

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 November 1, 2024

Durable Medical Equipment

- Electrical Bone Growth Stimulators (Osteogenic Stimulation) (#83.11)
 - Edited policy for clarity
- Noninvasive Ventilators in the Home Setting (#87)
 - Edited policy for clarity

Surgery

- Reduction Mammoplasty (#60)
 - Revised policy to consider mammoplasty in individuals between 16 and 18 years of age to be potentially medically necessary when there is clinical reason for the earlier surgery
 - Simplified the criteria related to the indications for the surgery
 - Removed shoulder grooving

Changes effective February 1, 2025

Surgery

- Ablation of Peripheral Nerves to Treat Pain (#236)
 - New investigational policy for the use of ablation of peripheral nerves to treat pain
- Lumbar Spinal Fusion (#187)
 - Clarifying documentation requirements for:
 - Conservative therapy
 - Documenting tobacco use status

[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 October 1, 2024

Medicine

- Maternity Care (#107)
 - Added that one home birth kit is reimbursable per pregnancy for commercial members and should be billed on the mother's claim; allowable supplies in the kit are not separately reimbursable

Surgery

- Frenotomy (#102)
 - Removed the age restriction
 - Clarified that criteria applies to both codes referenced in the policy

Changes effective November 1, 2024

Administrative

- Allergy Immunotherapy (#100)
 - Minor edits

Modifiers

- Modifier 51 and Multiple Procedure Logic (#101)
 - Added links to references

[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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