

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 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 January 1, 2024

Genetic Testing

- Identification of Microorganisms Using Nucleic Acid Probes (#85)
 - Added oral HPV testing to policy as investigational

Laboratory

- Investigational Gene Expression, Biomarker, and Multianalyte Testing (#77)
 - Added one new investigational test to the policy

Medicine

- Extracorporeal Shock Wave Therapy (ESWT) (#90)
 - Changed policy title; policy was previously titled *Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions*
 - Expanded scope of the policy to include extracorporeal shock wave treatment for all indications
- Gender Affirming Interventions for Gender Dysphoria (#153)
 - Updated criteria to ensure compliance with Oregon House Bill 2002
 - Added criteria to address facial gender-affirming surgery
 - Clarified existing criteria
- New and Emerging Medical Technologies and Procedures (#149)
 - Updated to align with the Q1 2024 annual code update

Surgery

- Ablation for the Treatment of Chronic Rhinitis (#224)
 - Changed policy title; policy was previously titled *Cryoablation for Chronic Rhinitis*
 - Expanded policy scope to include radiofrequency and laser ablation as always investigational treatments for chronic rhinitis

- Coronary Intravascular Lithotripsy (#233)
 - New policy considers coronary intravascular lithotripsy as investigational for all indications
- Devices for Treatment of Benign Prostatic Hyperplasia, Urethral Stricture, and Urethral Stenosis (#230)
 - Changed policy title; policy was previously titled *Temporary Implanted Nitinol Device (e.g., iTind) for Benign Prostatic Hyperplasia*
 - Updated to include drug-coated balloon catheters for benign prostatic hyperplasia and urethral stricture
- Subcutaneous Tibial Nerve Stimulation (#154)
 - New policy addresses implantable subcutaneous tibial nerve stimulation devices
- Vertebral Body Tethering and Stapling (#232)
 - New policy considers vertebral body tethering and stapling as investigational treatments for scoliosis

Changes effective April 1, 2024

Medicine

- Gender Affirming Interventions for Gender Dysphoria (#153)
 - Updating criteria with additional documentation requirements
- Intensity Modulated Radiotherapy (IMRT) of the Central Nervous System (CNS), Head, Neck, and Thyroid (#164)
 - Updating criteria to require clinical documentation of expected survival
- Intensity Modulated Radiotherapy (IMRT) of the Thorax, Abdomen, Pelvis, and Extremities (#165)
 - Updating criteria related to pulmonary function

[View our commercial
Medical Policy Manual](#)

Medicare Advantage

Changes effective January 1, 2024

Durable Medical Equipment

- Gradient Compression Garments (Excluding Burn Garments) (#92)
 - Updated policy to include lymphedema compression garments in new Medicare benefit category

Genetic Testing

- Genetic and Molecular Diagnostics – Next Generation Sequencing, Genetic Panels, and Biomarker Testing (#64)
 - Added new CPT codes with Medicare guidance and links, where appropriate
- Genetic and Molecular Diagnostics – Single Gene or Variant Testing (#20)
 - Added most recent guidance related to APOE and CFTR genetic testing
 - Updated policy to reference the general local coverage determination (LCD) MoIDX: Molecular Diagnostic Tests (MDT) for genes that do not have more specific guidance available

Laboratory

- Chemoresistance and Chemosensitivity Assays (CSRAs) (#06)
 - Added new CPT code for the ChemolD test, which is addressed in the policy
 - Clarified the language regarding what tests are addressed in the national coverage determination (NCD) Human Tumor Stem Cell Drug Sensitivity Assays (190.7)

Medicine

- Bioengineered Skin and Soft Tissue Substitutes and Amniotic Products (#170)
 - Added new Noridian LCD L39118 with noncoverage for amniotic products used for musculoskeletal and non-wound indications
- Extracorporeal Shock Wave Therapy (ESWT) (#90)
 - Changed policy title; policy was previously titled *Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions*
 - Expanded scope of the policy to include extracorporeal shock wave treatment for all indications
- Investigational (Experimental) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services (#149)
 - Updated the policy in alignment with the Q1 2024 annual code update

Surgery

- Ablation for the Treatment of Chronic Rhinitis (#224)
 - New policy addresses ablation for the treatment of chronic rhinitis
- Subcutaneous Tibial Nerve Stimulation (STNS) (#154)
 - New policy addresses implantable subcutaneous tibial nerve stimulation
- Vertebral Body Tethering and Stapling (#232)
 - New policy addresses vertebral body tethering and stapling for scoliosis

Changes effective April 1, 2024

Surgery

- Coronary Intravascular Lithotripsy (#233)
 - New Medicare Advantage medical policy points to the commercial medical policy *Coronary Intravascular Lithotripsy* (Surgery #233)

[View our Medicare Advantage Medical Policy Manual](#)

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

Commercial

Changes effective January 1, 2024

Administrative

- Implants, Implant Components, Medical and Surgical Supplies for All Procedures (#125)
 - Clarified that providers will not be required to submit an invoice with their claim; we will request invoices only as needed
 - Added that contracted providers are required to provide requested documentation in accordance with their contract
 - Added that we only reimburse implant revenue codes for items that satisfy our definition of an implantable device
 - Added that such fees as shipping and handling will only be reimbursed as specified in the provider's contract
 - Added that manufacturer invoices must clearly indicate units
 - Added that reimbursement is made in accordance with the provider's contract

Facility

- Emergency Room Visit: Level of Care (#110)
 - Based on recent feedback, revised policy language:
 - Policy intent and application will remain the same as in 2022.
 - Language revisions clarify that this policy does not apply to emergency department (ED) charges if a member is admitted inpatient from the ED.
 - Added cross-reference to *Reimbursement of Room and Board* (Facility #103) to address ED reimbursement when a member is admitted inpatient from the ED
 - Corrected reference to the Centers for Medicare & Medicaid Services (CMS)
- Reimbursement of Room and Board (#103)
 - Based on recent feedback, revised policy language:
 - Policy intent and application will remain the same as in 2022.
 - Language revisions clarify that this policy applies to services performed in an ED if a member is admitted inpatient from the ED.
 - ED charges will follow reimbursement and contract guidelines with no changes to how ED-specific charges are paid.
 - Added cross-references to *Emergency Room Visit: Level of Care* (Facility #110) and *Implants, Implant Components, Medical and Surgical Supplies for all Surgical Procedures* (Administrative #125)
 - Removed incremental nursing from the definitions section
 - Removed durable medical equipment (DME) from the inpatient claims section
 - Updated verbiage, removing duplicate statements and placing definitions in alphabetical order

[View our Reimbursement Policy Manual](#)

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.

[Subscribe](#) | [Unsubscribe](#) | [Update preferences](#) | [Online privacy and security](#)

© 2024 Asuris P.O. Box 91130 Seattle, WA, 98111-9230, USA