

AUGUST 2025

Provider News

For participating physicians, other health care professionals and facilities



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Timely physical medicine pre-authorization approvals

Did you know physical, occupational and speech therapy services performed on the same day as an evaluation require authorization? Check out tips and resources for submitting requests.

Important update for adalimumab product coverage

In 2026, our preferred adalimumab products will be adalimumab-aaty (unbranded) and Hadlima. Learn more about authorizations, when we'll notify members taking a non-preferred product and what to do if these products aren't suitable for your patient.

Screening for eating disorders

Equip Health (Equip) has compiled essential information about eating disorder screening tools, including the strengths and limitations of each tool.

Using our website



When you first visit **bridgespanhealth.com**, you will be asked to select an audience type (individual or provider) and enter a ZIP code for your location. This allows our site to display content relevant to you.

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Get the latest news

We publish the latest news and updates in the [What's New](#) section on the homepage of our provider website.

[Subscribe](#) to receive email notifications when new issues of our publications are available.

Provider News

This publication includes important news, as well as notices we are contractually required to communicate to you.

In the table of contents on page 1, this symbol indicates articles that include critical updates: ■. Click on article titles to go directly to that page, and return to the table of contents by clicking the link at the bottom of each page.

We publish issues of *Provider News* on the first of February, April, June, August, October and December.

Provider News includes information for BridgeSpan Health in Idaho, Oregon, Utah and Washington. When information does not apply to all four states, the article will identify the state(s) to which that specific information applies.

The information in this newsletter does not guarantee coverage. Verify members' eligibility and benefits via [Availity Essentials](#).

The Bulletin

Published monthly, *The Bulletin* summarizes updates to medical and reimbursement policies, including policy changes we are contractually required to communicate to you.

Correct coding updates

Providers are expected to follow correct coding guidelines. We are providing courtesy notice that our pre-pay correct coding editors will apply denials for claims received on or after August 15, 2025, for incorrect reporting or reporting not supported by a related claim for the following modifiers:

- AS (non-physician assisting at surgery), 80 (assistant at surgery by another physician) or 62 (co-surgeons)
- 50 (bilateral procedures) or 51 (additional procedures or services)
- 25 (evaluation & management [E&M] services)

These reviews are supported by industry standards, our *Correct Coding Guidelines* (Administrative #129) reimbursement policy and modifier reimbursement policies. View our *Reimbursement Policy Manual* on our provider website: [Policies & Guidelines>Reimbursement Policy](#).

Day 1 records requirement

Beginning September 1, 2025, clinical documentation will be due within 24 hours of medical inpatient admission.

When we fax acknowledgment of admissions notification, we will no longer include a separate deadline for clinical records.

- **If you use PointClickCare (PCC) and grant electronic medical record (EMR) access:** No process change
- **If you don't grant EMR access:** Must fax complete clinical records (not just face sheet/diagnosis) within 24 hours
 - If you're interested in connecting your EMR, contact your provider relations executive

Failure to submit records within 24 hours may result in administrative denial as provider liability.

Pre-authorization updates

Procedure/medical policy	Added codes effective July 1, 2025
Circulating Tumor DNA and Circulating Tumor Cells for Management (Liquid Biopsy) of Solid Tumor Cancers (Laboratory #46)	- 0562U, 0571U
Gender Affirming Interventions for Gender Dysphoria (Medicine #153)	- 15839, 21270
Preimplantation Genetic Testing of Embryos (Genetic Testing #18)	- 0552U

Our complete *Pre-authorization List* is available in the [Pre-authorization](#) section of our provider website. Please review the list for all updates and pre-authorize services accordingly. You can submit standard medical and behavioral health pre-authorizations through the Availity Essentials [Electronic Authorization application](#).

Administrative Manual updates

The following updates have been made to our manual:

Alternative Care

- **Effective August 1, 2025:** New section features billing guidelines and treatment information for acupuncture, chiropractic, massage, naturopathic medicine and nutrition.
- **Effective November 1, 2025:** Chiropractic services information will be updated.

