

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 September 1, 2024

Genetic Testing

- Serologic Genetic and Molecular Screening for Colorectal Cancer (#86)
 - Clarified that the policy addresses Guardant Shield test and continues investigational determination

Utilization Management

- Surgical Site of Care-Hospital Outpatient (#19)
 - Changed policy title; policy was previously titled *Surgical Site of Service- Hospital Outpatient*
 - Updated terminology throughout the policy

Changes effective December 1, 2024

Genetic Testing

- ClonoSEQ[®] Testing for the Assessment of Measurable Residual Disease (MRD) (#88)
 - Clarified that the clonoSEQ B-cell test, but not the T-cell test, may be considered medically necessary

Surgery

- Rhinoplasty (#12.28)
 - Adding not medically necessary criteria
 - Requiring specific documentation of prior trauma, such as imaging

[View our commercial
Medical Policy Manual](#)

Medicare Advantage

There were no recent Medicare Advantage medical policy updates.

[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

Surgery

- Frenotomy (#102)
 - Added the definition for ankyloglossia
 - Added that ankyloglossia should be diagnosed by a qualified health care professional other than the rendering provider before surgical intervention and that physical examination must confirm one of the following:
 - The presence of “tongue-tie,” causing the inability to adequately breast or bottle feed due to ineffective latch
 - Difficulty with speech due to the inability to manipulate the tongue
 - Evidence of failure to thrive, weight loss or decreasing age-adjusted growth percentiles

Medicare Advantage

There were no recent Medicare Advantage reimbursement policy updates.

[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.

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