

March 2026

CMO Corner: Virtual OCD Treatment

Dear Colleagues,

I hope the new year is off to a good start for you and your teams. At Blue Cross and Blue Shield of Vermont, one of our goals this year is to continue evolving the tools and services that support your work and improve patient outcomes. This month, I'd like to highlight a new health service available for patients with obsessive compulsive disorder (OCD). **We have partnered with NOCD to offer virtual, evidence-based treatment.** This ensures members have access to Exposure and Response Prevention (ERP)-trained specialists, who can deliver the most effective, first-line, clinical standard for reducing OCD symptoms and improving daily functioning. This service is available to patients through a secure, convenient virtual platform.

We're excited about the benefits this partnership will bring to you and your patients and thank you for your continued partnership and the care you provide every day.

Regards,
Dr. Tom Weigel, Chief Medical Officer
Blue Cross VT

Important Policy, Code, and Handbook Updates

Effective May 1, 2026, updates go into effect for payment and medical policies and routine code maintenance. Our provider handbook also includes updates regarding cost-share, modifiers, and claim guidelines. Please be sure to review the upcoming changes that may impact your practice and patients.

Medical Policy Changes

Payment Policy Changes

Provider Handbook Updates

Routine Code Maintenance

2026 Prefix Listing

The [Prefix Listing](#) has been updated for 2026. It is available on the [Provider Forms and Resources](#) page under Claim Forms and Information.

Underway: Medical Records Retrieval Project

Our annual [Healthcare Effectiveness Data and Information Set \(HEDIS®\)](#) medical records data collection is currently underway. We appreciate your participation in this process as it helps your peers and our members understand the quality of care your clinical team provides every day.

For an overview of when a bulk of medical records may be requested from Blue Cross VT, check out our [updated 2026 Medical Record Activity Timeline](#).

Pharmacy Updates

Updates to the formulary or pharmacy policies may influence prescribing decisions. Stay informed to support timely, appropriate therapy. This month, we're featuring newly available generics, which are generally preferred over brand-name medications.

New generics:

- **Ciprofloxacin hydrocortisone otic suspension**, generic for Cipro HC, is a Tier 1 Generic.
- **Amphetamine ER Orally Disintegrating Tablet**, generic for Adzenys XR, is a Tier 1 Generic and may be appropriate for patients needing a drug formulation that does not need to be swallowed. It is bioequivalent to Adderall XR and indicated for patients age 6 and older.

Current Drug Policies

Medication Coverage

Questions? Reach out to our Clinical Pharmacist, Amy Stoll, PharmD at stolla@bcbsvt.com or 802-371-3657 to discuss drug coverage or clinical questions.

Contraceptive Counseling

In order for a visit to be considered a preventive visit without cost share, an eligible diagnosis must be in the first position on the claim line. Please see our [preventive grid](#) for a list of eligible diagnosis located under Preventive Gynecologic and Wellness Exam for Contraceptive Management.

Contraceptive encounters are eligible for first dollar coverage (without cost share) when billed using one of the diagnoses listed in our Preventive Grid in the first position on the claim line.

Billing Services for National Drug Codes

As a follow-up to the information we shared with you on January 1, we are enforcing the requirements for professional claims (billed on a CMS 1500) to include the reporting of a National Drug Code (NDC.) Professional claim service lines that require and do not include an NDC will be denied. Members cannot be held liable (even with a signed waiver), and a corrected claim can be submitted for consideration of benefits. This is a first step in the enforcement of our reporting requirements. Please click the button below to learn more.

To date, we have addressed the following:

- The reporting of an NDC.
- The reporting of Unit of Measure (UoM) and quantity.
- The requirements for the applicable Current Procedural Terminology (CPT®) or Health Care Procedure Coding System (HCPCS) for professional and outpatient facilities for specific drugs.

[Read More](#)

Modifier -HN

Modifier -HN represents that a service is being rendered by a bachelor level provider. Per our [Payment Policy for Supervised Practice of Mental Health and Substance Use Disorder](#), this is not allowed.

Only providers with a master level degree working toward licensure are eligible to bill for seeing patients as a trainee and must be billed with a modifier -HO. Details are in the payment policy.

Correct HCPCS Level II Drug Billing

Correct reimbursement of HCPCS Level II Drugs is dependent on the correct billing of units. A common mistake involves billing by the number of units administered rather than reporting the number of units represented by the HCPCS Level II code descriptor. Invalid units will result in claims denial or reversal.

[View Details and Examples](#)

2026 ICD-10 Coding Guidelines

The 2026 **ICD-10 Coding Guidelines** for acute myocardial infarction (AMI) offer the following rules for proper coding of the condition:

- Subcategories I21.0-I21.2 and code I21.3 are used for type 1 ST elevation myocardial infarction (STEMI).
- Code I21.4, Non-ST elevation (NSTEMI) myocardial infarction, is used for type 1 non-ST elevation myocardial infarction (NSTEMI) and non-transmural MIs.
- Code I21.9, Acute myocardial infarction, unspecified, is the default for unspecified acute myocardial infarction or unspecified type.
- The site of the MI must be identified to most correctly code the MI; examples include anterolateral wall or true posterior wall.

- If only type 1 STEMI or transmural MI without the site is documented, assign code I21.3, ST elevation (STEMI) myocardial infarction of unspecified site.

Points to consider:

- If a type 1 NSTEMI evolves to STEMI, assign the STEMI code. If a type 1 STEMI converts to NSTEMI due to thrombolytic therapy, it is still coded as STEMI.
- For encounters occurring while the myocardial infarction is equal to or less than four weeks old, including transfers to another acute setting or a post-acute setting, codes from category I21 may continue to be reported.
- For encounters after the 4-week time frame where the patient is still receiving care related to the myocardial infarction, the appropriate aftercare code should be assigned, rather than a code from category I21.
- For old or healed myocardial infarctions not requiring further care, code I25.2, Old myocardial infarction, may be assigned. Acute myocardial infarction can be billed up to 28 days from the date of the acute infarction. The date of the acute infarction is based on inpatient testing. If there was no inpatient testing, an acute infarction can't and shouldn't be billed.

Adaptive Maintenance for April 1, 2026

We will be publishing a special newsletter in a few weeks that will provide the details of our implementation of the new and revised codes for April 1, 2026.

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