Our [Administrative Manual](#) is available on the homepage of our provider website.

Provider write-off for medical necessity denials

Effective November 1, 2025: We will not reimburse services that fail to meet medical necessity requirements. If a provider's pre-authorization request is denied based on medical necessity, the provider must write off the denied services and other services related to the denial.

The provider cannot balance bill the member for services that do not meet medical necessity.

Updates to chiropractic guidelines

Effective November 1, 2025: We are revising the chiropractic billing guidelines and treatment information in the Alternative Care section of our *Administrative Manual* to:

- Clarify that chiropractors may perform and bill for problem-focused E&M services and traditional X-rays
- Address when follow-up, low-complexity and high-level E&M services are appropriate, as well as information about providing requested documentation and using modifier 25
- State that diagnosis must support the level of chiropractic manipulative treatment (CMT)
- Remove information about timed codes and supplies
- Add that chiropractors may order foot orthotics when medically necessary
- Add that the following are not reimbursable when ordered or performed by a chiropractor:
 - Wellness visits
 - Durable medical equipment (DME)
 - **Exception:** Foot orthotics
 - Advanced radiology services
 - **Exception:** Traditional X-rays
 - **Note:** Reviewing prior radiology imaging is considered an inclusive component of CMT codes.

View the revised Alternative Care section of the [Administrative Manual](#), available on the homepage of our provider website.

Tips to ensure smooth physical medicine pre-authorization requests

Understanding pre-authorization requirements helps prevent delays in care and reduces providers' administrative burden. The following tips from EviCore will help you receive prompt and timely decisions for physical, occupational and speech therapy services.

Online submission

Submitting requests online is not only faster than by phone or fax, it also results in faster decisions and offers these additional benefits:

- Available 24/7
- Saves your progress if you need additional information to submit a request
- Ability to view and print pre-authorization information
- Real-time access to clinical criteria, member eligibility
- Electronic exchange of clinical information

Same-day evaluation and treatment

Therapy evaluations do not require prior pre-authorization through EviCore, but **any treatment performed on the same date as the evaluation does require authorization**. If you provide treatment the same day as the evaluation, you have a 7-calendar-day grace period to request authorization.

Best practice: Submit pre-authorization requests following the therapy evaluation to ensure a comprehensive picture of the member's current condition and therapeutic needs.

Selecting the proper National Provider Identifier (NPI) is critical

When submitting pre-authorization requests for therapy services in an office setting, providers should:

- Select the individual treating practitioner's NPI as the Requesting Provider.
- Use the same individual treating practitioner's NPI when selecting the Site of Service (Rendering provider).

Important: Provider network participation is tied to the individual NPI. To ensure appropriate decisions, it is important to select the correct provider record associated with the network information.

Learn more

EviCore offers resources designed to streamline the pre-authorization process:

- [Provider portal trainings](#) designed for specialty therapy providers and offered twice per quarter
 - To register, visit EviCore's training page, click the Upcoming tab, enter Therapy in the search bar, and complete the registration form.
- [FAQ](#) for specialty therapy providers
- Musculoskeletal (therapies) [clinical worksheets](#) to help you prepare for case submissions
- Musculoskeletal [clinical guidelines](#)
- **Additional questions?** Contact EviCore at 1 (800) 575-4517.

Additional resources are available on our provider website.

- Learn more about EviCore's program: [Programs>Medical Management>Physical Medicine](#).
- Affected services are listed on the [Pre-authorization page](#).

The Bulletin recap

We publish updates to medical and reimbursement policies in our monthly publication, *The Bulletin*. You can read issues of *The Bulletin* or subscribe to receive an email notification when issues are published on our provider website: [Library>Bulletins](#).

