Therapy Products (#112)
  - Updating drug name cilta-cel to include recently U.S. Food and Drug Administration- (FDA-) approved brand name Caryukti in the list of CAR-T cell therapies
  - Added omidubicel to the list of gene therapies; FDA approval is expected in Q1 2023
  - Added delandistrogene moxeparvovec to the list of gene therapies; FDA approval is expected in the first half of 2023

## 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.