

# NOTICE OF MEDICAL POLICY CHANGES

Date: January 1, 2026

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:** Hospital Beds

**Policy Type:** Medical Policy

|                               |   |
|-------------------------------|---|
| <b>Summary:</b>               | Policy reviewed. Minor formatting change for clarity and consistency. No change to policy statement. Added HCPCS codes in body of policy for clarification. Updated code E0270 in coding table from benefit exclusion to not medically necessary. Updated codes: E0275, E0276, E0277, E0280, E0300, E0305, E0325, E0326, E0370, E0371, E0373, E0700, E0710, E0912, E0940 added as benefit exclusions to coding table. Added code E0310 as inclusive to hospital bed rental. |
| <b>Effective Date:</b>        | March 01, 2026  |
| <b>Link to Policy/Manual:</b> | <a href="https://www.bluecrossvt.org/documents/hospital-beds">https://www.bluecrossvt.org/documents/hospital-beds</a>   |

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

**Policy Type:** Medical Policy

|                               |   |
|-------------------------------|---|
| <b>Summary:</b>               | Input received from network providers. New Policy with medical necessity criteria for treatment of discogenic low back pain using radiofrequency ablation (i.e., Intracept® System.)                              |
| <b>Effective Date:</b>        | March 01, 2026  |
| <b>Link to Policy/Manual:</b> | <a href="https://www.bluecrossvt.org/documents/intraosseous-basivertebral-nerve-ablation-ie-intracept-2025">https://www.bluecrossvt.org/documents/intraosseous-basivertebral-nerve-ablation-ie-intracept-2025</a> |

**Policy Name:** Lumbar Spinal Fusion

**Policy Type:** Medical Policy

|                               |   |
|-------------------------------|---|
| <b>Summary:</b>               | Policy reviewed. Reference updated. No changes to the policy statement.   |
| <b>Effective Date:</b>        | March 01, 2026  |
| <b>Link to Policy/Manual:</b> | <a href="https://www.bluecrossvt.org/documents/lumbar-spinal-fusion">https://www.bluecrossvt.org/documents/lumbar-spinal-fusion</a> |

**Policy Name:** Genetic Testing, Including Chromosomal Microarray Analysis and Next-Generation Sequencing Panels, for the Evaluation of Developmental Delay/Intellectual Disability, Autism Spectrum Disorder and/or Congenital Anomalies

**Policy Type:** Medical Policy

|                               |   |
|-------------------------------|---|
| <b>Summary:</b>               | Policy reviewed. No change to policy statement. Reference updated.  |
| <b>Effective Date:</b>        | March 01, 2026  |
| <b>Link to Policy/Manual:</b> | <a href="https://www.bluecrossvt.org/documents/genetic-testing-including-chromosomal-microarray-analysis">https://www.bluecrossvt.org/documents/genetic-testing-including-chromosomal-microarray-analysis</a> |

**Policy Name:** Total Parenteral Nutrition (TPN) in the Home Setting

**Policy Type:** Medical Policy

|                               |   |
|-------------------------------|---|
| <b>Summary:</b>               | Policy reviewed. No changes to policy statement.  |
| <b>Effective Date:</b>        | March 01, 2026  |
| <b>Link to Policy/Manual:</b> | <a href="https://www.bluecrossvt.org/documents/total-parenteral-nutrition-home-setting">https://www.bluecrossvt.org/documents/total-parenteral-nutrition-home-setting</a> |

**Policy Name:** Enteral Nutrition

**Policy Type:** Medical Policy

|                               |   |
|-------------------------------|---|
| <b>Summary:</b>               | Policy Reviewed. Removed language "In the category of personal service, comfort or convenience items including formulas and supplements described by HCPCS codes B4100, B4102-B4104; B4149-B4152, B4158 - B4160." Minor formatting changes for consistency. |
| <b>Effective Date:</b>        | March 01, 2026  |
| <b>Link to Policy/Manual:</b> | <a href="https://www.bluecrossvt.org/documents/enteral-nutrition">https://www.bluecrossvt.org/documents/enteral-nutrition</a>   |

**Policy Name:** **Home Infusion Therapy**

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

|                                    |   |
|------------------------------------|---|
| <b>Summary:</b>                    | Policy Reviewed. Removed language "In the category of personal service, comfort or convenience items including formulas and supplements described by HCPCS codes B4100, B4102-B4104; B4149-B4152, B4158 - B4160." Minor formatting changes for consistency. |
| <b>Effective Date:</b>             | March 01, 2026  |
| <b>Link to Policy/<br/>Manual:</b> | <a href="https://www.bluecrossvt.org/documents/home-infusion-therapy">https://www.bluecrossvt.org/documents/home-infusion-therapy</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.