Medical policy updates

We provided 90-day notice in the June 2025 issue of *The Bulletin* about changes to the following medical policies, which are effective September 1, 2025:

- *Identification of Microorganisms Using Nucleic Acid Probes* (Genetic Testing #85)
- *New and Emerging Medical Technologies and Procedures* (Medicine #149)
- *Patient Lifts and Seat Lifts* (Durable Medical Equipment #23)
- *Travoprost Drug-eluting Ocular Implants for the Treatment of Glaucoma* (Surgery #237)

No medical policies in the July 2025 issue of *The Bulletin* required advance notice.

The *Medical Policy Manual* includes a list of recent updates and archived policies and is available on our provider website: [Library>Policies & Guidelines](#).

Reimbursement policy updates

No reimbursement policies in the June and July 2025 issue of *The Bulletin* required advance notice.

View our *Reimbursement Policy Manual* on our provider website: [Library>Policies & Guidelines>Reimbursement Policy](#).

Carelon revising guidelines

Effective November 15, 2025, Carelon will revise the following clinical guidelines:

Cardiovascular

- Diagnostic Coronary Angiography
- Imaging of the Heart

Musculoskeletal

- Joint Surgery
- Sacroiliac Joint Fusion
- Small Joint Surgery
- Spine Surgery

Radiology

- Imaging of the Brain
- Imaging of the Extremities
- Imaging of the Heart
- Imaging of the Spine
- Vascular Imaging

Sleep

- Sleep Disorder Management

Visit the Coming Soon section of Carelon's website to view the [revised guidelines](#).

Clinical Practice Guideline review

Clinical Practice Guidelines are systematically developed statements on medical and behavioral health practices that help providers make decisions about appropriate health care for specific conditions.

We reviewed our Treatment for Attention Deficit Hyperactivity Disorder in Children and Adolescents guideline, effective June 1, 2025, and continue to endorse the American Academy of Pediatrics Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents.

The guidelines are available on our provider website: [Library>Policies & Guidelines>Clinical Practice Guidelines](#).

Medication policy updates

Effective September 1, 2025, we will make changes to the following medication policies:

- *Drugs for Chronic Inflammatory Diseases (Standard Plus, Metallic, Core Formularies)*, dru444
- *Drugs for Chronic Inflammatory Diseases (Standard Formularies)*, dru888

Effective November 1, 2025, we will make changes to the following medication policies:

- *Complement Inhibitors*, dru385
- *Denosumab Products for Malignancy-Related Indications*, dru393
- *Denosumab Products for Osteoporosis*, dru223
- *Medications for thrombocytopenia*, dru648
- *Nilotinib-Containing Products*, dru151
- *Provider-Administered Specialty Drugs*, dru764
- *Tolvaptan (generic, Jynarque)*, dru552

We now post required notification and information about medication policy additions and changes on our website: [Policies & Guidelines>Medication Policy Updates](#). Visit this page to see new notifications on the first of the following months: February, April, June, August, October, December. Providers are responsible for obtaining pre-authorization as required in our medication policies.

Important update for adalimumab product coverage

Effective January 1, 2026, we're updating our preferred adalimumab products to include only:

- Adalimumab-aaty (unbranded)
- Hadlima

All other adalimumab products, including Humira, will be non-preferred and require additional approval.

What you need to know

- **Pre-authorization will still be required for all adalimumab products** for clinical medical necessity effective January 1, 2026. All non-preferred adalimumab products will require step therapy with the preferred medications.
- **Members must transition to a preferred product by their first fill on or after January 1, 2026:** We'll notify members of this change in October 2025 if they are currently taking adalimumab products other than adalimumab-aaty (unbranded) or Hadlima.
- **We're making this transition as simple as possible for you and your patients.** For those with existing adalimumab pre-authorizations, new pre-authorization requests for adalimumab-atty or Hadlima will not be required. We will automatically convert them to cover adalimumab-atty (unbranded) and Hadlima.
- **Our preferred products are interchangeable biosimilars to Humira,** but some pharmacies may still require a new prescription for Adalimumab-aaty (unbranded) or Hadlima.

When preferred products aren't suitable

If both adalimumab-aaty (unbranded) and Hadlima aren't appropriate treatment options for your patient, you can submit a pre-authorization request for non-preferred medications at [CoverMyMeds](#).

