

# NOTICE OF MEDICAL POLICY CHANGES

Date: June 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:** Dermatologic Applications of Photodynamic Therapy

**Policy Type:** Medical

<b>Summary:</b>	Policy reviewed. Minor grammatical edits. References updated. No change to policy statement. Updated coding table to remove code J7309 code deleted 01/01/2026.
<b>Effective Date:</b>	08/01/2026
<b>Link to Policy/Manual:</b>	<a href="#">Dermatologic Applications of Photodynamic Therapy - 2026 - Publication.pdf</a>

**Policy Name:** Light Therapy for Dermatologic Conditions Corporate

**Policy Type:** Medical

<b>Summary:</b>	Reviewed at HPC on 03/23/2026 with the Following summary of changes: Policy reviewed. Change to criteria for Ultraviolet Light System for Home use from “has demonstrated improvement with initial treatment in either the provider’s office or facility, for the previous two months” to “Outpatient phototherapy has been utilized and has demonstrated to be beneficial and is expected to be long-term.”
<b>Effective Date:</b>	08/01/2026
<b>Link to Policy/Manual:</b>	<a href="#">Light Therapy for Dermatologic Conditions - 2026-Publication.pdf</a>

**Policy Name:** Single Photon Emission Computed Tomography (SPECT/CT) Imaging for the Evaluation of the Spine

**Policy Type:** Medical

<b>Summary:</b>	Reviewed at HPC on 08/01/2026 with the following summary of changes: Policy reviewed. References updated. No changes to Policy Statement.
<b>Effective Date:</b>	08/01/2026

<b>Link to Policy/ Manual:</b>	<a href="#">Single Photon Emission Computed Tomography Imaging of the Spine - 2026 - Publication .pdf</a>
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**Policy Name:** Dental Services for Accidental Injury

**Policy Type:** Medical

<b>Summary:</b>	Reviewed at HPC on 03/23/2026 with the following summary of changes: Policy reviewed. No change to medical policy criteria or intent.
<b>Effective Date:</b>	08/01/2026
<b>Link to Policy/ Manual:</b>	<a href="#">Dental Services for Accidental Injury... - 2026 - Publication.pdf</a>

**Policy Name:** Durable Medical Equipment, Prosthetics, Orthotics and Supplies

**Policy Type:** Medical

<b>Summary:</b>	Policy Reviewed. No changes to policy statement. Minor formatting changes for clarity and consistency. References updated.
<b>Effective Date:</b>	08/01/2026
<b>Link to Policy/ Manual:</b>	<a href="#">Durable Medical Equipmnt Prost Ortho Supp- 2026 - Publication.pdf</a>

**Policy Name:** Noninvasive Radiologic Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease

**Policy Type:** Medical

<b>Summary:</b>	Reviewed at HPC on 04/20/2026 with the following summary of changes: Policy reviewed. No change to policy statement. References updated.
<b>Effective Date:</b>	08/01/2026
<b>Link to Policy/ Manual:</b>	<a href="https://www.bluecrossvt.org/sites/default/files/2026-05/Noninvasive%20Techniques%20-%202026%20Publication.pdf">https://www.bluecrossvt.org/sites/default/files/2026-05/Noninvasive%20Techniques%20-%202026%20Publication.pdf</a>

**Policy Name:** Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer

**Policy Type:** Medical

<b>Summary:</b>	Reviewed at HPC 04/20/2026 with the following summary of changes: Policy reviewed. Removal of outdated language from Investigational Statement indicating “positive lymph nodes” as Investigational. No change to policy statement or intent. References updated. Added code 0630U to coding table as investigational.
<b>Effective Date:</b>	08/01/2026
<b>Link to Policy/ Manual:</b>	<a href="https://www.bluecrossvt.org/sites/default/files/2026-05/Assays%20of%20Genetic%20Expression...%20-%202026%20-">https://www.bluecrossvt.org/sites/default/files/2026-05/Assays%20of%20Genetic%20Expression...%20-%202026%20-</a>

	<a href="#">%20Publication.pdf</a>
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**Policy Name:**           **Diagnosis and Treatment of Sacroiliac Joint Pain**

**Policy Type:**           **Medical**

<b>Summary:</b>	Reviewed at HPC 04/20/2026 with the following summary of changes: Policy wording updated for clarity - policy otherwise unchanged.
<b>Effective Date:</b>	08/01/2026
<b>Link to Policy/ Manual:</b>	<a href="https://www.bluecrossvt.org/sites/default/files/2026-05/Diagnosis%20and%20Treatment%20of%20%20SI%20Joint%20-%202026%20-%20Publication.pdf">https://www.bluecrossvt.org/sites/default/files/2026-05/Diagnosis%20and%20Treatment%20of%20%20SI%20Joint%20-%202026%20-%20Publication.pdf</a>

**Policy Name:**           **Diagnosis and Management of Idiopathic Environmental Illness/Intolerance (IEI)**

**Policy Type:**           **Medical**

<b>Summary :</b>	Reviewed at HPC 04/20/2026 with the following summary of changes: Policy reviewed. No change to policy statement. Reference updated.
<b>Effective Date:</b>	08/01/2026
<b>Link to Policy/ Manual:</b>	<a href="https://www.bluecrossvt.org/sites/default/files/2026-05/Diagnosis%20and%20Management%20of%20Idiopathic%20Environmental%20Illness%20-%202026%20-%20Publication.pdf">https://www.bluecrossvt.org/sites/default/files/2026-05/Diagnosis%20and%20Management%20of%20Idiopathic%20Environmental%20Illness%20-%202026%20-%20Publication.pdf</a>

