NOTICE OF MEDICAL POLICY CHANGES

Date: December 01, 2025









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Policy Name: External Insulin Pumps & Automated Insulin Delivery Systems

Policy Type: Medical

Summary:	Policy reviewed. Policy name changed from "External Insulin Pumps" to "External Insulin Pumps & Automated Insulin Delivery Systems." Minor languages changes for clarity and consistency. Criteria added for use of hybrid closed-loop insulin delivery system in type 2 diabetes. References updated.
Effective Date:	February 01, 2026
Link to Policy/	https://www.bluecrossvt.org/documents/external-insulin-pumps-feb-2026
Manual:	

Policy Name: Sleep Disorders Diagnosis & Treatment

Policy Type: Medical

Summary:	Policy reviewed. Clarification of Split-Night Study criteria. Reference policies updated. Updated coding table.
Effective Date:	February 01, 2026
Link to Policy/	https://www.bluecrossvt.org/documents/sleep-disorders-diagnosis-and-
Manual:	<u>treatment-feb-2026</u>

Policy Name: Gene Expression Profiling and Protein Biomarkers for Prostate Cancer

Management

Policy Type: Medical

Summary:	Added "unfavorable intermediate-risk" as eligible for testing by Decipher.
-	Updated Oncotype DX Prostate name to Oncotype DX Genomic Prostate Score.
	Conflicting Reference Policy reference removed. References updated.
Effective Date:	February 01, 2026
Link to Policy/	https://www.bluecrossvt.org/documents/gene-expression-profiling-and-
Manual:	protein-biomarkers-prostate-cancer-management-feb-2026

Policy Name: Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic

Conditions

Policy Type: Medical

Summary:	Policy reviewed. New indications/criteria from ASTRO 2023 Proton Beam Therapy (PBT) policy added. References updated.
Effective Date:	February 01, 2026
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/charged-particle-radiotherapy-feb- 2026

Policy Name: Ambulatory Cardiac Monitors and Outpatient Telemetry

Policy Type: Medical

Summary:	Policy reviewed. No change to policy statement. Reference updated.
Effective Date:	February 01, 2026
Link to Policy/	https://www.bluecrossvt.org/documents/ambulatory-cardiac-monitors-feb-
Manual:	<u>2026</u>

Policy Name: Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)

Policy Type: Medical

Summary:	Policy reviewed. No change to policy statement. References updated.
Effective Date:	February 01, 2026
Link to Policy/	https://www.bluecrossvt.org/documents/minimally-invasive-treatments-bph-
Manual:	<u>feb-2026</u>

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.