

NOTICE OF PROVIDER HANDBOOK CHANGES

Date: March 1, 2026



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The Provider Handbook has been updated with the following:

Summary:	Section 6 Member Liabilities – How to Locate Information and When to Bill Members
Explanation:	<p>Updates the BlueCare Member Claim Appeal Section – see red font:</p> <p>BlueCard Member Claim Appeal: An appeal request for a BlueCard member must be submitted in writing using a BlueCard Provider Claim Appeal Form located on the provider website under Provider Forms & Resources, Administrative Forms and Templates. If a form is not submitted, the request will not be considered an appeal. The request will not be filed with the home plan but rather returned to you. You will be informed of the decision in writing from Blue Cross VT. Please note, the Blue Cross VT BlueCard Appeal Form requires the member’s consent prior to submission. Some Blue Plans may also require the member to sign an additional form, specific to their Plan, before starting the appeal process.</p> <p>There is also a Universal BlueCard Appeal Form available for submission; however, not all the appeal reasons listed on the form are applicable to Blue Cross VT contracts.</p>
Effective Date:	N/A additional appeal form added
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7B Modifiers								
Explanation:	Updated Modifier -22 to add the following in red font:								
	<table border="1"> <thead> <tr> <th>Modifier</th> <th>Description</th> <th>Blue Cross VT Allowance and/or Requirements</th> </tr> </thead> <tbody> <tr> <td>22</td> <td>Increased Procedural Services</td> <td>Blue Cross VT has a specific Payment Policy CPP_06 “Modifier -22) for this modifier. It is located on our provider website under Provider Policies, Provider Payment Policies. Blue Cross VT Payment Policy CPP_04 Robotic and Computer Assistive Devices provides details on expectation of usage for these services.</td> </tr> </tbody> </table>	Modifier	Description	Blue Cross VT Allowance and/or Requirements	22	Increased Procedural Services	Blue Cross VT has a specific Payment Policy CPP_06 “Modifier -22) for this modifier. It is located on our provider website under Provider Policies , Provider Payment Policies. Blue Cross VT Payment Policy CPP_04 Robotic and Computer Assistive Devices provides details on expectation of usage for these services.		
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Effective Date:	May 1, 2026 to align with updated Payment Policy								
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook								

Summary:	Section 6 Member Liabilities – How to Locate Information and When to Bill Members
Explanation:	<p>Under Members Responsibility for Payment When a Benefit Maximum is Met added the following in red font:</p> <p>NOTE: Benefit maximums are based on a member. If a member terminates their coverage and then reenters into coverage later in the plan year/calendar year, the benefit maximum will not reset until the new plan year/calendar year. It is very important to verify eligibility and benefit maximums before rendering any services.</p> <p>For example: Member has a calendar year policy. They are effective January 1 but cancel for June 1. They have used 20 of their physical therapy benefit. They reenter into the contract on September 1. They have still used 20 of their physical therapy benefit and it will not reset until January 1.</p>
Effective Date:	N/A clarification of existing maximums
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7B Modifiers									
Explanation :	<p>Updated Modifier -SH and -SJ to add the following in red font:</p> <table border="1"> <thead> <tr> <th>Modifier</th> <th>Description</th> <th>Blue Cross VT Allowance and/or Requirements</th> </tr> </thead> <tbody> <tr> <td>SH</td> <td>Second concurrently administered infusion therapy</td> <td>See Payment Policy CPP_14 “Home Infusion Therapy (Including Enteral Nutrition and Total Parenteral Nutrition” for details. It is located on our provider website under Provider Policies, Provider Payment Policies.</td> </tr> <tr> <td>SJ</td> <td>Third or more concurrently administered infusion therapy</td> <td>See Payment Policy CPP_14 “Home Infusion Therapy (Including Enteral Nutrition and Total Parenteral Nutrition” for details. It is located on our provider website under Provider Policies, Provider Payment Policies.</td> </tr> </tbody> </table>	Modifier	Description	Blue Cross VT Allowance and/or Requirements	SH	Second concurrently administered infusion therapy	See Payment Policy CPP_14 “Home Infusion Therapy (Including Enteral Nutrition and Total Parenteral Nutrition” for details. It is located on our provider website under Provider Policies , Provider Payment Policies .	SJ	Third or more concurrently administered infusion therapy	See Payment Policy CPP_14 “Home Infusion Therapy (Including Enteral Nutrition and Total Parenteral Nutrition” for details. It is located on our provider website under Provider Policies , Provider Payment Policies .
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Effective Date:	N/A has been in the payment policy. Directing for complete details.									
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook									

Summary:	Section 6.7 Claim Specific Guidelines
Explanation:	<p>Updated category title, see red font:</p> <p>Drugs Dispensed or Administered by a Provider in an office, outpatient or home infusion setting (other than pharmacy)</p>
Effective Date:	N/A the categories defined included HIT and OP Services, enhancing the title to be more comprehensive

Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook
Summary:	Section 6.7 Claim Specific Guidelines
Explanation:	Added two new categories: Drug HCPCS Level II Billing HCPCS Level II Drug Billing
Effective Date:	N/A information on correct unit reporting
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook