

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 <u>monthly summaries of changes</u> 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 September 1, 2022 Surgery

- Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy for Tumors Outside of Intracranial, Skull Base, or Orbital Sites (#SUR214)
 - Added schwannomas to the list of medically necessary indications

Changes effective December 1, 2022 Durable Medical Equipment

- Definitive Lower Limb Prostheses (#DME18)
 - New medical policy includes medical necessity criteria for lower limb prostheses

Surgery

- Pectus Excavatum and Carinatum Surgery (#SUR12.02)
 - Revising medical policy name; policy was previously titled *Pectus Excavatum*
 - Adding surgical treatment of pectus carinatum to the policy

Medicare Advantage

Changes effective December 1, 2022 Durable Medical Equipment

- Definitive Lower Limb Prostheses (#M-DME18)
 - New Medicare Advantage medical policy includes medical necessity criteria for lower limb prostheses

Join our medical policy discussion

We welcome your input and feedback as we draft our medical policies. <u>Join our email reviewer list</u>. 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

There were no recent commercial or Medicare Advantage reimbursement policy updates.

Disclaimer: View the <u>terms and conditions</u> of using our *Reimbursement Policy Manual*.

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 <u>Reimbursement Policy Feedback</u> 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 <u>follow these steps</u> 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.

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