

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 July 1, 2024

Genetic Testing

- Evaluating the Utility of Genetic Panels (#64)
 - Added 15 investigational panel tests
 - Removed three tests

Laboratory

- Investigational Gene Expression, Biomarker, and Multianalyte Testing (#77)
 - Added four investigational tests

Surgery

- Transcatheter Aortic Valve Implantation for Aortic Stenosis (#201)
 - Removed requirement for left ventricular ejection fraction greater than 20%

Utilization Management

- Surgical Site of Service – Hospital Outpatient (#19)
 - Removed CPT codes for medicine administration

Transplant

- Hematopoietic Cell Transplantation for Multiple Myeloma and POEMS – Syndrome (#45.22)
- Hematopoietic Cell Transplantation for Non-Hodgkin's Lymphomas (#45.23)
- Allogeneic Hematopoietic Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms (#45.24)
- Allogeneic Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias (#45.25)
- Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults (#45.27)
- Hematopoietic Cell Transplantation for Acute Myeloid Leukemia (#45.28)
- Hematopoietic Cell Transplantation for Hodgkin Lymphoma (#45.30)
- Hematopoietic Cell Transplantation for Chronic Myelogenous Leukemia (#45.31)
- Hematopoietic Cell Transplantation for Autoimmune Diseases (#45.32)
- Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma (#45.33)

- Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma (#45.35)
- Hematopoietic Cell Transplantation for Acute Lymphoblastic Leukemia (#45.36)
- Hematopoietic Cell Transplantation for Solid Tumors of Childhood (#45.37)
- Hematopoietic Cell Transplantation in the Treatment of Germ-Cell Tumors (#45.38)
- Hematopoietic Cell Transplantation for Light-Chain (AL) Amyloidosis or Waldenstrom Macroglobulinemia (#45.40)
 - Removed CPT 38221 and 38222 from these policies because they require pre-authorization under the *Surgical Site of Service – Hospital Outpatient* (Utilization Management #19) medical policy
 - Removed CPT 38220 from these policies
 - Removed CPT 38243 and its pre-authorization requirement from these policies

Changes effective October 1, 2024

Medicine

- Bioengineered Skin and Soft Tissue Substitutes and Amniotic Products (#170)
 - Adding HCPCS C9354 to policy as investigational

Surgery

- Anterior Abdominal Wall (Including Incisional) Hernia Repair (#12.03)
 - Changing policy title; policy was previously titled *Ventral (Including Incisional) Hernia Repair*
 - Deleting Criterion I.B (Bowel obstruction or strangulation) because all ICD-10 codes that require review are for hernias “without obstruction or gangrene”
 - Updating “ventral” hernia to “anterior abdominal hernia”

[View our commercial
Medical Policy Manual](#)

Medicare Advantage

Changes effective July 1, 2024

Genetic Testing

- Genetic and Molecular Diagnostics – Next Generation Sequencing, Genetic Panels, and Biomarker Testing (#64)
 - Added five new CPT codes to policy, including updated Medicare guidance
- Genetic and Molecular Diagnostics – Testing for Cancer Diagnosis, Prognosis, and Treatment Selection (#83)
 - Added several new tests and CPT codes to policy, including Medicare guidance when available

[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

There were no recent commercial reimbursement policy updates.

Medicare Advantage

Changes effective July 1, 2024

Administrative

- Compression Garments for Lymphedema (#150)
 - Added HCPCS L8010 (breast prosthesis, mastectomy sleeve) to the table of compression garments

[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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