

The Bulletin

This monthly bulletin includes recent changes to our medical policies and reimbursement policies. It is a supplement to our bimonthly provider newsletter, <u>Provider News</u>. **Note**: Medication and dental policy updates are published in <u>Provider News</u>.

Medical policies

Changes effective May 1, 2023 Genetic Testing

- Noninvasive Prenatal Testing to Determine Fetal Aneuploidies,
 Microdeletions, Single-Gene Disorders, and Twin Zygosity (#44)
 - Changed policy title; policy was previously titled Noninvasive Prenatal Testing to Determine Fetal Aneuploidies, Microdeletions, and Twin Zygosity
 - Added cell-free fetal DNA testing for single-gene disorders as investigational

Laboratory

- Circulating Tumor DNA and Circulating Tumor Cells for Management (Liquid Biopsy) of Solid Tumor Cancers (#46)
 - Added testing for targeted treatment selection in advanced or metastatic breast cancer that is estrogen receptor- (ER-) positive and HER2-negative
 - Clarified criteria

Surgery

- Transcutaneous Bone-Conduction and Bone-Anchored Hearing Aids (#121)
 - Clarified criteria with no change to policy intent

Changes effective August 1, 2023 Genetic Testing

- Identification of Microorganisms Using Nucleic Acid Probes (#85)
 - Added pathogen panel testing for urinary tract infections and for surgical or chronic wounds as investigational

Surgery

- Temporary Implanted Nitinol Device (e.g., iTind) for Benign Prostatic Hyperplasia (#230)
 - New investigational medical policy

View our Medical Policy Manual

Join our medical policy discussion

We welcome your input and feedback as we draft our medical policies. <u>Join our email reviewer list</u>. 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 policy

Changes effective May 1, 2023 Administrative

- Virtual Care (#132)
 - Revised to state that audio-only services, virtual check-ins and storeand-forward services will not be separately reimbursed when 1) performed within seven days of a related office visit or 2) they resulted in an office visit 24 hours or soonest appointment after the virtual visit
 - Our system will restrict reimbursement for these types of claims submitted on or after August 1, 2023, regardless of the date the service was provided; we will identify and correct claims billed or paid on or after May 1, 2022, for dates of service back to 2020
 - Clarified that store-and-forward codes CPT 99451 and 99452 are not subject to the "greater than 50% of time devoted to medical consultative ... discussion" requirement
 - Added HCPCS G2088, 0733T, 0734T and 0488T to the policy as reimbursable when criteria are met
 - Clarified that some remote monitoring services—such as CPT 98978, 0740T and 0741T—may be reimbursable when our reimbursement and medical policy criteria are met

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 a compliance requirement for the Affordable Care Act (ACA).

Validating provider directory content

Please <u>follow these steps</u> 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.

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