NOTICE OF MEDICAL POLICY CHANGES

Date: October 1, 2025



The chart(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/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.

60-Day Advanced Notice Policy Changes

Policy Name: Oral Appliances for Obstructive Sleep Apnea

Policy Type: Medical Policy

Summary:	External input received, language updated to clarify when a service is not medically necessary to: For clinically severe OSA (AHI/RDI/REI>30) when there is no documentation of failure of a CPAP/APAP/BPAP trial or documentation of contraindication or intolerance to CPAP/APAP/BPAP.
Effective Date:	December 1, 2025
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/oral-appliances-obstructive-sleep- apnea-12-1-25

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

Select Cancers and Genetic Diseases

Policy Type: Medical Policy

Summary:	New Policy
Effective Date:	December 1, 2025
Link to Policy/	https://www.bluecrossvt.org/documents/genetic-and-genomic-testing-
Manual:	diagnosis-and-management-select-cancers-and-genetic-diseases-12-1-25

Policy Name: Ketamine
Policy Type: Medical Policy

Summary:	Policy reviewed. No changes to policy statement or intent.
Effective Date:	December 1, 2025
Link to Policy/	https://www.bluecrossvt.org/documents/ketamine-12-1-25
Manual:	

Policy Name: Breast Surgery and Breast Prosthesis

Policy Type: Medical Policy

Summary:	Policy reviewed. Removal of Allomend and Graftjacket as medically necessary as these materials are not evaluated for indication of breast reconstruction. Minor formatting changes for clarity and consistency. References updated.
Effective Date:	December 1, 2025
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/breast-surgery-and-breast-prosthesis- 12-1-25

Policy Name: Wheelchairs
Policy Type: Medical Policy

Summary:	Policy reviewed. Added specific criteria for Amputee Wheelchair. No other change to policy statement. Formatting changes for clarity and consistency.
Effective Date:	December 1, 2025
Link to Policy/	https://www.bluecrossvt.org/documents/wheelchairs-12-1-25
Manual:	

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.