

NOTICE OF MEDICAL POLICY CHANGES

Date: June 1, 2025

The chart(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.

60-Day Advanced Notice Policy Changes

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

Policy Type: Medical Policy

Summary:	Policy reviewed. Clarification that transient elastography need not be performed by a board-certified gastroenterologist or a board-certified pediatric gastroenterologist to be considered medically necessary.
Effective Date:	June 1, 2025
Link to Policy/Manual:	Noninvasive Radiologic Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease

Policy Name: Light Therapy for Dermatologic Conditions

Policy Type: Medical Policy

Summary:	Policy Reviewed. Addition of lichen planus as indication for use of Ultraviolet B Phototherapy (UVB) treatment. References updated. Formatting changes for clarity and consistency.
Effective Date:	June 1, 2025
Link to Policy/Manual:	Light Therapy for Dermatologic Conditions

Policy Name: Gender Affirming Services

Policy Type: Medical Policy

Summary:	Added code 17999 to coding table as requiring prior approval.
Effective Date:	June 1, 2025
Link to Policy/Manual:	Gender Affirming Services

Policy Name: Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders

Policy Type: Medical Policy

Summary:	Updated Policy Guidelines Section to clarify the following statement: “The supervising board-certified psychiatrist or psychiatric nurse practitioner trained in TMS therapy must be present on the same campus and immediately available to furnish assistance and direction throughout the procedure’s performance.”
Effective Date:	June 1, 2025
Link to Policy/Manual:	Transcranial Magnetic Stimulation as a Treatment of Depression and other Psychiatric/Neurologic Disorders

Policy Name: Dermatologic Applications of Photodynamic Therapy

Policy Type: Medical Policy

Summary:	Policy reviewed. Changed criteria language around coverage for actinic keratoses, removing “non-hyperkeratotic” type as a requirement. Minor grammatical edits. References updated.
Effective Date:	June 1, 2025
Link to Policy/Manual:	Dermatologic Applications of Photodynamic Therapy

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.