

The Bulletin

This monthly bulletin includes recent changes to our medical and reimbursement policies.

Notes

- *The Bulletin* is a supplement to our bimonthly provider newsletter, [The Connection](#).
 - Medication policy updates are published in *The Connection*.
- Dental policy updates are published in the News section of asurisdental.com/providers.

Medical policies

Commercial

Changes effective February 1, 2025

Laboratory

- Investigational Gene Expression, Biomarker, and Multianalyte Testing (#77)
 - Removed neurofilament light chain tests from the policy

[View our commercial
Medical Policy Manual](#)

Easily search medical policies

You can search medical policies from the manual's table of contents. Search by:

- Policy name
- Medical policy ID
- Keywords
- CPT or HCPCS codes

You can also filter category names to browse policies by section or filter alphabetically by policy name or ID.

Medicare Advantage

Changes effective February 1, 2025

Medicine

- Cardiac Hemodynamic and Thoracic Fluid Index Monitoring for the Management of Heart Failure in the Outpatient Setting (#33)
 - Added new national coverage determination (NCD) addressing implanted pulmonary artery pressure sensors for heart failure management
- Charged-Particle (Proton) Radiotherapy (#49)
 - Removed retired local coverage determination (LCD) guidance

- Bioengineered Skin and Soft Tissue Substitutes and Amniotic Products (#170)
 - Added new Noridian LCD: Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers

[View our Medicare Advantage 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

Commercial

Changes effective January 1, 2025

Administrative

- Ambulance Guidelines (#121)
 - Added information about state of Washington balance billing final rule about nonparticipating ground ambulance service organization billing requirements and related references

Medicare Advantage

Changes effective May 1, 2025

Administrative

- Preventable Adverse Events (#106)
 - Updating with language similar to our commercial policy to state that we may consider services that are preventable adverse events beyond the 14 conditions CMS has published

Facility

- Reimbursement of Hospital Compound Solutions (#109)
 - Changing policy title; policy was previously titled *Reimbursement of Intravenous (IV) Solutions, Premixed IV Medications, Epidural, Intra-arterial and Intrathecal Solutions and Total Parenteral Nutrition (TPN) for Facilities*
 - Simplified the list of administration routes (i.e., IV solutions, premixed IV solutions, epidural, intra-arterial, intrathecal solutions and TPN) with “all solutions” throughout the policy

- Added definitions for the following routes of administration, which will now be subject to the policy: Injection, intra-ocular injections, intraperitoneal medication, intramuscular medications, solutions and subcutaneous medications
- Moved all statements regarding when a service will not be separately reimbursable to their own section in the policy

[View our Reimbursement Policy Manual](#)

Reimbursement policy feedback

We encourage physicians and other health care professionals to share their input using our [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 it's a requirement for the Affordable Care Act (ACA) and Medicare Advantage plans.

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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