

The Bulletin

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

Medical policies

Changes effective September 1, 2023

Genetic Testing

- Evaluating the Utility of Genetic Panels (#64)
 - Added 16 investigational panels
 - Removed 19 panel tests

Laboratory

- Laboratory Tests for Organ Transplant Rejection (#51)
 - Added medically necessary criteria for AlloMap test
 - Added investigational criterion for gene expression profiling tests on biopsy tissue (e.g., Molecular Microscope® Diagnostic System)

Surgery

- Rhinoplasty (#12.28)
 - Added criteria for rhinophyma
- Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy for Tumors Outside of Intracranial, Skull Base, or Orbital Sites (#214)
 - Simplified policy criteria without change to policy intent

Changes effective December 1, 2023

Surgery

- Cochlear Implants (#08)
 - Added criteria for single-sided deafness
- Ventral (including incisional) Hernia Repair (#12.03)
 - Updating medical policy criteria notes to reflect new coding rules
 - Clarifying documentation in the list of information needed for review

[View our Medical Policy Manual](#)

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

There were no recent reimbursement policy updates.

[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 a compliance requirement for the Affordable Care Act (ACA).

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.

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