

# NEW PRACTICE ORIENTATION MENTAL HEALTH AND SUBSTANCE USE DISORDER CLINICIAN

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Provider Relations 4.10.26



An Independent Licensee of the Blue Cross and Blue Shield Association.

# Welcome to Blue Cross and Blue Shield of Vermont (Blue Cross VT)

# COMMITMENT TO PROVIDING QUALITY CARE

**Our network providers share a commitment to improve our members' lives by rendering quality care.**

Our network providers demonstrate this commitment by:

- Complying with enrollment & credentialing requirements in a timely manner.
- Obtaining prior approval for care as required by the member's benefit plan.
- Rendering care in accordance with our clinical practice guidelines when appropriate.
- Participating in treatment records reviews when requested.
- Informing members of their rights and responsibilities and the importance of collaborating with their primary care provider and others involved in their health care.
- Initiating and maintaining ongoing communication with the primary care provider when authorized by the member.
  - If a member declines to give authorization to communicate with the PCP, please document the refusal in the member's record.
- Helping to recognize fraud, waste and abuse.
- Complying with all policies and procedures contained in the Blue Cross VT *Provider Manual* and *Provider Handbook* (available at [bcbsvt.com/provider](http://bcbsvt.com/provider)).

# ELECTRONIC FUND TRANSFER

Practices must sign up for Electronic Fund Transfer at a Tax Identification Number level

- Details and link to sign up are located here:  
[www.bluecrossvt.org/providers/provider-electronic-payment](http://www.bluecrossvt.org/providers/provider-electronic-payment)
- Practice not signing up for EFT will have their contract terminated.

# CONSOLIDATED APPROPRIATIONS ACT (CAA) DIRECTORY VALIDATION

The Consolidated Appropriations Act (CAA) is a federal requirement that requires provider directory information to be verified **every 90 days**. Providers and insurers have roles in fulfilling this requirement to maintain an accurate directory.

If directory validation is not completed within the timeframe specified, providers are removed from the directory, have claims denied and face possible contract termination.

Full Details on how to complete CAA and an overview of CAA are located here: [www.bluecrossvt.org/providers/enrollment-and-credentialing](http://www.bluecrossvt.org/providers/enrollment-and-credentialing), scroll down to the link for CAA Directory Validation and Claims Processing.

# PROVIDER RESOURCE CENTER

**The Provider Resource Center (PRC) is our secure website for providers. Sign up today for access to:**

- Eligibility and Benefits
- Claim Status Inquiry
- Prior Approval Tool
- Provider Payment Vouchers (aka remittance advice, provides details on how a claim has processed)

To register, go to: <https://www.bcbsvt.com/prc>

(Click on “Register Now” at the bottom of the page.) The User's Guide is available in this area as well.

**NOTE:** If your practice does not use an 835 (HIPAA complaint electronic remit), you **MUST** sign up for the PRC to get your provider vouchers.

# BLUE CROSS VT PROVIDER WEBSITE

Visit [www.bcbsvt.com/provider](http://www.bcbsvt.com/provider) for helpful information and tools. No registration required.

- Communications (important updates that may impact your practice)
- Electronic Payment/EFT Information
  - Note – all Blue Cross VT contracted Tax IDs MUST sign up for EFT
- Medical, Quality and Payment Policies
- Provider Demographic and Enrollment Changes
- Prior Approval List and Information
- Provider Handbook and Reference Guides
- Contact Us (list of telephone numbers for interacting with us)

# CLAIM SUBMISSIONS

Our on-line Provider Handbook [www.bluecrossvt.org/documents/provider-handbook](http://www.bluecrossvt.org/documents/provider-handbook) contains details on the following:

- Section 6.1
  - Claim processing timelines, timely filing, where to direct claims if you contract with more than one Blue Plan and adjusted/corrected claims
- Section 6.2 Electronic Claim Submissions
- Section 6.3 Paper Claim submission
- Section 6.7 Claim Specific Guidelines
  - Provides details on specific service and codes
- Sections 6.7A – 6.7F specific instruction for certain services and modifiers
- Section 7 BlueCard (member of another Blue Plan)
- Section 9 Federal Employee Program

# PRIOR APPROVAL AUTHORIZATION

Visit the Prior Approval Authorization area of our provider website:  
[www.bluecrossvt.org/providers/prior-approval-authorization](http://www.bluecrossvt.org/providers/prior-approval-authorization) for details  
on:

- What Needs Prior Approval
- Primary Care Provider Prior Authorization Waivers
- Who Manages Prior Approvals and Pre-Notifications
- Prior Approval and Pre-Notification Submission Methods
- Retrospective Prior Approval
- Members of Another Blue Cross and Blue Shield Plan (BlueCard Members)

