

NOTICE OF MEDICAL POLICY CHANGES

October eNewsletter Edition:
Effective 12/01/2026



The table(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.

Policy Name: Negative Pressure Wound Therapy in the Outpatient Setting
Policy Type: Medical

Summary:	Policy reviewed. No change to policy statement. Reference updated.
Effective Date:	December 1, 2026
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/negative-pressure-wound-therapy-dec-2026

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

Summary:	Policy reviewed. Clarified language regarding when services are considered medically necessary, not medically necessary and when prior authorization is required. Prior authorization removed for codes 96112 and 96113. Prior authorization removed for code 96110 for testing when tests exceed 5 tests. References updated.
Effective Date:	December 1, 2026
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/pediatric-neurodevelopmental-autism-spectrum-disorder-treatment-dec-2026

Policy Name: Transcutaneous Electrical Nerve Stimulation (TENS)
Policy Type: Medical

Summary:	Policy reviewed. Change from requirement of a 90-day trial to a 30-day trial of TENS to establish the efficacy of pain management to be considered be considered medically necessary for approved conditions. Change from continued use and purchase of TENS unit after successful trial over a 30-day period, from a 90-day period. Reference updated. Minor formatting changes for clarity and consistency. Added code E0721 as investigational to align with current corporate investigational policy.
Effective Date:	December 1, 2026

Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/transcutaneous-electrical-nerve-stimulation-tens-dec-2026
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Policy Name: Cochlear Implant & Implantable Bone Conduction Hearing Aids
Policy Type: Medical

Summary:	Policy reviewed. Policy statement updated to include children as young as 7 months for cochlear implant. Minor formatting changes for clarity and consistency. References updated.
Effective Date:	December 1, 2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/cochlear-implant-dec-2026

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

Summary:	Policy reviewed. No changes to policy statement. Reference updated.
Effective Date:	December 1, 2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/percutaneous-electrical-nerve-field-stimulation-dec-2026

Policy Name: Clinical Trials
Policy Type: Medical

Summary:	Policy reviewed. Reference updated. No change to policy statement.
Effective Date:	December 1, 2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/clinical-trials-dec-2026

Policy Name: Autologous Chondrocyte Transplantation or Implantation
Policy Type: Medical

Summary:	Policy reviewed. Reference updated. No change to policy statement. Removed code 29870 from coding table. Added code 29866 as requiring prior approval to coding table. Removed coding language in body of policy.
Effective Date:	December 1, 2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/autologous-chondrocyte-transplantation-or-implantation-dec-2026

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.