

The Bulletin

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

Medical policies

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 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 <u>reviewer</u> <u>list</u>.

Recent updates and archived medical policies

We encourage you to review <u>recent updates and archived medical policies</u>, which may also include revisions that will be published in the next issue of *The Bulletin*.

Reimbursement policies

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)
 - o 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

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 it's a requirement for the Affordable Care Act (ACA).

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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