BlueCross BlueShield of Vermont

PROVIDER UPDATES

December 2025

Reminder: Prior Authorization Changes Effective January 1, 2026

- Beginning January 1, 2026, prior authorizations for medically necessary services, excluding prescription drugs or out of network services, will be **waived for eligible members when ordered by any primary care provider that has a contract with us**. Review our notice for information on the changes and submitting claims.
- The **Provider Passport Program for Advanced Imaging will be paused**. Beginning January 1, 2026, qualifying providers will be required to submit prior authorization requests for applicable imaging services. Practices/Facilities with qualifying providers were notified of this pause in September.
    - Note: Qualifying primary care providers are not required to submit prior authorization requests for eligible members (for more information, see Section 12 of our Provider Handbook).
- **Group numbers 426 and 802** have been added to our Employer Group Primary Care Provider Prior Authorization Waiver list.

Prior Authorization Changes

Medical Policy Updates

Effective February 1, 2026, updates to our medical policies take effect. The policies updated include External Insulin Pumps, Sleep Disorders Diagnosis, Gene Expression Profiling, Charged-Particle Radiotherapy, Ambulatory Cardiac Monitors, and Minimally Invasive Treatments for BPH. Please review the upcoming changes.

Medical Policy Updates

Pharmacy Updates for January 1, 2026

- Infliximab product medical benefit drug changes:
    - Prior Authorization **Not Required**
        - Inflectra (Q5103) becomes preferred and no longer requires prior authorization.
        - Avsola (Q5121) remains preferred and does not require prior authorization.
    - Prior Authorization **Required**
        - Remicade/infliximab (J1745)

- NPF Formulary changes
    - *All members and providers affected received a letter in October 2025.*
    - **GLP-1 medications reminder:** The GLP-1 medications Zepbound, Wegovy, and Saxenda are excluded for the indication of weight loss for members on Qualified Health Plans, Blue Edge Business, and most employer plans as of January 1, 2026. Members who continue to use these medications will be responsible for the full cost. To verify a member's coverage, please check their benefits.

Wegovy will be covered for the prevention for Major Adverse Cardiovascular Events (MACE) in those having had a prior heart attack, stroke, or symptomatic peripheral arterial disease. If a patient is on Wegovy for weight loss, a prior authorization can be completed for the MACE indication after December 1, 2025.

- **Brand medications excluded** on the formulary (must use generic equivalent)
  - Adderall XR
  - Aldactone
  - Aptiom
  - Brilinta
  - Copaxone 40mg/mL
  - Dymista
  - Entresto
- **Medications excluded with alternatives**
  - Adalimumab-adbm and Amjevita (biosimilars to Humira). The alternative is Simlandi and patients can be switched before January 1, 2026.
  - Wezlana (biosimilar to Stelara). The alternative to use is Yesintek and patients can be switched prior to January 1, 2026.
  - Ajovy. Emgality is moving to preferred, and Aimovig, Nurtec, and Qulipta will continue to be on formulary.
  - Dayvigo
  - Doxycycline 40mg (Rosacea)
  - Estrogel 0.06%
  - Omeclamox Pak
- **Up Tier**
  - OneTouch Meter and Test Strips (Lifescan mftr) will move to nonpreferred. Patients can switch to Contour or Freestyle/Precision, which will be preferred on January 1, 2026.
  - Wegovy for the indication of Major Adverse Cardiovascular Events (MACE)
  - Depen Titra
  - Supprelin LA

For the most up to date information on BCBSVT and NPF formularies, visit our Lists of Covered Medications.

For questions regarding drug coverage or clinical questions, reach out to our Clinical Pharmacist, Amy Stoll, PharmD, at stolla@bcbsvt.com or 802-371-3657.

Reminder: Billing Requirements for National Drug Code

Beginning January 1, 2026, the billing requirement for reporting a National Drug Code (NDC) on professional claims will be fully enforced. It is required to report an NDC along with the unit of measure and quantity on the claim submission. **Incomplete or inaccurate claims submissions not meeting the requirements will be denied.** We encourage you to review your claim submissions for these services and ensure they are compliant.

View Details

Mental Health Substance Use Disorder Service Codes

Our members have access to certain mental health and substance use services for the same copay as a primary care provider visit. Services included: 90785, 90791, 90792, 90832, 90834, 90837, 90846, 90847, 90853, 90863, H0015 and H0020.

