

# 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 May 1, 2024

#### Surgery

- Orthognathic Surgery (#137)
  - Clarified policy criteria reference to adult and pediatric patients

### Changes effective September 1, 2024

#### Medicine

- Charged Particle (Proton) Radiotherapy (#49)
  - Adding a requirement of professional attestation related to cost to the list of required documentation, with no change to current criteria
- Transcranial Magnetic Stimulation as a Treatment of Depression and Other Disorders (#148)
  - Adding clarifying language for provider type and transcranial magnetic stimulation (TMS) protocols
  - Adding investigational criteria for accelerated protocols

#### Radiology

- Screening for Vertebral Fracture or Fracture Risk with Dual X-ray Absorptiometry (DXA) (#48)
  - Changing policy title; policy was previously titled *Screening for Vertebral Fracture with Dual X-ray Absorptiometry (DXA)*
  - Updating to include trabecular bone score for vertebral fracture risk as investigational

[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

## Changes effective June 6, 2024

### Administrative

- Virtual Care (#132)
  - **Washington only:** Revising the established relationship requirements for telehealth services to include an in-person or real-time visit using both audio and video within the last three years for all services—not just behavioral health—to meet the requirements of WA SB 5821

## Changes effective September 1, 2024

### Administrative

- Global Days (#101)
  - Revised to state that when modifier 25 is appropriately appended to an evaluation & management (E&M) service 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

### Modifiers

- Modifier 25; Significant, Separately Identifiable Service (#103)
  - Revised to state that when modifier 25 is appropriately appended to an E&M service 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

[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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