

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 May 1, 2025

Genetic Testing

- Noninvasive Prenatal Testing to Determine Fetal Aneuploidies, Microdeletions, Single-Gene Disorders, and Twin Zygosity (#44)
 - Combined investigational criteria in the policy

Surgery

- Anterior Abdominal Wall (Including Incisional) Hernia Repair (#12.03)
 - Removed pre-authorization for members 18 or younger

Changes effective August 1, 2025

Durable Medical Equipment

- Augmentative Communication Devices and Systems (#52)
 - New commercial medical policy with medical necessity criteria will apply only to Individual members
- Power Wheelchairs: Group 2 and Group 3 (#37)
 - Changing policy title; policy was previously titled *Power Wheelchairs: Group 3*
 - Adding group 2 criteria and codes to the policy
- Spinal Orthoses: Thoracic-Lumbar-Sacral (TLSO), Lumbar-Sacral (LSO), and Lumbar (#97)
 - New commercial medical policy with medical necessity criteria will apply only to Individual members

Laboratory

- Testosterone Testing (#81)
 - New medical policy

[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 May 1, 2025

Administrative

- Virtual Care (#132)—**Editor's note, 6/11/25:** Modifier descriptions have been removed from this publication with no impact on policy. View the policy for modifier descriptions.
 - Added **modifier FQ** as a type of audio-only services in addition to **modifier 93**
 - Added additional codes allowed with **modifier FQ**
 - Added that we follow the American Medical Association (AMA) CPT Appendix to determine which services are eligible to be billed with **modifier 93**

[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.

[Subscribe](#) | [Unsubscribe](#) | [Update preferences](#) | [Online privacy and security](#)

© 2025 BridgeSpan Health 2890 E. Cottonwood Parkway, Salt Lake City, UT, 84121, USA