

The Bulletin

This monthly bulletin includes recent changes to our medical policies and reimbursement policies. It is a supplement to our bimonthly provider newsletter, <u>The Connection</u>. **Note**: Medication and dental policy updates are published in *The Connection*.

Medical policies

Commercial

Changes effective June 1, 2023 Behavioral Health

- Substance Use Disorders (#35)
 - New medical policy uses American Society of Addiction Medicine (ASAM) Criteria, 3rd edition, for review of inpatient detoxification, residential or subacute detoxification, residential rehabilitation, partial hospitalization and intensive outpatient treatment for substance use disorders

Changes effective July 1, 2023 Genetic Testing

- Genotyping for Single Nucleotide Variants to Predict Risk of Cardiovascular Disease or Aneurysm (#62)
 - Changed policy title; policy was previously titled Genotyping for 9p21 Single Nucleotide Variants to Predict Risk of Cardiovascular Disease or Aneurysm
 - Updated to address all single nucleotide variant tests for cardiovascular risks
- Topographic Genotyping to Classify Cancer Risk (#16)
 - Changed policy title; policy was previously titled PathFinderTG[®] Molecular Testing
 - Updated policy description
 - Added solid pancreatic lesions to criteria

Laboratory

- Investigational Gene Expression, Biomarker, and Multianalyte Testing (#77)
 - Added four new investigational tests

Medicine

- New and Emerging Medical Technologies and Procedures (#149)
 - Updated to align with the Q3 2023 quarterly code update to address new investigational medical technologies

Surgery

- Deep Brain Stimulation (#84)
 - Modified policy language related to contraindications due to new devices with enhanced compatibility
- Leadless Cardiac Pacemakers (#217)
 - Revised criteria to include an investigational criterion for dual chamber leadless pacemakers

Changes effective October 1, 2023 Durable Medical Equipment

- Definitive Lower Limb Prostheses (#18)
 - Adding codes to the criteria section

View our commercial Medical Policy Manual

Medicare Advantage

Changes effective July 1, 2023 Genetic Testing

- Genetic and Molecular Diagnostics Next Generation Sequencing, Genetic Panels, and Biomarker Testing (#64)
 - Added and removed panel tests with their Medicare coverage determinations and updated Medicare guidance, where appropriate

Medicine

- Investigational (Experimental) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services (#149)
 - Updated to align with the Q3 2023 quarterly code update to address new investigational medical technologies

Surgery

- Transcatheter Heart Valve Procedures (#221)
 - Added Medicare rationale to address caval valve implantation for new CPT codes 0805T and 0806T

Changes effective October 1, 2023 Durable Medical Equipment

- Definitive Lower Limb Prostheses (#18)
 - Clarified policy notes for easier review
 - Moved the *Medicare Benefit Policy Manual* to the references because it is a general reference and does not include specific criteria for review
 - Added HCPCS L5000-L5341 and L5968, consistent with the corresponding commercial policy
 - Edited coding note to increase correct coding for these items
 - Added product information, including manufacturer name and model number, to the list of information needed for review
 - Note: We continue to use local coverage determination (LCD) L33787 and local coverage article (LCA) A52496

View our Medicare Advantage Medical Policy Manual

Join our medical policy discussion

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

<u>Recent updates and archived medical policies</u> may include revisions that will be published in the next issue of *The Bulletin*.

Reimbursement policies

Commercial

Changes effective July 1, 2023 Administrative

- Allergy Immunotherapy (#100)
 - Clarified that preparation of the antigen may be billed more than once per year but only once per course of treatment
 - Updated references

View 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> <u>Form</u>.

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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