ASURIS NORTHWEST HEALTH

January 1, 2023

# The Bulletin

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

Our provider website includes monthly summaries of changes to our reimbursement, medication and dental policies, pre-authorization requirements, *Administrative Manual* and programs or initiatives that impact your office.

# Medical policies

**Disclaimer**: View the terms and conditions of using our *Medical Policy Manual*.

## Commercial

**Changes effective January 1, 2023**

**Genetic Testing**

- Genetic Testing for Lynch Syndrome and APC-associated and MUTYH-associated Polyposis Syndromes (#06)
    - Updated criteria for Lynch syndrome testing based on family history

**Laboratory**

- Investigational Gene Expression, Biomarker, and Multianalyte Testing (#77)
    - Changed policy title; policy was previously titled *Investigational Gene Expression and Multianalyte Testing*
    - Added three new investigational tests to policy

**Medicine**

- New and Emerging Medical Technologies and Procedures (#149)
    - Updated the policy in alignment with the Q1 2023 quarterly code update to address new investigational medical technologies
- Treatment of Adult Sepsis (#172)
    - Updated policy criteria to address the diagnosis of sepsis in additional detail

**Surgery**

- Minimally Invasive Treatments of Nasal Valve Collapse or Obstruction (#209)
    - Changed policy title; policy was previously titled *Absorbable Nasal Implant for Treatment of Nasal Valve Collapse*
    - Expanded policy scope to include noninvasive treatments in general, including radiofrequency treatment

**Changes effective April 1, 2023**
**Allied Health**

- Biofeedback (#32)
    - Updating policy to add pre-authorization changes for CPT 90875, 90876, 90901, 90912 and 90913 and HCPCS E0746

**Medicine**

- Neurofeedback (#65)
    - Updating policy to add pre-authorization changes for CPT 90875, 90876 and 90901

# Medicare Advantage

**Changes effective January 1, 2023**
**Genetic Testing**

- Genetic and Molecular Diagnostics – Next Generation Sequencing, Genetic Panels, and Biomarker Testing (#64)
    - Changed policy title; policy was previously titled *Genetic and Molecular Diagnostics – Next Generation Sequencing and Genetic Panel Testing*
    - Updated policy formatting and local coverage determinations (LCDs) and articles (LCAs) as they are phased out and replaced with new LCDs and LCAs

**Medicine**

- Investigational (Experimental) Services, New and Emerging Medical Technologies and Procedures, and other Non-Covered Services (#149)
    - Updated the policy in alignment with the Q1 2023 quarterly code update to address new investigational medical technologies
- Bioengineered Skin and Soft Tissue Substitutes and Amniotic Products (#170)
    - Removed reference to retired LCD for amniotic membrane products

**Surgery**

- Minimally Invasive Treatments of Nasal Valve Collapse (#209)
    - New Medicare Advantage medical policy addresses minimally invasive treatments of nasal valve collapse, including radiofrequency ablation

### 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*.

## Commercial

**Changes effective January 1, 2023**

**Administrative**

- Incident To Services (#148)
  - New policy addresses incident-to billing for palliative care and behavioral health services based on content in the previous *Palliative Care Incident to Services* (Administrative #136) reimbursement policy
  - Added definitions to support inclusion of behavioral health services
  - Clarified that incident-to billing is allowed for palliative care and behavioral health services
  - Provided billing requirements for behavioral health services
  - Clarified that incident-to claims must be billed with the modifier SA
- Palliative Care (#136)
  - Changed policy title; policy was previously titled *Palliative Care Incident to Services*
  - Reframed policy's focus to address palliative care as a whole, rather than focusing on incident-to services
  - Changed policy statement to drive policy to palliative care services
  - Clarified providers who may bill palliative care
  - Clarified facility versus professional billing
- Virtual Care (#132)
  - Added modifier 93 to represent audio-only telehealth
  - Specified that modifier GT is required for telehealth performed using audio and video technology
  - Added 60 services to the telehealth section, including new 2023 procedures, to permanently expand telehealth coverage to include such

services as home visits, behavioral health counseling and therapy, nutritional counseling and more
    - Added remote monitoring, including remote physiology and remote therapeutic monitoring, which are considered non-reimbursable
    - Reformatted policy to move coding references to end of policy
    - Updated established patient guidelines to require an in-person or real-time interactive visit using both audio and video with the performing provider, a provider employed at the same medical group as the performing provider or with the referring provider within the past three years for behavioral health or past two years for all other services

# Medicare Advantage

**Changes effective January 1, 2023**

**Administrative**

- Incident to Services (#148)
    - New policy addresses incident-to billing for palliative care and behavioral health services based on content in the previous commercial *Palliative Care Incident to Services* (Administrative #136) reimbursement policy
    - Added definitions to support inclusion of behavioral health services
    - Clarified that incident-to billing is allowed for palliative care and behavioral health services
    - Clarified that we follow Centers for Medicare & Medicaid Services (CMS) guidelines for incident-to billing
    - Clarified that incident-to claims must be billed with the modifier SA
- Palliative Care (#136)
    - Changed policy title; policy was previously titled *Palliative Care Incident to Services*
    - Reframed policy's focus to address palliative care as a whole, rather than focusing on incident-to services
    - Changed policy statement to drive policy to palliative care services
    - Added additional CPT codes that may be used in billing palliative care
    - Removed restriction for palliative care to be billed with CPT 1150F
    - Added clarification to bill the ICD-10-CM diagnosis code Z51.5 as primary for the claim line
    - Clarified providers who may bill palliative care
    - Clarified facility versus professional billing
- Virtual Care (#132)
    - New Medicare Advantage reimbursement policy; Medicare Advantage previously followed the commercial *Virtual Care* (#132) reimbursement policy
    - Added modifier 93 to represent audio-only telehealth

- Specified that modifier GT is required for telehealth performed using audio and video technology
- Detailed that established patient guidelines can be met by an in-person or real-time interactive visit using both audio and video with the performing provider, a provider employed at the same medical group as the performing provider or with the referring provider within six months of the initial telehealth visit or within 12 months of a subsequent visit
- Identified services (procedure codes) allowed for telehealth and store and forward at the end of the policy
- Identified non-reimbursable virtual care services in the remote monitoring section

## 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 Reimbursement Policy Feedback Form.

## 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 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.