

UPDATE: February 7, 2023: TENS Medical Policy, code 97799 is investigational

UPDATE: January 23, 2023: The Nutritional Counseling Medical Policy will not be archived. The policy will remain in effect.

UPDATE: December 16, 2022: Added three additional Medical Policies that have updates effective March 1, 2023 (1) Neuropsychological and Psychological Testing (2) Nutritional Counseling and (3) Sleep Disorders Diagnosis and Treatment.

Below is the original notice with the updates noted in red font.

December 13, 2022

Dear Provider/Facility:

The chart below provides a high-level overview of revised Medical Policies that are effective for dates of service March 1, 2023, or after.

Updated medical policies are posted at least 30 days prior to their effective dates at bluecrossvt.org/provider.

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 Title	High-Level Overview
Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer	Code 81518 requires prior approval, no longer investigational
Neuropsychological and Psychological Testing	 Testing sections combined Clarifying language under neuropsychological section Attachments removed Removed language around eight (8) hour limit before prior approval was necessary under neuropsychological testing section Codes 96132, 96133, 96136, 96137, 96138, and 96139 requires prior approval
Nutritional Counseling	 Policy is being archived. Services will be eligible based on medical necessity. No longer need prior approval after 3 visits.
Sleep Disorders Diagnosis and Treatment	 Language around drug-induced sleep endoscopy added Formatting changes Code 98960 is non-covered

Transcranial Magnetic Stimulation	 Code 21685 requires prior approval Code 42976 does not need prior approval Code K1001 is investigational Updated language to include the addition of theta
as a Treatment of Depression and	burst stimulation to TMS modalities
Other Psychiatric/Neurologic Disorders	 Criteria updated to indicate number and extent of prior medical trials References updated
Transcutaneous Electrical Nerve Stimulation (TENS)	 Updated references and related policy section Investigational policy statement for the use of specific TENS devices for essential tremor and ADHD indications added to the policy statements Codes A4556 & A4557 removed from the coding table Code 97799 is investigational
Wheelchairs	 Code K0108 requires prior approval if the purchase price exceeds the dollar threshold indicated on the corporate prior approval list

Thank you for your time. If you have any questions regarding this notice, feel free to contact your provider relations consultant. If you are not sure who that is, please email providerrelations@bcbsvt.com or call (888) 449-0443 option 1 and you will be directed to the appropriate person. Business hours are Monday through Friday from 8 a.m. to 4:30 p.m., except holidays.

Sincerely,

Lou McLaren

Director, Provider Services

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