

# 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 [regencedental.com/providers](https://regencedental.com/providers).
- For Blue Cross and Blue Shield Federal Employee Program® (BCBS FEP®) medical policies, please refer to the [Blue Cross Blue Shield Service Benefit Plan brochure](#), the [BCBS FEP medical policies](#) or call our [Customer Service team](#).

## Medical policies

### Commercial

#### Changes effective March 1, 2025

##### Genetic Testing

- Targeted Genetic Testing for Selection of Therapy for Non-Small Cell Lung Cancer (NSCLC) (#56)
  - Added NRG1 fusion testing to policy

##### Surgery

- Cryosurgical Ablation of Miscellaneous Solid Tumors Outside of the Liver (#132)
  - Added medical necessity criteria for cryoablation of certain desmoid tumors
- Sacral Nerve Neuromodulation (Stimulation) for Pelvic Floor Dysfunction (#134)
  - Clarified criteria without change to policy intent
- Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease (GERD) (#110)
  - Updated policy to address the GERDX-System for transoral incisionless fundoplication for treatment of GERD

#### Changes effective June 1, 2025

##### Surgery

- Bariatric Surgery (#58)
  - Added criterion for revision of sleeve gastrectomy due to medication-resistant gastroesophageal reflux disease

**View our commercial  
Medical Policy Manual**

# Medicare Advantage

Changes effective March 1, 2025

## Laboratory

- Laboratory and Genetic Testing for Use of Fluoropyrimidine Chemotherapy (5-FU and Capecitabine) in Patients with Cancer (#64)
  - Updated criteria to use commercial policy for TYMS testing in the health plan service area

**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

### Modifier 25 and Global Days policies update

In the December 2025 issue of *The Bulletin*, we announced plans to revise our *Modifier 25; Significant, Separately Identifiable Service* (Modifier #103) and *Global Days* (Administrative #101) reimbursement policies effective March 1, 2025.

**We have made the decision to not implement changes to these policies at this time.**

Any future policy changes will be announced according to our notification requirements.

Changes effective March 1, 2025

## Behavioral Health

- Collaborative Care Codes (#100)
  - Added new HCPCS code G0323 (Care management services for behavioral health conditions)
  - Updated the definition of Collaborative Care Model (CoCM) for clarity
  - Added new link to references

## Medicine

- Cellular and Gene Therapy Products (#112)
  - Added new drugs that are up for review and approval by the FDA along with the anticipated approval timeframes
  - Removed the expected FDA approval date for drugs that have since been approved, and added the drugs' brand names

## 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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