

September 16, 2024

Dear Provider/Facility:

Blue Cross and Blue Shield of Vermont (Blue Cross VT) is in the process of completing our review of the Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) additions, deletions and revisions for October 1, 2024. This could result in some changes to:

- Prior Approval
- Investigational Services
- Unit Designation
- Non-Covered
- Informational
- Other Changes Effective October 1, 2024
- Other Changes Effective January 1, 2025
- Fee/Allowed Amounts

Below is an overview of our implementation of the new/revised codes effective October 1, 2024.

**Please note, our review is still underway, so any additional changes will be posted to the provider website.**

#### **PRIOR APPROVAL**

The following new codes, require prior approval: 0478U: C9169\*, C9170\*, C9172\*, J1749\*, J9329\*, Q5135\*, Q5136\*.

The following new Durable Medical Equipment require prior approval ONLY if they are over the dollar threshold: L1006, L1653, L1821.

\*prior approval for pharmacy is through Optum Rx

#### **INVESTIGATIONAL SERVICES**

The following new codes, are considered investigational: 0476U, 0477U, 0479U, 0482U, 0483U, 0484U, 0485U, 0486U, 0487U, 0488U, 0489U, 0490U, 0491U, 0492U, 0493U, 0494U, 0495U, 0496U, 0497U, 0498U, 0499U, 0500U, 0501U, 0502U, 0503U, 0504U, 0505U, 0506U, 0507U, 0508U, 0509U, 0510U, 0511U, 0512U, 0513U, 0514U, 0515U, 0516U, 0517U, 0518U, 0519U, 0520U, 90624, A2027, A2028, A2029, A4543, A4544, A4545, A7021, A9610, C8000, E0469, E0683, E0715, E0716, E0721, E0737, E0743, E0767, E3200, L8720, L8721, P9027, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345.

The following existing/revised codes, are considered investigational: 0364U, A4540 (notification was provided June 14, 2024).

**UNIT DESIGNATION**

The following new codes, have the following unit designations:

Single Unit Designation: 0476U, 0477U, 0478U, 0479U, 0480U, 0481U, 0482U, 0483U, 0484U, 0485U, 0486U, 0487U, 0488U, 0489U, 0490U, 0491U, 0492U, 0493U, 0494U, 0495U, 0496U, 0497U, 0498U, 0499U, 0500U, 0501U, 0502U, 0503U, 0506U, 0507U, 0508U, 0509U, 0510U, 0511U, 0512U, 0514U, 0515U, 0516U, 0517U, 0518U, 0519U, 0520U, 90624, A4544, A4545, A7021, C8000, E0469, E0683, E0715, E0716, E0721, E0737, E0767, E2513, E3200, L1006, L1653, L1821, L8720.

Multiple Unit Designation: 0504U, 0505U, 0511U, 0513U, A2027, A2028, A2029, A4543, A9610, C9169, C9170, C9171, C9172, E0743, J0138, J1171, J1749, J2002, J2003, J2004, J2252, J2253, J2601, J8522, J8541, J9329, L8721, P9027, Q0519, Q0520, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, QQ4345, Q5135, Q5136.

Services billed for dates of service on or after October 1, 2024, require the correct billing of unit designation.

The Unit Designation Grid located at [www.bcbsvt.com/provider](http://www.bcbsvt.com/provider) under manual/reference guides, general, unit designation is updated to include the new CPT®/HCPCS codes and their unit designations.

**NON-COVERED SERVICES**

The following new code, is non-covered, member liable: E2513

The following existing/revised codes, are non-covered, provider liable: J9037, J9225, J9247, J9262, S0148.

**INFORMATIONAL SERVICES**

The following existing/revised codes, informational, provider liable: 99453, 99454, 99457, 99458 (notification was provided June 14, 2024).

**CHANGES IN REQUIREMENTS FOR CERTAIN SERVICES**

**EFFECTIVE: October 1, 2024**

There are changes in requirements for the following services.

Code	Processing through September 30, 2024	Change for October 1, 2024
<b>0364U</b>	Investigational	Requires Prior Approval
<b>A4540</b>	Medically Necessary	Investigational
<b>G2012</b>	Medically Necessary	Eligible Medicare Prime Only
<b>J9037</b>	Medically Necessary	Informational NDC Inactive
<b>J9225</b>	Medically Necessary	Informational NDC Inactive
<b>J9247</b>	Medically Necessary	Informational NDC Inactive
<b>J9262</b>	Medically Necessary	Informational NDC Inactive
<b>S0148</b>	Medically Necessary	Informational NDC Inactive
<b>86352</b>	Investigational	Eligible Based on Medical Necessity
<b>99453</b>	Eligible	Non-Covered, Provider Liability
<b>99454</b>	Eligible	Non-Covered, Provider Liability
<b>99457</b>	Eligible	Non-Covered, Provider Liability
<b>99458</b>	Eligible	Non-Covered, Provider Liability

**CHANGES IN REQUIREMENTS FOR CERTAIN SERVICES  
EFFECTIVE: January 1, 2025**

There are changes in requirements for the following services.

<b>Code</b>	<b>Processing through December 31, 2024</b>	<b>Change for January 1, 2025</b>
64585	Investigational	Requires Prior Approval
81542	Requires Prior Approval	Requires Prior Approval (New Medical Policy)
<b>J0750</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>J0751</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>J0894</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>J1105</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>J1811</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>J1812</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>J1813</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>J1814</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>J2277</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>J2561</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>J2562</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>J8565</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>S0088</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>S0157</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>Drug: HIV PrEP (J0799)</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>Drug: CYSTADROPS (J3490)</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>Drug: CYSTARAN (J3490)</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>Drug: TARGRETIN (J3490)</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>Drug: OVERATE (J3590)</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>Drug: TARGRETIN (J8999)</b>	Requires Prior Approval	Eligible Based on Medical Necessity
<b>74263</b>	Requires Prior Approval **	Eligible Based on Medical Necessity
<b>78811</b>	Requires Prior Approval	Requires Prior Approval **
<b>78814</b>	Requires Prior Approval	Requires Prior Approval **

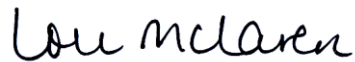
\*\*prior approval for pharmacy is through Carelon

**Fee/Allowance Amounts**

The fee/allowances for the above codes can be obtained by contacting your provider relations consultant. Fee/allowances can be obtained October 15, 2024.

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](mailto: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