**Policy Name:**           **Nutrient/Nutritional Panel Testing & Intracellular Micronutrient Analysis**

**Policy Type:**           **Medical**

<b>Summary:</b>	Reviewed at HPC 04/20/2026 with the following summary of changes: Policy reviewed. No changes to policy statement. References updated.
<b>Effective Date:</b>	08/01/2026
<b>Link to Policy/ Manual:</b>	<a href="https://www.bluecrossvt.org/sites/default/files/2026-05/Nutrient%20Nutritional%20Panel%20Testing%20-%202026%20-%20Publication.pdf">https://www.bluecrossvt.org/sites/default/files/2026-05/Nutrient%20Nutritional%20Panel%20Testing%20-%202026%20-%20Publication.pdf</a>

**Policy Name:**           **Use of Intravascular Ultrasound and Optical Coherence Tomography Corporate Medical Policy**

**Policy Type:**           **Medical**

<b>Summary:</b>	Reviewed at HPC 04/20/2026 with the following summary of changes: Policy reviewed. No change to policy statement.
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<b>Effective Date:</b>	08/01/2026
<b>Link to Policy/Manual:</b>	<a href="https://www.bluecrossvt.org/sites/default/files/2026-05/Use%20of%20Intravascular%20Ultrasound...%20-%202026%20-%20Publication.pdf">https://www.bluecrossvt.org/sites/default/files/2026-05/Use%20of%20Intravascular%20Ultrasound...%20-%202026%20-%20Publication.pdf</a>

**Policy Name:** Cranial/Scalp/Wig Prosthesis  
**Policy Type:** Medical

<b>Summary:</b>	Reviewed at HPC 04/20/2026 with the following summary of changes: Policy reviewed. No change to policy statement.
<b>Effective Date:</b>	08/01/2026
<b>Link to Policy/Manual:</b>	<a href="https://www.bluecrossvt.org/sites/default/files/2026-05/Cranial%20Scalp%20Wig%20Prosthesis%20-%202026%20-%20Publication.pdf">https://www.bluecrossvt.org/sites/default/files/2026-05/Cranial%20Scalp%20Wig%20Prosthesis%20-%202026%20-%20Publication.pdf</a>

**Policy Name:** Medical Food for Inherited Metabolic Disease  
**Policy Type:** Medical

<b>Summary:</b>	Reviewed at HPC 04/20/2026 with the following summary of changes: Policy reviewed. No change to policy statement. Updated reference.
<b>Effective Date:</b>	08/01/2026
<b>Link to Policy/Manual:</b>	<a href="https://www.bluecrossvt.org/sites/default/files/2026-05/Medical%20Food%20for%20IMD%20-%202026%20-Publication.pdf">https://www.bluecrossvt.org/sites/default/files/2026-05/Medical%20Food%20for%20IMD%20-%202026%20-Publication.pdf</a>

**Policy Name:** Nutritional Counseling (Archived Effective 8/1/2026)  
**Policy Type:** Medical

<b>Summary:</b>	Reviewed at HPC 04/20/2026 with the following summary of changes: Policy archived. Policy replaced with new medical policy named: Medical Nutrition Therapy/ Nutritional Counseling.
<b>Effective Date:</b>	08/01/2026
<b>Link to Policy/Manual:</b>	<a href="https://www.bluecrossvt.org/sites/default/files/2026-05/Nutritional%20Counseling%20-%202026_Publication_Archived.pdf">https://www.bluecrossvt.org/sites/default/files/2026-05/Nutritional%20Counseling%20-%202026_Publication_Archived.pdf</a>

**Policy Name:** Laser Interstitial Thermal Therapy for Neurological Conditions  
**Policy Type:** Medical

<b>Summary:</b>	New Policy. Medical necessity criteria established for the use of laser interstitial thermal therapy (LITT) for the treatment of epilepsy, radiation necrosis, glioblastomas and relapsed brain metastases. New coding table added to policy codes 61736 & 61737 require prior approval.
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<b>Effective Date:</b>	08/01/2026
<b>Link to Policy/Manual:</b>	<a href="https://www.bluecrossvt.org/sites/default/files/2026-05/Laser%20Interstitial%20Thermal%20Therapy%20_Publication.pdf">https://www.bluecrossvt.org/sites/default/files/2026-05/Laser%20Interstitial%20Thermal%20Therapy%20_Publication.pdf</a>

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

<b>Summary:</b>	New policy. Archived Nutritional Counseling Medical Policy to combine with a new medical policy to address medical nutrition therapy and nutritional counseling.
<b>Effective Date:</b>	08/01/2026
<b>Link to Policy/Manual:</b>	<a href="https://www.bluecrossvt.org/documents/medical-nutrition-therapy-and-nutritional-counseling-aug-2026">https://www.bluecrossvt.org/documents/medical-nutrition-therapy-and-nutritional-counseling-aug-2026</a>

**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](mailto: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.