

NOTICE OF MEDICAL POLICY CHANGES

Date: August 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: Speech Language Pathology/Therapy
Policy Type: Medical Policy

Summary:	Clarification of benefit for Oral sensorimotor therapy or myofunctional therapy. ***Policy updated to show prior approval no longer required for visits beyond defined benefit limit (combined 30 PT/OT/ST) when related to ASD. Removed statement indicating “SLP services are considered investigational for the treatment of individuals over the age of 21 years.” Minor formatting changes. Clarification around benefits for when eval/re-eval is billed along with timed codes in the same session
Effective Date:	October 1, 2025
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/speech-language-pathology-oct-2025

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

Summary:	Clarification to policy statement of therapy session from one hour to (4) units. . Policy updated to show prior approval no longer required for visits beyond defined benefit limit (combined 30 PT/OT/ST) when related to ASD. Pulsed Electromagnetic Stimulation including low frequency pulsed electromagnetic stimulation added as investigational Minor formatting changes. Self-pay agreement updated to reflect new policy based on units per session. Revised the following codes in the coding table: E1811, E1816, E1818 E1841. Added codes to coding table as investigational: E0761, E0769, G0295, G0329.
Effective Date:	October 1, 2025
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/physical-therapy-medicine-oct-2025

Policy Name: Occupational Therapy

Policy Type: Medical Policy

Summary:	Clarification to policy statement of therapy sessions from one hour to (4) units.***Policy updated to show prior approval no longer required for visits beyond defined benefit limit (combined 30 PT/OT/ST) when related to ASD. Removed statement indicating “OT services are considered investigational for the treatment of individuals over the age of 21 years.” Pulsed Electromagnetic Stimulation including low frequency pulsed electromagnetic stimulation added as investigational. Minor formatting changes. Self-pay agreement updated to reflect new policy based on units per session. Added codes: E0761, E0769, E1806, E1811, E1816, E1818, E1821, E1831, E1841, G0295, G0329 as investigational to coding table.
Effective Date:	October 1, 2025
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/occupational-therapy-oct-2025

Policy Name: Chiropractic Services

Policy Type: Medical Policy

Summary:	Policy reviewed. Added policy statement of physical therapy session to not exceed (4) units.
Effective Date:	October 1, 2025
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/chiropractic-services-oct-2025

Policy Name: Use of Intravascular Ultrasound and Optical Coherence Tomography

Policy Type: Medical Policy

Summary:	Policy Reviewed, reference updated. No changes to policy statement.
Effective Date:	October 1, 2025
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/use-intravascular-ultrasound-oct-2025

Policy Name: Neuromuscular Electrical Stimulator (NMES)

Policy Type: Medical Policy

Summary:	Policy Reviewed. Updated references. No change to policy statements.
Effective Date:	October 1, 2025
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/neuromuscular-electrical-stimulator-nmes-oct-2025

Manual:	
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Policy Name: Hospital Grade Electric Breast Pump

Policy Type: Medical Policy

Summary:	Policy reviewed. References updated. No change to policy statement.
Effective Date:	October 1, 2025
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/hospital-grade-electric-breast-pump-oct-2025

Policy Name: Transcutaneous Electrical Nerve Stimulation (TENS)

Policy Type: Medical Policy

Summary:	Policy Reviewed. Policy name changed from 'Transcutaneous Electrical Nerve Stimulation (TENS)' to 'Transcutaneous Electrical Nerve Stimulation (TENS) and Transcutaneous Afferent Patterned Stimulation (TAPS'. Addition of policy statement for the indication of TAPS as investigational for essential tremor and intention tremor of Parkinson's Disease. TAPS is considered investigational for all other indications. Updated coding section to include the Cefaly device for treatment of migraines. Added codes A4541, A4542, E0733, E0734 to coding table as investigational.
Effective Date:	October 1, 2025
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/transcutaneous-electrical-nerve-stimulation-tens-oct-2025

Policy Name: Monitored Anesthesia Care (MAC) during Gastrointestinal Endoscopy, Bronchoscopy, or Interventional Procedures in Outpatient Settings

