

NOTICE OF MEDICAL POLICY CHANGES

Date: May 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: Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders

Policy Type: Medical Policy

Summary:	The medical policy will not be updated as noted for June 2025. Please see new update included in 60-day notifications below. Below is the original notice with updates in red font: 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:	May 01, 2025

60-Day Advanced Notice Policy Changes

Policy Name: Diagnosis and Treatment of Sacroiliac Joint Pain

Policy Type: Medical Policy

Summary:	Policy reviewed. No change to policy statement. Reference updated.
Effective Date:	July 1, 2025
Link to Policy/Manual:	Diagnosis and Treatment of Sacroiliac Joint Pain

Policy Name: Dental Services for Accidental Injury, Gross Deformity, Head and Neck Cancers, and Congenital/Genetic Disorders

Policy Type: Medical Policy

Summary:	Policy reviewed. Clarification around surgery to correct gross deformity resulting from major disease.
Effective Date:	July 1, 2025
Link to Policy/Manual:	Dental Services for Accidental Injury, Gross Deformity, Head and Neck Cancers, and Congenital/Genetic Disorders

Policy Name: Single Photon Emission Computed Tomography (SPECT/CT) Imaging for the Evaluation of the Spine

Policy Type: Medical Policy

Summary:	Policy reviewed. References updated. No changes to Policy Statement.
Effective Date:	July 1, 2025
Link to Policy/Manual:	Single Photon Emission Computed Tomography (SPECT/CT) Imaging for the Evaluation of the Spine

Policy Name: Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

Policy Type: Medical Policy

Summary:	Policy reviewed. No changes to policy statement. Minor formatting changes. Reference updated. Revised code descriptors in coding table effective 04/01/2025: E1801, E1811, E1816, E1818, E1841.
Effective Date:	July 1, 2025
Link to Policy/Manual:	Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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.
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Effective Date:	July 1, 2025
Link to Policy/ Manual:	Applied Behavior Analysis (ABA)

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

Policy Type: Medical Policy

Summary:	Updated policy to allow for accelerated protocols of only up to 2 treatments per day and categorized as investigational other types of TMS, including accelerated protocols of 3 or more treatments per day (including the accelerated SAINT protocol, and fMRI-guided TMS. Added language to include allowance of physician assistants to prescribe and administer TMS, in accordance with scope of license and maintenance of collaborative agreement. Coding table updated the following codes: 0858T, 0889T, 0890T, 0891T, 0892T from requiring prior approval as investigational.
Effective Date:	July 1, 2025
Link to Policy/ Manual:	Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders

Policy Name: Investigational Services and Procedures

Policy Type: Medical Policy

Summary:	Removed codes 0889T, 0890T, 0891T, 0892T as requiring prior approval to investigational. Removed code 81514 from investigational to medically necessary.
Effective Date:	July 1, 2025
Link to Policy/ Manual:	Investigational Services and 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.