

September 27, 2024

RE: Revised Medical Policies effective December 1, 2024

Dear Provider/Facility:

The chart below provides a high-level overview of new and revised Medical Policies effective for dates of service December 1, 2024, or after.

Updated and new medical policies are posted at least 30 days prior to their effective dates at bluecrossyt.org/provider.

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 Title	High-Level Overview
Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management	<ul> <li>NEW policy</li> <li>Medical necessity criteria established for use of gene expression profiling and protein biomarker testing for management of prostate cancer</li> </ul>
Sleep Disorders Diagnosis and Treatment	<ul> <li>BMI, age and testing requirement around hypoglossal nerve stimulation updated to reflect current evidence</li> <li>Addition of neuromuscular electrical tongue stimulation as treatment of OSA is investigational</li> <li>Updated references</li> </ul>
Vision Services and Medical Coverage for Ocular Disease	<ul> <li>Removed prior approval from 65780, 65778,</li> <li>V2531, V2627</li> <li>Updated references</li> </ul>

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 <a href="mailto:providerrelations@bcbsvt.com">providerrelations@bcbsvt.com</a> 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** 

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