

NOTICE OF MEDICAL POLICY CHANGES

Date: 1/1/2025

The chart(s) below provides 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: Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)

Policy Type: Medical Policy

Summary:	Policy reviewed. No change to policy statement. Minor formatting changes for clarity and consistency. References updated.
Effective Date:	March 1, 2025
Link to Policy/Manual:	Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)

Policy Name: Genetic Testing, Including Chromosomal Microarray Analysis and Next-Generation Sequencing Panels, for the Evaluation of Developmental Delay/Intellectual Disability, Autism Spectrum Disorder and/or Congenital Anomalies

Policy Type: Medical Policy

Summary:	Policy reviewed. No change to policy statement.
Effective Date:	March 1, 2025
Link to Policy/Manual:	Genetic Testing, Including Chromosomal Microarray Analysis and Next-Generation Sequencing Panels, for the Evaluation of Developmental Delay/Intellectual Disability, Autism Spectrum Disorder and/or Congenital Anomalies

Policy Name: Wheelchairs
Policy Type: Medical Policy

Summary:	Policy reviewed. Minor formatting changes. No changes to policy statement.
Effective Date:	March 1, 2025
Link to Policy/ Manual:	Wheelchairs

Policy Name: External Insulin Pumps
Policy Type: Medical Policy

Summary:	Policy reviewed. New clinical criteria added for medically necessary use of closed-loop insulin delivery systems. Additional language around investigational use of artificial pancreas devices. References updated.
Effective Date:	March 1, 2025
Link to Policy/ Manual:	External Insulin Pumps

Policy Name: Infertility Treatment Services Corporate Medical Policy
Policy Type: Medical

Summary:	Policy reviewed. Language change to “biological female” and “biological male” to clarify reproductive capacity across different gender identities/expressions. No changes to policy statement criteria or intent. Formatting changes for clarity and consistency.
Effective Date:	March 1, 2025
Link to Policy/ Manual:	Infertility Treatment Services ASO 2024

Policy Name: Nutritional Counseling Corporate Medical Policy

Policy Type: Medical

Summary:	Policy reviewed. Specific medical necessity criteria pertaining to eating disorders removed, leaning more general criteria pertaining to all diagnoses. Reference section updated.
Effective Date:	March 1, 2025
Link to Policy/ Manual:	Nutritional Counseling

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.