Effective January 1, 2026, the following **codes have been added** for mental health and substance use services: 99446, 99447, 99448, 9949, 99451, 90839 and 90840.

CAA Directory Validation and Claims Processing

As of the second quarter of 2026, providers and practices that don't complete their CAA Directory Validation within the specified timeframe (defined in the CAA Directory Validation email) **will have claims under the non-confirmed NPI number denied until directory information is confirmed.**

- Example Timeline:
  - January 4, 2026: CAA provider directory validation emails are sent, with **completion required** by Wednesday, February 4, 2026.
    - If the directory validation is not completed by the deadline, we will conduct additional outreach.
    - If after 60 days (i.e., on March 5) of the directory validation email being sent, and validation remains incomplete, claims will be denied.
  - April 5, 2026: Next release of the CAA provider directory validation emails.
    - If directory validation occurs at this time, then within 30 days of the completed CAA directory validation, Blue Cross VT will update the provider/practice profile to allow for claims processing (retroactive to February 5, 2026). The practice will be notified when claims can be submitted.

Upon reinstatement to the claims processing system, all denied claims must be submitted for consideration of benefits. Timely filing will be applicable – if claims are not submitted within the filing period, they will be denied as a provider liability. Denied claims cannot be billed to members.

The best way to avoid claim denials and removal from our online Provider Directory is to complete the CAA Directory Quarterly Validation. Each billing NPI receives a directory validation email that must be completed.

Details about the CAA Directory Validation and instructions to complete the process are located on our Enrollment and Credentialing webpage. For questions, please call (888) 449-0443, option 2 or email CAA@bcbsvt.com.

Important Update for BlueCard Members with Arkansas Blue Cross and Blue Shield

Arkansas Blue Cross and Blue Shield has a new brand for their National Account Members – Skai Blue Cross Blue Shield. Beginning in 2026, the Skai Blue Cross Blue Shield branding will be on member identification cards, and members presenting these identification cards are considered BlueCard members.

2026 FEP Prior Approval

The 2026 Federal Employee Program (FEP) Prior Approval lists are now posted to our Prior Authorization webpage.

Preventive Care Guide Changes

The preventive care guide is updated with the removal of codes in the applicable syphilis screening sections, effective February 1, 2026. Review our notice for more details.

View Changes

Provider Handbook Updates

The provider handbook is updated in various sections: The BlueCard® Program, Claim Specific Guidelines, Enrollment of Providers, General Claim Information, Mammogram Screening, and Member Liabilities.

Handbook Updates

ICD-10 Code Updates

The 2026 ICD-10-CM Official Guidelines for Coding and Reporting are valid for services provided after October 1, 2025. The Guidelines have been updated to clarify code assignment for patients with HIV and AIDS, along with other changes. If you have questions about proper coding for these conditions, refer to the Guidelines (available online or in your 2026 ICD-10-CM book), reach out to your Provider Engagement Consultant, or email our team at riskadjustment@bcbsvt.com.

You're Invited: Monthly Virtual Workgroup

Do you want to learn more about the impacts of documentation, coding, and billing, and how it relates to the qualified health plan patients that you treat? The Risk Adjustment Department hosts a monthly virtual provider workgroup that is open to all providers. It's a great opportunity to connect with your colleagues and discuss how you and your peers are managing different risk adjustment and quality requests from payors.

The workgroup meetings are held the second Tuesday of every month from 11:30 a.m. – 12:30 p.m. We invite you to join the meeting for any length of time that fits your schedule. For a meeting invite, please email riskadjustment@bcbsvt.com.

Educating Vermonters About Affordable Care in Vermont

Over the past year, we've been intentionally vocal about our advocacy for healthcare affordability and the work required of providers, payers, hospital leaders, and legislators to create change. Recently, we had the opportunity to partner with several providers to educate Vermonters on how cost differs by facility and that there are multiple options for receiving care that is accessible and more affordable.

The partnership includes Northwestern Medical Center, Green Mountain Surgery Center, Vermont OPEN Imaging, Vermont Diagnostic Imaging, and Blue Cross VT. You can learn more on the campaign webpage VTAffordableCare.com.

Adaptive Maintenance

We will be publishing a special newsletter in the coming weeks, providing details on our implementation of the new and
revised codes for January 1, 2026.

Holiday Closures

- **Christmas:** We will be closed December 25–26, 2025, and reopen for normal business on Monday, December 29, 2025.
- **New Year's:** We will be closed January 1, 2026, and reopen for normal business on Friday, January 2, 2026.