NOTICE OF MEDICAL POLICY CHANGES

eNewsletter Date: August 1, 2026

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The table(s) below provide a high-level overview of new/revised/archived Medical Policies.

Updated and new medical policies are posted at https://www.bluecrossvt.org/providers/provider-policies

We encourage you to review the medical policies in their entirety. Some of the changes may affect eligible services, non-covered services, services that are not medically necessary, prior approval requirements or investigational services. The changes to these policies may also affect financial responsibilities for members and/or providers.

Policy Name: **Cosmetic and Reconstructive Procedures**
Policy Type: **Medical**

Summary:	Policy reviewed. Update to Eyes section to allow for surgery of the contralateral eye to obtain symmetry, when unilateral disease exists. Added medical necessity criteria for Prefabricated External Infant Ear Molding Systems and Removal of Benign Skin Lesions. Updated coding table: Codes 30999 & 69399 will suspend for medical review. Added code 21086 to require prior approval.
Effective Date:	October 1, 2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/cosmetic-and-reconstructive-procedures-oct-2026

Policy Name: **Occupational Therapy**
Policy Type: **Medical**

Summary:	Policy reviewed. Minor formatting changes made for clarity and consistency. No changes to policy statement.
Effective Date:	10/01/2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/occupational-therapy-oct-2026

Policy Name: **Physical Therapy/Medicine**
Policy Type: **Medical**

Summary:	Policy reviewed. Clarifying language around physical therapy providers supplying/dispensing medical supplies and/or durable medical equipment (DME) as excluded per provider contract. Formatting changes made for clarity and consistency.
Effective Date:	10/01/2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/physical-therapy-medicine-oct-2026

Policy Name: **Dental Services Pediatric (for Qualified Health Plans and Applicable Plans)**

Policy Type: **Medical**

Summary:	Policy reviewed. Minor formatting changes. Coding Table summary of changes: Added: D8703, D8704, D9244, D9244, D9245, D9246, D9247. Changed D0220 to 1 per date of service. Changed D2940 to 1 per tooth per 2 years. Added 'As Needed': D0999, D2999, D3999, D4999, D5992, D6999, D7999, D8988, D9995, D9999. Deleted: D1352, D9248. Updated '1 tooth per 5 years; D6750, D6751, D6752, D6753, D6790, D6790, D6791, D6792. Revised Descriptors: D2391, D7285, D7286, D9222, D9223, D9230, D9239, D9243. Removed: D6214, D6251, D6252, D6253.
Effective Date:	October 1, 2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/dental-services-pediatric-oct-2026

Policy Name: **Speech Language Pathology/Therapy Services**

Policy Type: **Medical**

Summary:	Policy reviewed. Formatting changes made for clarity and consistency. No change to policy statement.
Effective Date:	10/01/2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/speech-language-pathology-oct-2026

Policy Name: **Chiropractic Services**

Policy Type: **Medical**

Summary:	Policy reviewed. No change to policy statement. Minor formatting changes for clarity and consistency. Reference updated.
Effective Date:	10/01/2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/chiropractic-services-oct-2026

Policy Name: **Ambulance and Medical Transport Services (Ground, Air and Water)**

Policy Type: **Medical**

Summary:	Policy reviewed. No change to policy statement.
Effective Date:	10/01/2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/ambulance-and-medical-transport-services-oct-2026

Policy Name: **Occipital Nerve Stimulation**
Policy Type: **Medical**

Summary:	Policy reviewed. No change to policy statement. Reference updated.
Effective Date:	10/01/2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/occipital-nerve-stimulation-oct-2026

Policy Name: **Intraosseous Basivertebral Nerve Ablation (i.e., Intracept® System)**
Policy Type: **Medical**

Summary:	Policy reviewed. Input received from network providers. Removed investigational criteria for procedure: "imaging suggests other etiologies for pain including: Active or recurrent facet symptoms, Disc extrusion or protrusion (>5 mm), (>2 mm at any level), Spondylolysis at any level, Lumbar scoliosis (> 10 degrees), Modic changes at any level above L3-L4".
Effective Date:	10/01/2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/intraosseous-basivertebral-nerve-ablation-ie-intracept-oct-2026

Policy Name: **Cognitive Rehabilitation**
Policy Type: **Medical**

Summary:	Policy reviewed. References updated. No change to policy statement.
Effective Date:	10/01/2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/cognitive-rehabilitation-oct-2026

Policy Name: **Medical Nutrition Therapy and Nutritional Counseling**
Policy Type: **Medical**

Summary:	Update: Policy reviewed and updated medically necessary language. Added section what is considered not medically necessary with language criteria.
Effective Date:	08/01/2026 (previously notified in June E-Newsletter)
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/medical-nutrition-therapy-and-nutritional-counseling-aug-2026

Policy Name: **Blood and Blood Components, Platelet Derived Growth Factors and Prolotherapy**
Policy Type: **Medical**

Summary:	Policy reviewed. No changes to policy statement. Minor formatting changes. References updated. Removed code S0157 from requiring prior approval on coding table.

Effective Date:	10/01/2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/blood-and-blood-components-oct-2026

Policy Name: **Investigational Services & Procedures**
Policy Type: **Medical**

Summary:	Removed codes: C1761, C1831, E0747, 61715, 81418, 92972 Added code: 64555
Effective Date:	10/01/2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/investigational-services-procedures-oct-2026

Policy Name: **Cytochrome P450 Genotype-Guided Treatment Strategy**
Policy Type: **Medical**

Summary:	Coding table updated deleted codes 0029U & 0031U effective 07/01/2026. Removed code 81418 from Investigational to Requiring Prior Approval effective 10/01/2026.
Effective Date:	10/01/2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/cytochrome-p450-genotype-guided-treatment-strategy-oct-2026

Policy Name: **Electrical Bone Growth Stimulation of the Appendicular Skeleton**
Policy Type: **Medical**

Summary:	Policy reviewed. External feedback received. Removed code E0747 from investigational to requiring prior approval on the coding table.
Effective Date:	10/01/2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/electrical-bone-growth-stimulation-oct-2026

Notice of Right to Object in Writing

In accordance with 18 V.S.A. § 9418c contracted providers have the right to object to new or modified policies and manuals.

Providers who object must do so within 60 days of the date the notice related to a policy or manual change. The rationale for the objection to the change must be in writing including related area(s) of the policy or manual and rationale or reasoning for the objection.

These objections are to be directed to Provider Contracting. This can be done by email at: providercontracting@bcbsvt.com or US Postal Service BCBSVT Attn: Provider Contracting, PO Box 186, Montpelier, VT 05601.

Within 5 business days of receipt, the sender will receive confirmation of receipt of the objection.