NOTICE OF MEDICAL POLICY CHANGES

September eNewsletter Edition:

Effective 11/01/2026

BlueCross BlueShield of Vermont

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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: **Drug Testing in Pain Management and Substance Use Disorder**
Policy Type: **Medical**

Summary:	Policy reviewed. Minor grammatical edits. References updated. No changes to policy statement or intent.
Effective Date:	November 1, 2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/drug-testing-pain-managementnov-2026

Policy Name: **Remote Electrical Neuromodulation for Migraines (i.e., Nerivio®)**
Policy Type: **Medical**

Summary:	New Policy created with medical necessity criteria for use of Remote Electrical Neuromodulation (i.e., Nerivio®) for treatment and prevention of migraine headache. Added code A4540 as requiring prior approval to coding table.
Effective Date:	November 1, 2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/remote-electrical-neuromodulation-migrainesnov-2026

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

Summary:	Effective 11/01/2026 removed codes A4540, C9762, C9763 & 0494U from coding table to requiring prior approval. Removed code 90616 from coding table to eligible on Preventive Grid.
Effective Date:	November 1, 2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/investigational-services-proceduresnov-2026

Policy Name: **Allergy Testing, Including Selected Blood, Serum and Cellular Allergy and Toxicity Tests**

Policy Type: **Medical**

Summary:	Policy reviewed with the following changes to policy statements: Code 82787 changed to investigational in food sensitivity/allergy testing. Code 86160 changed to investigational for all diagnoses except maybe be indicated in (autoimmune disorders, complement component deficiencies, hereditary angioedema and vasculitis).
Effective Date:	November 1, 2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/allergy-testing-including-selected-bloodnov-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.