

NOTICE OF PROVIDER HANDBOOK CHANGES

Date: April 1, 2026



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The Provider Handbook has been updated with the following:

Summary:	Section 6.7 Claim Specific Guidelines
Explanation:	<p>Drugs Dispensed or Administered by a Provider in an office, outpatient or home infusion setting (other than pharmacy), added details about ADA billing forms, see red font below:</p> <p>Paper Claims:</p> <p>CMS 1500 form - refer to our online CMS Form Instructions (item/block number 24a and 24b) located on the provider forms resources page under claim forms and information.</p> <p>ADA form – report the below in the remark field, if the form does not have a remark field report at the top of the claim.</p> <p>N4, 11-digit NDC (no hyphens), unit of measure and quantity (limited to 8 digits before the decimal point and 3 digits after the decimal point).</p> <p>Example: N400023923201UN100</p> <p>UB-04 form – refer to our online UB-04 Paper Claim Billing Instructions (form locator 42 and 44) located on the provider forms resources page under claim forms and information.</p>
Effective Date:	N/A
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7 Claim Specific Guidelines
Explanation:	<p>Drugs Dispensed or Administered by a Provider in an office, outpatient or home infusion setting (other than pharmacy), added an additional location for the NDC Provider Tool. See red font below:</p> <p>We have posted a National Drug Code (NDC) Provider Tool that will assist practices in determining the unit of measure that needs to be reported. It is in two locations:</p> <ul style="list-style-type: none"> • The Provider Resource Center under the Tools and Resources link. • At www.bluecrossvt.org/providers/provider-forms-resources under the Claim Forms and Information link.
Effective Date:	N/A
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Summary:	Section 11 Durable Medical Equipment (DME) Suppliers										
Explanation:	<p>Added DME Code Categorization, see below red font:</p> <p>DME Code Categorization – some DME supplies have a code categorization of:</p> <ul style="list-style-type: none"> ○ P = Purchase Only ○ R = Rental Only ○ T = Rental to Purchase <p>These categorizations can be located on our Unit Designation List, which is available on our provider website under Provider Forms and Resources and Additional Resources.</p> <p>To request a review of DME code categorization, you must contact your provider relations consultant and provide the code along with any documentation supporting the need for a change to the code categorization. A committee will review the requests on a quarterly basis, and, if the committee deems a code categorization change appropriate, it will be effective as of the date of the next quarterly update. The chart below provides details on timing:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Deadline to submit a request for review</th> <th style="text-align: center;">Effective date if approved</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">November 15</td> <td style="text-align: center;">January 1</td> </tr> <tr> <td style="text-align: center;">February 15</td> <td style="text-align: center;">April 1</td> </tr> <tr> <td style="text-align: center;">May 15</td> <td style="text-align: center;">July 1</td> </tr> <tr> <td style="text-align: center;">August 1</td> <td style="text-align: center;">October 1</td> </tr> </tbody> </table>	Deadline to submit a request for review	Effective date if approved	November 15	January 1	February 15	April 1	May 15	July 1	August 1	October 1
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November 15	January 1										
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Effective Date:	N/A no changes just advised of review cycle										
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook										

Summary:	Section 4 Integrated Health Functions
Explanation:	<p>Added Tips on Prior Approval Requests see below in red font:</p> <p>TIPS on Prior Approval Requests:</p> <ul style="list-style-type: none"> • Make sure you submit a PA request for a service that requires PA and to the right entity. Use the PA lists posted to our website to ensure the service requires PA. • Submit the request through our on-line Prior Authorization Portal and upload the supporting clinical information or using the appropriate form by fax, including supporting clinical information. • Ensure the PA form is filled out completely, and it is submitted with all the necessary clinical information to review the service. • Provide a phone number (including any extensions, or useful information) that allows our staff to connect directly with the submitter if additional information is needed.
Effective Date:	N/A not required but helpful in getting PA request processed
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook