

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.

Revisions to Previous Policy Notifications

Policy Name: Applied Behavior Analysis (ABA)
Policy Type: Medical Policy

Summary:	The medical policy will not be updated as noted for July 2025, it will instead be updated for August 2025. Please see the new effective date included in 60-day notifications below.
Effective Date:	July 1, 2025

60-Day Advanced Notice Policy Changes

Policy Name: Applied Behavior Analysis (ABA)
Policy Type: Medical Policy

Summary:	Updated policy with several language clarifications and modifications based on expert specialty feedback. Inserted additional information regarding when services may not be medically necessary. Added section and language regarding when ABA services are considered investigational (units beyond maximum plan allowance). Updated references. Removed prior approval requirement on codes: 0362T, 0373T, 97152, 97153, 97154, 97155, 97156, 97157, 97158. Updated allowable hours/units per plan year. Removal of age limit of 21 years.
Effective Date:	August 1, 2025 (Revised effective date)
Link to Policy/Manual:	Applied Behavior Analysis (ABA)

Policy Name: Private Inpatient Hospital Rooms

Policy Type: Medical Policy

Summary:	No change to policy statement. Reference updated.
Effective Date:	August 1, 2025
Link to Policy/ Manual:	Private Inpatient Hospital Rooms

Policy Name: Diagnosis and Management of Idiopathic Environmental Illness/Intolerance (IEI) (i.e., Multiple Chemical Sensitivities)

Policy Type: Medical Policy

Summary:	No change to policy statement. Reference updated.
Effective Date:	August 1, 2025
Link to Policy/ Manual:	Diagnosis and Management of Idiopathic Environmental Illness/Intolerance (IEI) (ie, Multiple Chemical Sensitivities)

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

Policy Type: Medical Policy

Summary:	Breast Cancer Index (BCI) gene expression test to assist in decision of extending adjuvant endocrine therapy beyond 5 years of treatment indication clarified to show tumor size is not required, nor need be ordered within 6 months of diagnosis. References updated. Minor formatting changes for clarity and consistency.
Effective Date:	August 1, 2025
Link to Policy/ Manual:	Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer

Policy Name: Infertility Treatment services

Policy Type: Medical Policy

Summary:	No changes to policy statement.
Effective Date:	August 1, 2025
Link to Policy/ Manual:	Infertility Treatment Services

Policy Name: Medical Food for Inherited Metabolic Disease

Policy Type: Medical Policy

Summary:	No changes to policy statement.
Effective Date:	August 1, 2025
Link to Policy/ Manual:	Medical Food for Inherited Metabolic Disease

Policy Name: Cranial/Scalp/Wig Prosthesis

Policy Type: Medical Policy

Summary:	No changes to policy statement.
Effective Date:	August 1, 2025
Link to Policy/ Manual:	Cranial/Scalp/Wig Prosthesis

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

Policy Type: Medical Policy

Summary:	Minor grammatical edits. No changes to policy statement. References updated.
Effective Date:	August 1, 2025
Link to Policy/ Manual:	Nutrient/Nutritional Panel Testing & Intracellular Micronutrient Analysis

Policy Name: Dental Services Pediatric

Policy Type: Medical Policy

Summary:	Minor formatting changes. No changes to policy statement. Revised the following code descriptors in the coding table: D0801, D2940, D5520, D5640, D5650, D6081. Added the following codes as non-covered to the coding table: D2956, D6180, D6193, D7259, D8091, D8671, D9913, D9914, D9959.
Effective Date:	August 1, 2025
Link to Policy/ Manual:	Dental Services Pediatric (Qualified Health Plans and Applicable Plans)

Policy Name: Chiropractic Services

Policy Type: Medical Policy

Summary:	Added Pulsed Electromagnetic Stimulation including low frequency pulsed electromagnetic stimulation as investigational. Minor formatting changes. Added codes E0761 & E0769 as investigational to the coding table. Revised diagnoses codes M51.360 & M51.370 to coding table.
Effective Date:	August 1, 2025
Link to Policy/Manual:	Chiropractic Services

Policy Name: Negative Pressure Wound Therapy in the Outpatient Setting

Policy Type: Medical Policy

Summary:	No change to policy statement. Reference updated.
Effective Date:	August 1, 2025
Link to Policy/Manual:	Negative Pressure Wound Therapy in the Outpatient Setting

Policy Name: Investigational Services & Procedures

Policy Type: Medical Policy

Summary:	Removed code 0464U from investigational coding table.
Effective Date:	August 1, 2025
Link to Policy/Manual:	Investigational Services & Procedures

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.