

The Bulletin

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

Our provider website includes [monthly summaries of changes](#) to our reimbursement and medication policies, pre-authorization requirements, *Administrative Manual* and programs or incentives that may impact your office.

Medical policies

Disclaimer: View the [terms and conditions](#) of using our *Medical Policy Manual*.

Changes effective February 1, 2023

Genetic Testing

- Evaluating the Utility of Genetic Panels (#64)
 - Added 13 new investigational panels
 - Removed nine panels
- Genetic Testing for Familial Hypercholesterolemia (#11)
 - Added criteria for testing of children for known familial FH-causing variants
- Targeted Genetic Testing for Selection of Therapy for Non-Small Cell Lung Cancer (NSCLC) (#56)
 - Simplified criteria for EGFR and BRAF testing which, along with the Oncomine Dx Target Test, may now be considered medically necessary for any stage of NSCLC

Laboratory

- Circulating Tumor DNA and Circulating Tumor Cells for Management (Liquid Biopsy) of Solid Tumor Cancers (#46)
 - Revised criteria to reflect circulating tumor DNA (ctDNA) testing may now be considered medically necessary when tumor testing is not possible and the test is needed to select a targeted treatment approved by the U.S. Food and Drug Administration (FDA)
- Vitamin D Testing (#52)
 - Updated diagnoses for which testing may be considered medically necessary to include cystic fibrosis, Crohn's disease, ulcerative colitis, pancreatitis and long-term use of certain medications

Join our medical policy discussion

We welcome your input and feedback as we draft our medical policies. [Join our email reviewer list](#). 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

[Recent updates and archived medical policies](#) may include revisions that will be published in the next issue of *The Bulletin*.

Reimbursement policies

Disclaimer: View the [terms and conditions](#) of using our *Reimbursement Policy Manual*.

Changes effective January 1, 2023

Administrative

- Diabetic Supplies (#128)
 - Removed deleted codes HCPCS K0553 and K0554 because they were no longer eligible for reimbursement as of policy effective date
 - Added replacement codes HCPCS A4239 and E2103, which became eligible for reimbursement on policy effective date
 - Added HCPCS A4238 and E2102 for transparency and to align with the Centers for Medicare & Medicaid Services (CMS)

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).

Validating provider directory content

Please [follow these steps](#) 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.