Policy Type: Medical Policy

Summary:	Policy reviewed. Additional indications added based on BCBSMA guidelines published 01/2025 including "Certain infectious, cardiometabolic, hepato-renal, digestive disorder, central neurologic, and psychiatric comorbidities that may be reasonably expected to contribute to adverse events, including diabetes, hypertension, arrhythmia, chronic renal failure, liver disease, dysphagia, inflammatory bowel disease, gastroparesis, painful ano-rectal conditions and prior colon surgery, epilepsy and phobia, Coagulopathy and bleeding disorders, Prior bariatric or esophageal surgery." Reference updated.
Effective Date:	October 1, 2025
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/monitored-anesthesia-care-oct-2025

Policy Name: Psychological and Neuropsychological Testing

Policy Type: Medical Policy

Summary:	Policy reviewed. No changes to policy statement. Reference updated.
Effective Date:	October 1, 2025
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/psychological/neuropsychological-testing-oct-2025

Policy Name: Pediatric Neurodevelopmental and Autism Spectrum Disorder (ASD) Screening

Policy Type: Medical Policy

Summary:	Policy reviewed. Removed prior approval requirement for testing with codes 96110, 96112, and 96113 in children >5; removed upper age limit for testing. Prior approval required for codes 96110, 96112, 96113 when the screening tests exceed 5 tests. References updated.
Effective Date:	October 1, 2025
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/pediatric-neurodevelopmental-autism-spectrum-disorder-treatment-oct-2025

Policy Name: Bariatric Surgery

Policy Type: Medical Policy

Summary:	Policy reviewed. Statement added indicating routine EGD performed with bariatric surgery is considered Investigational. Code 0813T added to coding table as investigational.
Effective Date:	October 1, 2025
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/bariatric-surgery-oct-2025

Policy Name: Autologous Chondrocyte Transplantation or Implantation

Policy Type: Medical Policy

Summary:	Policy reviewed. Reference updated. No change to policy statement.
Effective Date:	October 1, 2025
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/autologous-chondrocyte-transplantation-or-implantation-oct-2025

Policy Name: Clinical Trials
Policy Type: Medical Policy

Summary:	Policy reviewed. Reference updated. No change to policy statement.
Effective Date:	October 1, 2025
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/clinical-trials-oct-2025

Policy Name: Cochlear Implant and Implantable Bone Conduction Hearing Aids
Policy Type: Medical Policy

Summary:	Policy reviewed. Reference updated. No change to policy statement.
Effective Date:	October 1, 2025
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/cochlear-implant-oct-2025

Policy Name: Hearing Services
Policy Type: Medical Policy

Summary:	Policy reviewed. No changes to policy statement.
Effective Date:	October 1, 2025
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/hearing-services-oct-2025

Policy Name: Percutaneous Electrical Nerve Field Stimulation for Functional Abdominal Pain Disorders

Policy Type: Medical Policy

Summary:	Policy reviewed. No change to policy statement, Reference updated.
Effective Date:	October 1, 2025
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/percutaneous-electrical-nerve-field-stimulation-oct-2025

Policy Name: Treatment of Varicose Veins/Venous Insufficiency

Policy Type: Medical Policy

Summary:	Policy reviewed. Clarification of CPT® 36473 representing mechanochemical ablation as Investigational. Clarification of CPT® 36475 representing endovenous ablation as medically necessary, requiring prior approval. Minor formatting changes for clarity and consistency. References updated.
Effective Date:	October 1, 2025
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/treatment-varicose-veins-oct-2025

Policy Name: Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses

Policy Type: Medical Policy

Summary:	Policy Reviewed. Reference updated. No change to policy statement.
Effective Date:	October 1, 2025
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/adjustable-cranial-orthoses-oct-2025

Policy Name: Investigational Services & Procedures

Policy Type: Medical Policy

Summary:	Effective 10/01/2025: Removed codes 81515 & A9697 as investigational from coding table to medically necessary
Effective Date:	October 1, 2025
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/investigational-services-oct-2025

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.