

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 September 1, 2025

Surgery

- Interspinous and Interlaminar Stabilization and Distraction Devices (Spacers) (#155)
 - Updated criteria related to the Coflex device
- Transcatheter Heart Valve Procedures for Mitral or Tricuspid Valve Disorders (#221)
 - Updated criteria for transcatheter tricuspid valve repair and replacement

[View our commercial
Medical Policy Manual](#)

Medicare Advantage

Changes effective September 1, 2025

Surgery

- Transcatheter Heart Valve Procedures (#221)
 - Added Medicare guidance for transcatheter tricuspid repair and replacement

[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

There were no recent reimbursement policy updates.

[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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