

NOTICE OF MEDICAL POLICY CHANGES

November eNewsletter Edition:

Effective 01/01/2027



An Independent Licensee of the Blue Cross and Blue Shield Association.



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: Hospital Beds

Policy Type: Medical

Summary:	Policy reviewed. No change to policy statement. Clarification of HCPCS E0310, for which coverage is denied as Inclusive of Hospital Bed Rental or Purchase.
Effective Date:	01/01/2027
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/hospital-beds-january-2027

Policy Name: Ketamine

Policy Type: Medical

Summary:	Policy reviewed. Added clarifying language around indications and updated threshold scores for MDD severity. Updated references.
Effective Date:	01/01/2027
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/ketamine-january-2027

Policy Name: Monitored Anesthesia Care (MAC) during Gastrointestinal Endoscopy Bronchoscopy, or Interventional Pain Procedures in Outpatient Settings

Policy Type: Medical

Summary:	Policy reviewed. Clarification of medical necessity criteria that documentation of specific risk factors or significant medical conditions may be made by the proceduralist and/OR the anesthesiologist. References updated. Minor formatting changes for clarity and consistency.
Effective Date:	01/01/2027
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/monitored-anesthesia-care-january-2027

Policy Name: Cytochrome P450 Genotype-Guided Treatment Strategy
Policy Type: Medical

Summary:	Policy reviewed. No change to policy statement. References updated.
Effective Date:	01/01/2027
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/cytochrome-p450-genotype-january-2027

Policy Name: Treatment of Varicose Veins/Venous Insufficiency
Policy Type: Medical

Summary:	Policy reviewed. Policy formatting changes made to align with BCSBA Reference Policy for clarity and consistency across sections. No change to policy medical necessity criteria or intent. Removed code 37243 from coding table. Added code 76942 to coding table to align with current policy coding guidance. Changed code 36468 from requiring prior approval to contract exclusion.
Effective Date:	01/01/2027
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/treatment-varicose-veins-venous-insufficiency-january-2027

Policy Name: Nontraditional Biomarkers in Risk Assessment and Management of Cardiovascular Disease
Policy Type: Medical

Summary:	New policy. Medical Necessity Criteria established for use of Apolipoprotein B, High-sensitivity C-reactive protein and Lipoprotein(a) for Risk Assessment and Management of Cardiovascular Disease. Measurement of other nontraditional analytes to assess cardiovascular risk and cardiovascular disease risk panels remain investigational.
Effective Date:	01/01/2027
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/nontraditional-biomarkers-risk-assessment-and-mgmt-cvd-january-2027

Policy Name: Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses
Policy Type: Medical

Summary:	Policy Reviewed. Reference updated. No change to policy statement.
Effective Date:	01/01/2027
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/adjustable-cranial-orthoses-january-2027

Policy Name: Genetic and Genomic Testing for the Diagnosis and Management of Select Cancers and Genetic Diseases

Policy Type: Medical

Summary:	Policy Reviewed. References updated. Minor formatting changes for clarity and consistency. No change to policy statement. Added code 0449U to coding table as requiring prior approval, removed code from corporate Investigational Medical policy.
Effective Date:	01/01/2027
Link to Policy/Manual:	https://www.bluecrossvt.org/documents/genetic-and-genomic-testing-select-cancers-january-2027

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.