

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 October 1, 2024

Durable Medical Equipment

- Amplitude-Modulated Radiofrequency Electromagnetic Fields (AM RF-EMF) for Cancer Treatment (#96)
 - New policy addresses AM RF-EMF for cancer treatment
- Lower Extremity Sensory Protheses (#95)
 - New policy addresses lower extremity sensory protheses

Genetic Testing

- Evaluating the Utility of Genetic Panels (#64)
 - Added nine investigational panel tests
 - Removed eight tests
- Fetal Red Blood Cell Antigen Genotyping Using Maternal Plasma (#74)
 - Changed policy title; policy was previously titled *Fetal RHD Genotyping Using Maternal Plasma*
 - Expanded policy scope to address all cell-free fetal red blood cell antigen genotyping

Laboratory

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

Medicine

- Digital Therapeutic Products for Gait Training (#175.06)
 - New policy addresses digital therapeutic products for gait training

Surgery

- Hysterectomy (#218)
 - Clarified pelvic inflammatory disease criteria

Changes effective January 1, 2025

Medicine

- Treatment of Adult Sepsis (#172)
 - Archiving policy
 - We will apply our *Correct Coding Guidelines* (Administrative #129) and *Facility DRG Validation* (Facility #111) reimbursement policies to support reimbursement reviews

[View our commercial
Medical Policy Manual](#)

Medicare Advantage

Changes effective October 1, 2024

Durable Medical Equipment

- Amplitude-Modulated Radiofrequency Electromagnetic Fields (AM RF-EMF) for Cancer Treatment (#96)
 - New policy addresses AM RF-EMF for cancer treatment
- Electrical Stimulation and Electromagnetic Therapy Devices (#83)
 - Expanded policy scope to include external lower extremity nerve stimulation for the treatment of restless leg syndrome
- Lower Extremity Sensory Prostheses (#95)
 - New policy addresses lower extremity sensory prostheses

Genetic Testing

- Genetic and Molecular Diagnostics – Next Generation Sequencing, Genetic Panels, and Biomarker Testing (#64)
 - Added 17 new CPT codes to policy
 - Updated Medicare guidance
- Genetic and Molecular Diagnostics – Testing for Cancer Diagnosis, Prognosis, and Treatment Selection (#83)
 - Added 20 new CPT codes to policy
 - Updated Medicare guidance

Medicine

- Digital Therapeutic Products for Gait Training (#175.06)
 - New policy addresses digital therapeutic products for gait training

[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 June 1, 2024

Administrative

- Virtual Care (#132)
 - Added physician associates—a new Oregon licensing type—as a provider type eligible to bill for covered telehealth services

Medicare Advantage

Changes effective June 1, 2024

Administrative

- Virtual Care (#132)
 - Added physician associates—a new Oregon licensing type—as a provider type eligible to bill for covered telehealth services

[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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