

The Bulletin

This monthly bulletin includes recent changes to our medical and reimbursement policies. It is a supplement to our bimonthly provider newsletter, [Provider News](#). **Note:** Medication policy updates are published in *Provider News*.

Medical policies

Changes effective November 1, 2025

Durable Medical Equipment

- Durable Medical Equipment, Prosthetic and Orthotic Replacements, Duplicates, Repairs, and Upgrades to Existing Equipment (#75)
 - Clarified definition of backup items
- Noninvasive Ventilators in the Home Setting (#87)
 - Clarified continuation criteria

Surgery

- Hypoglossal Nerve Stimulation (#215)
 - Clarified policy criteria and guidelines related to positive airway pressure (PAP) refusal and failure, and body mass index
- Reduction Mammoplasty (#60)
 - Clarified criteria addressing evaluation for other conditions associated with pain
- Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy for Tumors Outside of Intracranial, Skull Base, or Orbital Sites (#214)
 - Added new criterion addressing lung cancer recurrence
- Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy of Intracranial, Skull Base, and Orbital Sites (#213)
 - Added new criterion addressing intracranial cavernous malformation

[View our 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

No recent reimbursement policy updates required notification.

[View our Reimbursement Policy Manual](#)

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).

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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