

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 July 1, 2022

Durable Medical Equipment

- Insulin Infusion Pumps, Automated Insulin Delivery and Artificial Pancreas Device Systems (#DME77)
 - Liberalized medical necessity criteria for insulin infusion pumps

Changes effective August 1, 2022

Genetic Testing

- Cytochrome p450 and VKORC1 Genotyping for Treatment Selection and Dosing (#GT10)
 - Added CYP2C9 genotyping as potentially medically necessary for patients with relapsing form of multiple sclerosis being considered for treatment with siponimod (Mayzent)

Surgery

- Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy of Intracranial, Skull Base, and Orbital Sites (#SUR213)
 - Added schwannomas to the list of medically necessary indications

Changes effective November 1, 2022

Utilization Management

- Surgical Site of Service – Hospital Outpatient (#UM19)
 - New medical policy includes medical necessity criteria for hospital outpatient surgical site of service; when criteria are not met for selected gastrointestinal procedures (e.g., endoscopy, colonoscopy), use of a hospital outpatient department for surgical services instead of an ambulatory surgery center (ASC) will be considered not medically necessary
 - **Note:** In addition to the site of service, the services performed may require pre-authorization; check our [pre-authorization lists](#)

Surgery

- Hypoglossal Nerve Stimulation (#SUR215)
 - Adding not medically necessary criteria for hypoglossal nerve stimulation in adults with obstructive sleep apnea (OSA) when medically necessary criteria are not met, including continuous positive airway pressure (CPAP) refusal
 - Updating definitions of mild (greater than or equal to 1), moderate (5 to 10) and severe (greater than or equal to 10) OSA in children

Medicare Advantage

Changes effective August 1, 2022

Durable Medical Equipment

- General Medical Necessity Guidance for Durable Medical Equipment, Prosthetic, Orthotics and Supplies (DMEPOS) (#M-DME88)
 - Added “Nutritional Supplement” to Appendix 1, which outlines specific supplement examples Medicare has determined not to be a covered benefit

Changes effective November 1, 2022

Utilization Management

- Surgical Site of Service – Hospital Outpatient (#M-UM19)
 - New Medicare Advantage medical policy will follow new commercial policy with medical necessity criteria for hospital outpatient surgical site of service; when criteria are not met for selected gastrointestinal procedures (e.g., endoscopy, colonoscopy), use of a hospital outpatient department for surgical services instead of an ambulatory surgery center (ASC) will be considered not medically necessary
 - **Note:** In addition to the site of service, the services performed may require pre-authorization; check our [pre-authorization lists](#)

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 August 1, 2022

Administrative

- Inpatient Hospital Readmissions (#111)
 - Liberalized the types of admissions to which the policy applies

Changes effective November 1, 2022

Medicine

- Drugs, Immunizations/Vaccines, Radiopharmaceuticals, and Skin Substitutes Reimbursed Under Medical Coverage (#104)
 - Adding language in the Compounded Drugs section to clarify invoices must be submitted only when requested
 - Adding exception in the Compounded Drugs section the medication bevacizumab (Avastin) and bevacizumab biosimilar products, as well as the following statement: “This will include any claim(s) billing the intravitreal injection code 67028 on the same date of service with any bevacizumab product (including biosimilar products) billed with J7999 as requested or any other assigned code including but not limited to current codes J9035, Q5107 and Q5118 along with any future codes due to revisions or new products”

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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.