

The Bulletin

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

Medical policies

Changes effective October 1, 2025

Durable Medical Equipment

- Definitive Lower Limb Prostheses (#18)
 - Clarified that when prior prosthesis use is applicable, providers should:
 - Define ordering practitioner, and
 - Include examples of validated functional-level assessment tools
- Negative Pressure Wound Therapy in the Outpatient Setting (#42)
 - Clarified policy criteria

Genetic Testing

- Evaluating the Utility of Genetic Panels (#64)
 - Added seven panel tests to the policy
 - Removed four tests from the policy

Laboratory

- Circulating Tumor-Tissue Modified Viral DNA Testing for Cancer Management (#82)
 - New policy
 - Moved codes with no change to existing edit from the *Circulating Tumor DNA and Circulating Tumor Cells for Management (Liquid Biopsy) of Solid Tumor Cancers* (Laboratory #46) medical policy
- Investigational Gene Expression, Biomarker, and Multianalyte Testing (#77)
 - Added the following tests to the policy:
 - PromarkerD, iDart™ Lyme IgG ImmunoBlot Kit
 - PancreaSure tests
- Laboratory Tests for Organ Transplant Rejection (#51)
 - Updated policy to address:
 - Donor-derived cell-free DNA testing and gene expression profiling for liver transplant
 - Non-HLA antibody testing for organ transplant
- Multimarker and Proteomics-based Serum Testing Related to Ovarian Cancer (#60)
 - Updated criteria to address testing more generally

Surgery

- Radiofrequency and Ultrasound Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension (#235)
 - Added criteria for ablation of renal sympathetic nerves

Changes effective January 1, 2026

Utilization Management

- Surgical Site of Care – Colonoscopy (#20)
 - New policy specific to colonoscopy; colonoscopies are currently addressed in the *Surgical Site of Care – Hospital Outpatient* (#19) medical policy, which will be updated January 1, 2026, to align with implementation of this new policy

Surgery

- Surgical Treatments for Lymphedema and Lipedema (#220)
 - Clarifying clinical examination and diagnostic documentation requirements

[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 [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

Changes effective January 1, 2026

Administrative

- Hearing Aid and Supplies (#152)
 - Changing policy title; policy was previously titled *Hearing Aid Supplies*
 - Adding billing guidance for upgrades to deluxe hearing aids; guidance addresses HCPCS code S1001 and the need for a non-covered services consent form
- Non-Reimbursable Services (#107)
 - Adding evaluation and management (E&M) visit complexity add-on code HCPCS G2211 as a non-reimbursable service (NRS)
- Timely Receipt of Records (#145)
 - Clarifying that failure to submit timely records may result in claims denied as provider liability; providers cannot balance bill members for provider liability denials
 - Stating that we will no longer accept requested records after the 90-day courtesy deadline; providing records after this deadline will not change adjudication of the claim
 - Adding that to have records reviewed after the 90-day deadline, providers will need to follow the dispute process as stated in section 1.4 of the Appeals for Providers section of our [Administrative Manual](#)
- Virtual Care (#132)
 - Removing HCPCS G2211 from this policy

Facility

- Emergency Department Visits: Level of Service (#110)
 - Removing American College of Emergency Physician (ACEP) guidelines
 - We will review these claims using Optum's Emergency Department Claim (EDC) Analyzer, which provides an ED visit-level analysis and code validation.

[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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