

# NOTICE OF MEDICAL POLICY CHANGES

Date: February 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.

## 60-Day Advanced Notice Policy Changes

**Policy Name:** Allergy Testing, Including Selected Blood, Serum and Cellular Testing and Toxicity Testing

**Policy Type:** Medical Policy

<b>Summary:</b>	Policy reviewed. No change to policy statement. References updated.
<b>Effective Date:</b>	April 1, 2025
<b>Link to Policy/Manual:</b>	<a href="#">Allergy Testing, including Selected Blood, Serum and Cellular Testing and Toxicity Testing</a>

**Policy Name:** Whole Body MRI

**Policy Type:** Medical Policy

<b>Summary:</b>	Coding table revised; code 76498 will no longer suspend for medical review and will require prior approval.
<b>Effective Date:</b>	April 1, 2025
<b>Link to Policy/Manual:</b>	<a href="#">Whole Body MRI</a>

**Policy Name:** Cytochrome P450 Genotype-Guided Treatment Strategy

**Policy Type:** Medical Policy

<b>Summary:</b>	Removed code 81291 from coding table as requiring prior approval.
<b>Effective Date:</b>	April 1, 2025
<b>Link to Policy/Manual:</b>	<a href="#">Cytochrome P450 Genotype-Guided Treatment Strategy</a>

**Policy Name:** Fecal Analysis in Diagnosis of Intestinal Disorders

**Policy Type:** Medical Policy

<b>Summary:</b>	Removed codes 82239, 82542, 82710, 82715, 82725, 83986, 84311, 87328, 87329, 89160, 89240 from coding table as requiring prior approval
<b>Effective Date:</b>	April 1, 2025
<b>Link to Policy/ Manual:</b>	<a href="#">Fecal Analysis in Diagnosis of Intestinal Disorders</a>

**Policy Name:** Wireless Capsule Endoscopy as a Diagnostic Technique in Disorders of the Small Bowel, Esophagus & Colon

**Policy Type:** Medical Policy

<b>Summary:</b>	Removed codes 91110, 91112, 91113 from coding table as requiring prior approval.
<b>Effective Date:</b>	April 1, 2025
<b>Link to Policy/ Manual:</b>	<a href="#">Wireless Capsule Endoscopy for Gastrointestinal (GI) Disorders</a>

**Policy Name:** Vision Services and Medical Coverage for Ocular Disease

**Policy Type:** Medical Policy

<b>Summary:</b>	Coding table updated; removed codes 0671T, 0810T, 68841, 92137, 92229 as requiring prior approval
<b>Effective Date:</b>	April 1, 2025
<b>Link to Policy/ Manual:</b>	<a href="#">Vision Services and Medical Coverage for Ocular Disease</a>

**Policy Name:** Temporomandibular Joint Dysfunction

**Policy Type:** Medical Policy

<b>Summary:</b>	Coding table updated; removed codes 21240, 21242, 21243 as requiring prior approval.
<b>Effective Date:</b>	April 1, 2025
<b>Link to Policy/ Manual:</b>	<a href="#">Temporomandibular Joints (TMJ) Dysfunction</a>

**Policy Name:**      **Cosmetic and Reconstructive Procedures**

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

<b>Summary:</b>	Coding table updated; removed codes 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21206, 21208, 21209 as requiring prior approval.
<b>Effective Date:</b>	April 1, 2025
<b>Link to Policy/ Manual:</b>	<a href="#">Cosmetic and Reconstructive Procedures</a>

## Revisions to Current Policies

**Policy Name:**      **Telemedicine and Telehealth**

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

<b>Summary:</b>	The Telemedicine and Telehealth Corporate Medical Policy was posted incorrectly on the website for the effective date 01/01/2025. The Coding Table had codes that were considered eligible located in two sections of the medical policy causing confusion - The error has been corrected within the policy table: Codes 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, are considered eligible and have been removed from the non-covered section of the table and code 98016 was removed from the coding table policy effective 01/01/2025. The corrected policy will be posted to the website.
<b>Effective Date:</b>	January 1, 2025
<b>Link to Policy/ Manual:</b>	<a href="#">Telemedicine and Telehealth</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.