

October 21, 2024

RE: Revised Medical Policies effective January 1, 2025

Dear Provider/Facility:

The chart below provides a high-level overview of revised Medical Policies effective for dates of service January 1, 2025, or after.

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

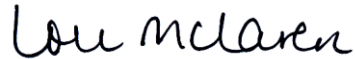
We encourage you to review the medical policies in their entirety. Some of the changes may affect eligible services, non-covered services, services that are not medically necessary, prior approval requirements or investigational services. The changes to these policies may also affect financial responsibilities for members and/or providers.

Policy Title	High-Level Overview
Ambulatory Cardiac Monitors and Outpatient Telemetry	<ul style="list-style-type: none"> • Addition of medical necessity indication for long-term external ECG monitor; “Suspected Paroxysmal Atrial Fibrillation/Flutter with or without symptoms”. • Addition of “evaluation of syncope” in Age-Specific Criteria section. • Change to Age-Specific Criteria indication “Evaluation of infrequent symptoms (e.g. presyncope, lightheadedness, palpitations, shortness of breath, chest pains or dizziness) that may be associated with arrhythmia”, removing “infrequent” • Removal of prior approval requirements for codes 93228, 93229, 93241, 93242, 93243, 93243, 93244, 93245, 93246, 93247, and 93248
Investigational Services	<ul style="list-style-type: none"> • Removed codes 0889T, 0890T, 0891T and 0892T as investigational, now in Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders Medical Policy – requires prior approval.
Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders	<ul style="list-style-type: none"> • Clarification to policy statement around accelerated theta burst protocol session medical necessity section as well as provider qualifications to administer treatments • Codes 0889T, 0890T, 0891T and 0892T added and require prior approval.
Transcutaneous Electrical Nerve Stimulations (TENS)	<ul style="list-style-type: none"> • Addition of indication of prevention and treatment of migraine headaches as investigational.

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| | <ul style="list-style-type: none">• Minor language changes for clarify and consistency. |
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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