ASURIS NORTHWEST HEALTH

December 1, 2024

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 1, 2024

Behavioral Health

- Applied Behavior Analysis for the Treatment of Autism Spectrum Disorder (#18)
  - Clarified policy criteria with no change to intent

Laboratory

- Molecular Testing in the Management of Pulmonary Nodules (#73)
  - Updated policy to address the REVEAL Lung Nodule Characterization test

Transplant

- Hematopoietic Cell Transplantation for Multiple Myeloma and POEMS Syndrome (#45.22)
  - Added clarifying language to the Policy Guidelines section regarding stem cell collection prior to treatment

Changes effective March 1, 2025

Laboratory

- Screening Laboratory Testing (#80)
  - New policy addressing screening laboratory testing in asymptomatic individuals

Utilization Management

- Surgical Site of Care – Hospital Outpatient (#19)
  - Added joint procedure codes that were formerly reviewed by eviCore healthcare (eviCore)

View our commercial Medical Policy Manual

Medicare Advantage

Changes effective November 1, 2024
Surgery

- Dual Chamber Leadless Pacemakers (#217)
    - Changed policy title; policy was previously titled *Leadless Cardiac Pacemakers*
    - Updated policy to address only dual chamber leadless pacemakers

Changes effective December 1, 2024
Transplant

- Stem Cell and Bone Marrow Transplants (#45)
    - Updated to reflect expanded National Coverage Determination (NCD) 110.23 criteria for allogeneic hematopoietic stem cell transplantation (HSCT) for myelodysplastic syndrome (MDS)

Changes effective March 1, 2025
Laboratory

- Screening Laboratory Testing (#80)
    - New policy addressing screening laboratory testing in asymptomatic individuals

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 December 1, 2024
Administrative

- Diabetic Supplies (#128)
    - Added new HCPCS code A4271 with a maximum of three units every three months/90 days

Changes effective January 1, 2025
Administration

- Hearing Aid Supplies (#152)
    - New reimbursement policy

Changes effective March 1, 2025
Administrative

- Global Days (#101)
    - Revised to state that when modifier 25 is appropriately appended to an evaluation & management (E&M) service (CPT 92002, 92004, 92012, 92014, 99202-99205 and 99211-99215) and is submitted on the same date of service as a minor procedure, by the same physician or other qualified health care provider, the E&M service will be reimbursed at 50% of the allowed amount
        - This reimbursement change will initially apply only when select minor procedures are billed with E&M services. The minor procedures are available in the policy.

Modifiers

- Modifier 25; Significant, Separately Identifiable Service (#103)
    - Revised to state that when modifier 25 is appropriately appended to an E&M service (CPT 92002, 92004, 92012, 92014, 99202-99205 and 99211-99215) and is submitted on the same date of service as a minor procedure, by the same physician or other qualified health care provider, the E&M service will be reimbursed at 50% of the allowed amount
        - This reimbursement change will initially apply only when select minor procedures are billed with E&M services. The minor procedures are available in the policy.

Medicare Advantage

Changes effective December 1, 2024
Administrative

- Diabetic Supplies (#128)
    - Added new HCPCS code A4271 with a maximum of three units every three months/90 days

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.