# UPDATING YOUR PRACTICE INFORMATION

You can update your practice information online: [www.bluecrossvt.org/providers/provider-forms-resources#body-section-9952](http://www.bluecrossvt.org/providers/provider-forms-resources#body-section-9952)

Use the **Group Enrollment/Change Form (GECF)** to notify us of:

- Address change
- New NPI
- New Tax ID
- New Group Name
- Provider Name Change

Use the **Provider Enrollment/Change Form (PECF)** to notify us of:

- New providers being added to your group practice
- Termination of your contract/participation with BCBSVT
- Enrollment of Locum Tenens

*Before submitting these forms, please note any additional requirements for that are listed on this web page (e.g., submission of W-9, copy of license, etc.).*

# TELEMEDICINE SERVICES

Full Details are available in our Payment Policy:

[www.bluecrossvt.org/documents/cpp03-telemedicine-january-2026](http://www.bluecrossvt.org/documents/cpp03-telemedicine-january-2026)

Attachment 1 of the payment policy provides the details of eligible services, modifiers and any special instructions.

# SUPERVISED PRACTICE OF MENTAL HEALTH AND SUBSTANCE USE TRAINEES

Full Details are available in our Payment Policy:

[www.bluecrossvt.org/documents/cpp37-supervised-practice-mhsud-january-2026](http://www.bluecrossvt.org/documents/cpp37-supervised-practice-mhsud-january-2026)

Blue Cross VT supports the training of clinical mental health counseling for those working toward full state licensure as clinical mental health counselors. The policy outlines our expectations regarding the supervisor-trainee relationship.

# CONTRACTING FREQUENTLY ASKED QUESTIONS

## **Can I move out of Blue Cross VT service area (Vermont and its contiguous counties) and continue to be a participating provider with Blue Cross VT?**

In general, Blue Cross VT is limited to contracting with providers who provide services while **physically** located in Vermont or a county contiguous to Vermont. Blue Cross VT **may not** contract directly with a provider physically located outside the state of Vermont (or a contiguous county) who is providing services via telemedicine only.

Blue Cross VT contracted providers temporarily located outside of the State of Vermont but within the United States for a period not to exceed six months are allowed to continue to contract with Blue Cross VT and provide eligible services by telemedicine, submitting claims to Blue Cross VT for processing.

If at any point the relocation becomes permanent or the six-month time period is exceeded, the Blue Cross VT contract is terminated, and claims for services can no longer be submitted to Blue Cross VT. Claims must be submitted to the Blue Plan the provider is located in when the services are rendered.

### Notes:

- There are allowances if a provider is affiliated and billing through a Blue Cross VT contracted practice physically located in the State of Vermont or a county contiguous to Vermont.
- Out of Country relocation, even if temporary, will terminate a direct Blue Cross VT contract.

# MEDICARE PRIMARY MEMBERS

## **For Medicare primary members, do I have to submit claims to Medicare?**

It depends on your status with Medicare. If you have opted out of Medicare, you may submit claims directly to Blue Cross VT, reporting each services line with a modifier –GY. Neither the provider nor the patient can submit a claim to Medicare when the provider has opted out. See our on-line Provider Handbook: <https://www.bluecrossvt.org/documents/provider-handbook> under Section 6.6 “Provider has Opted out of Medicare” for full details.

If your specialty is statutorily excluded from Medicare, you can bypass Medicare and submit claims directly to Blue Cross VT. If the member has Blue Cross VT secondary, the -GY modifier must be reported on each service codes to allow the claim to process without having first processing through Medicare.

However, if the member has a Medicare supplemental plan (identified by a prefix of ZIB), there are no benefits available in the absence of Medicare coverage. The supplemental plan picks up balances owed by the member only when the services are covered by Medicare. Claims for these members must first process through Medicare, and the -GY modifier is not applicable.

*Be sure to always check the member’s eligibility to ensure they have coverage for the services you provide.*

# QUESTIONS?

## Contact Your Provider Relations Consultant

Cindy Foster

802-371-3300

[FosterC@bcbsvt.com](mailto:FosterC@bcbsvt.com)

Contact Cindy if your practice is in one of these counties:

- Vermont: Bennington, Orange, Rutland, Washington, Windham or Windsor
- New York: Rensselaer or Washington
- New Hampshire: Cheshire, Grafton, or Sullivan
- Massachusetts: Berkshire or Franklin

Nichole Hallock

802-371-3318

[HallockN@bcbsvt.com](mailto:HallockN@bcbsvt.com)

Contact Nichole if your practice is in one of these counties:

- Vermont: Addison, Caledonia, Chittenden, Essex, Franklin, Grand Isle, Lamoille or Orleans
- New York: Clinton or Essex
- New Hampshire: Coos