Medication policy update

Effective January 1, 2026, our medication policy, *Drugs for Chronic Inflammatory Diseases (Standard Formulary)* (dru888), will reflect these changes, available in the *Medication Policy Manual* on our provider website: [Library>Policies & Guidelines>Medication Policy](#).

Real-time benefit check

Using the real-time benefit check tool from Arrive Health with your EMR system can help you easily identify patient-specific pharmacy benefit information, including pre-authorization and step therapy requirements. Learn more about this tool on our provider website: [Programs>Medical Management>Pharmacy](#).

Behavioral health corner

About behavioral health corner

This corner has content dedicated to behavioral health providers. As with any specialty, other content in this newsletter will apply to your practice. We recommend reviewing the articles listed here, as well as using the search function (**Ctrl + F**) on your computer to search for keywords that concern your practice.

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- <i>Closing a critical gap in antipsychotic care</i> is published in the Quality in Action section of our provider website.	

New resources for screening eating disorders

Our Behavioral Health Toolkit features essential information about eating disorder screening tools compiled by [Equip](#).

The list of screening options provides an overview of eating disorder screeners, as well as the strengths and limitations of each tool. It also includes links to the screeners, which can be used to evaluate for the following disorders:

- Anorexia nervosa (AN)
- Avoidant/restrictive food intake disorder (ARFID)
- Binge-eating disorder (BED)
- Bulimia nervosa (BN)
- Other specified feeding & eating disorder (OSFED)
- Pica
- Rumination disorder

Equip is an in-network provider offering family-based treatment for patients of all ages. Their program:

- Is 100% virtual
- Has no waitlist
- Treats all eating disorders
- Includes a five-person care team consisting of a therapist, a physician, a family mentor, a peer mentor and a dietician

The screening options are available in the Eating Disorders section of our [Behavioral Health Toolkit](#), available on the homepage of our provider website.

Expedite your clinical workflow with Availity Essentials

When patients need substance use treatment or mental health treatment, timing can be the difference between recovery and relapse. Submitting pre-authorizations for behavioral health facilities through Availity Essentials can simplify your process and save you time by reducing manual work.

Focus on clinical work, not paperwork

Availity Essentials allows you to focus on what matters most—providing high-quality care to your patients.

- **Receive fast responses to authorization requests for behavioral health and substance use services, with some requests receiving automated approval.** Requests are processed in real time.
- **Reduce wait times for care**, allowing patients to receive the care they need when they need it most.
- **Track all authorizations** in one centralized dashboard. Quickly check whether services require pre-authorization and submit a request. Then view the status of all requests in the Auth/Referral Dashboard.
- **Reduce manual work for your clinical team.** Using Availity Essentials eliminates the need to fax records. It also makes it easier to track and manage patient care—perfect for complex cases requiring multiple levels of care.

Coming soon

We are continually making improvements to our electronic authorization tools for a better provider experience. Later this year, we're introducing enhancements that will automate approvals for all levels of care—from intensive outpatient programs to residential treatment. Our behavioral health team will continue to review cases that aren't auto-approved.

Resources

- Training through Availity Essentials
 - Availity's registration process makes it easy to sign up. [Watch a recording](#) that walks you through the steps.
 - Sign in to find training: Help & Training>Get Trained>Catalog>Authorization Request - Training Demo.
 - Once you enroll in the authorization training, you'll find a quick reference guide in the content section that includes instructions and screenshots to help you through the electronic authorization process.
- Learn more about electronic authorization or view our step-by-step guide on our provider website: [Pre-authorization>Electronic Authorizations](#).

Virtual behavioral health care without a referral

As your patients' trusted first point of contact, you understand the critical role mental health plays in overall wellness. Virtual behavioral health care ensures members get the care they need when they need it—all without a referral.

