

NOTICE OF PAYMENT POLICY CHANGES

Date: March 01, 2026 Newsletter

The chart(s) below provide a high-level overview of new/revised/archived Payment Policies. We encourage you to review the payment policies in their entirety. Updated and new payment policies are posted at <https://www.bluecrossvt.org/providers/provider-policies>

Policy Name: CPP_04 Robotic & Computer Assistive Devices

Policy Type: Payment Policy

Summary:	<p>Payment policy reviewed added the following statements:</p> <p>As such when using the add-on codes listed in the coding table below are considered bundled / included as part of the primary surgical procedure and not separately payable, whether billed separately or in conjunction with a primary procedure.</p> <p>Appending modifier -22[Increased Procedural Services] to a surgical code for the sole purpose of representing the use of robotic or computer-assisted surgical techniques does not warrant nor guarantee additional payment. Submission of medical records are required when submitting modifier -22 for clinical review to determine if increased procedural services are supported in the documentation to warrant additional reimbursement. Refer to Corporate Payment Policy CPP_06 for additional guidance.</p> <p>Added code 69990 to coding table.</p>
Effective Date:	May 01, 2026
Link to Policy/Manual:	{hyperlink to policy}

Policy Name: CPP_05 Hub & Spoke System of Care for Opioid Use Disorder (OUD)Reimbursement Program Payment Policy

Policy Type: Payment Policy

Summary:	<p>Provider feedback reviewed and payment policy updated guidance on place of service for OTP services to place of service 58 [Non-residential Opioid Treatment Facility] vs. place of service 11 [Office].</p>
Effective Date:	May 01, 2026

Link to Policy/ Manual:	{hyperlink to policy}
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Policy Name: CPP_06 Modifier -22 [Increased Procedural Services]

Policy Type: Payment Policy

Summary:	Payment policy reviewed, minor grammatical changes, updated reference. No changes to policy statements.
Effective Date:	May 01, 2026
Link to Policy/ Manual:	{hyperlink to policy}

Policy Name: CPP_14 Home Infusion Therapy Services

Policy Type: Payment Policy

Summary:	<p>Payment policy updated new template format. Changed name from ‘Home Infusion Therapy (Including Enteral Nutritional and Total Parenteral Nutrition) Services to ‘Home Infusion Therapy’. Regulatory citation added. Added reference section. Added definition to define home place of service [12]. Under TPN sections under per-diem rates added, trace elements with examples. Updated related policy section. Added expanded language in unutilized drugs and supplies section to specify for EN services.</p> <p>Added under not eligible section: When a home infusion cassette is changed in the office/clinic setting, only the provider who refills the pump should bill for the service. The home infusion provider cannot bill for the infusion service as that is a duplication of services. Instruction performed at an inpatient setting on catheter care and maintenance is not a separately reimbursable service but inclusive to an inpatient stay. Services provided in an Ambulatory Infusion Suite (AIS) are not considered home infusion therapy and therefore should not be billed with place of service [12].</p> <p>Coding Table Changes: Removed the following code ranges and replaced with individual codes: A4206-A4223, B9004-B9006, E0776-E0791, B9000-B9002. Remove the following codes from coding table: B4160, E0787, S9208-S9214, S9430, S9538, S9590. Deleted code B9000 from coding table. Updated B9002 descriptor. Added codes S9542 & S9810 to suspend for medical review. Added -SH modifier to coding table. Added K0455 to coding table. Added language pertaining to the reporting NDC #'s on coding table guidance. Added benefit Exclusion section to coding table with the following codes: B4100, B4102,</p>
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	B4103, B4104, B4148, B4149, B4150, B4152, B4158, B4159, B4160.
Effective Date:	May 01, 2026
Link to Policy/ Manual:	{hyperlink to policy}

Policy Name: CPP_16 Global Maternity/Obstetric Package (Excluding Home Births)

Policy Type: Payment Policy

Summary:	Policy reviewed no changes to policy statements. Minor grammatical refinement for consistency of reading ease. Removed statement 'For all other nutritional counseling BCBSVT covers up to three outpatient nutritional counseling visits each plan year' to align with current Corporate Medical Nutritional Counseling Policy.
Effective Date:	May 01, 2026
Link to Policy/ Manual:	{hyperlink to policy}

Policy Name: CPP_18 Home Births

Policy Type: Payment Policy

Summary:	Payment policy reviewed no changes to policy statement.
Effective Date:	May 01, 2026
Link to Policy/ Manual:	{hyperlink to policy}

Policy Name: CPP_35 Medication Therapy Management (MTM) Pharmacy Services

Policy Type: Payment Policy

Summary:	Payment policy reviewed, added related policy to policy section. No changes to policy statements.
Effective Date:	May 01, 2026
Link to Policy/ Manual:	{hyperlink to policy}

Policy Name: CPP_37 Supervised Practice of Mental Health and Substance Use Trainees (Previous Notification January 01, 2026)

Policy Type: Payment Policy

Summary:	Retroactively to January 1, 2026, removed the language for reduction of payment for services billed with modifier -HO to pay the lesser of charges or 76% of the supervising providers allowed amount. The reduction in payment was not implemented January 1, 2026.
Effective Date:	Updated on the website effective January 01, 2026
Link to Policy/ Manual:	{hyperlink to policy}

Policy Name: CPP_39 Office & Outpatient Evaluation and Management Visit Complexity G2211

Policy Type: Payment Policy

Summary:	Policy reviewed no changes to policy statement.
Effective Date:	May 01, 2026
Link to Policy/ Manual:	{hyperlink to policy}

Policy Name: CPP_41 Modifier -57 [Decision for Surgery]

Policy Type: Payment Policy

Summary:	Payment policy reviewed, minor grammar refinements and references updated. No changes to policy statement.
Effective Date:	May 01, 2026
Link to Policy/ Manual:	{hyperlink to policy}

Policy Name: CPP_47 Discarded Drugs and Biologicals (Professional and Facility)

Policy Type: Payment Policy

<p>Summary:</p>	<p>Minor grammatical revisions. Added additional payment policy language under Not Eligible section: For discarded drugs or biologicals, the administered amount and any discarded amount must be billed on separate lines of the same claim using designated modifier(s.) If the claim is split-billed the separate claim submitted may deny as a duplicate claim.</p> <p>Added additional payment policy language under Guidelines Section: We expect that only one claim with all services will be billed. If a service is missed a corrected claim needs to be submitted; splitting a claim may cause an incorrect denial.</p>
<p>Effective Date:</p>	<p>May 01, 2026</p>
<p>Link to Policy/ Manual:</p>	<p>{hyperlink to policy}</p>

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.