When you identify mental health concerns during appointments, you can confidently guide our members to in-network, virtual providers who specialize in a variety of challenging conditions, including:

- Eating disorders
- Obsessive compulsive disorder (OCD)
- Substance use disorders (SUD)
- Comprehensive therapy programs for all ages

Confirming in-network status

Members can contact these providers directly to schedule treatment. To confirm a provider is in-network, members can:

- Search the provider directory on our member website, bridgespanhealth.com, to search for virtual providers or Places by Name.

- Chat online with Customer Service.
- Call the Customer Service number on the back of their member ID card.

Strengthening the continuum of care

By encouraging members to consider using these virtual behavioral health providers, you help:

- Reduce wait times for specialized mental health and/or addiction treatment
- Increase the likelihood of patient follow-through
- Maintain continuity of care with collaborative specialists
- Address mental health concerns before they escalate

The complete list of in-network, virtual provider groups is available in the In-Network Providers section of our [Behavioral Health Toolkit](#), available on the homepage of our provider website.

Telehealth provider	Specialty area
AbleTo	- Structured, eight-week series of one-on-one cognitive behavioral therapy (CBT) by phone or video with digital tools
Array Behavioral Care	- One of the largest telepsychiatry providers in the country, employing psychiatry and behavioral health clinicians with diverse specialties; ages 5+
Boulder Care	- Addiction treatment that includes medication-assisted treatment (MAT) for opioid and alcohol use disorders (OUD and AUD), peer coaching, care coordination and other recovery tools
Charlie Health	- 9- to 12-week intensive outpatient program (IOP) that includes members and their families; ages 8 to 64
Eleanor Health , available in Washington state only	- Addiction and SUD treatment for adults with evidence-based outpatient care and recovery tools; ages 18+
Equip	- Family-based treatment of eating disorders that includes a five-person care team; all ages - Related: See <i>New resources for screening eating disorders</i> on page 7
Headway	- Local clinicians with diverse specialties available in the next few days for telehealth and/or in-person visits; ages 1+
NoCD	- Specialized care for OCD using exposure and response prevention (ERP) treatment; ages 5+
New: Rula	- Appointments as quickly as one day; medication management for ages 13+, and therapy for ages 5+
Talkspace	- Live video sessions and messaging via text, audio or video; medication management for ages 18+, and counseling for ages 13+

Quality in Action articles

The [Quality in Action](#) section on our provider website is an extension of this publication.

Read the following recently published articles to improve your patients' experience and health outcomes:

- *Addressing urinary incontinence with your patients*
- *Childhood immunizations*
- *Closing a critical gap in antipsychotic care*
- *Convenient care options to optimize UTI care*
- *eGFR and uACR testing in diabetes care*
- *Getting ready for flu season*
- *National Immunization Awareness Month*

Important Quality Incentive Program update for 2025

In previous issues of this publication, we've communicated about ongoing program delays for our Quality Incentive Program (QIP). After careful evaluation, we've decided not to implement our QIP for the 2025 measurement year. This decision gives us the time needed to work towards future programs that aim to better serve both our providers and members.

What this means for you:

- Care gap closure for CQIP will not be incentivized and there will be no payout for the 2025 measurement year.
- We encourage you to continue closing care gaps to benefit your attributed Individual on-exchange members' health outcomes. To help you, care gaps will continue to appear in Care Gap Management Application (CGMA) throughout the year.
- Reporting accessed through CGMA will indicate open and closed gaps for attributed members.

Thank you for your continued partnership in delivering quality care. We value your ongoing commitment to improving patient care and look forward to ongoing collaboration.

You can use our provider website to access information about member attribution, care gap measures and gap closure tools: [Programs>Quality Incentive](#).

For questions, please [email our team](#).

2024 program year

If you participated in our 2024 QIP, payout checks have been mailed. If you did not receive your payment or have questions, [email our team](#).

Resources for you

Use our [Self-Service Tool](#), available 24/7, to review helpful answers to our most frequently asked questions and quickly navigate our provider website resources.

Publications team

Written, designed and edited by the Provider Communications team.