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_11 Provider-Based Billing

Policy Type:	Payment Policy
Summary:	Payment policy updated new template format. Clarification to policy statements surrounding type of bill, and place of service to restate the actual policy intent. Removed deleted codes 99201 & 99241 from coding within policy. Updated the description section, policy statements and general sections to offer more clarification and detail to expectations noting policy statement intent remains unchanged. Under Not Eligible Section updated and clarified the following: The following instances are NOT billable and if billed will be denied as provider liability: Examples include but NOT limited to E/M codes (G0463, 99202-99205, 99211- 99215, 99381-99397) procedures and services performed during clinic visit. • Type of Bill: 013X (Hospital Outpatient) AND • Revenue Codes: 0510-0519 Examples include but NOT limited to codes (G0466-G0470) procedures and services performed during clinic visit • Type of Bill: 077X (Clinic - Federally Qualified Health Center (FQHC) AND • Revenue Codes: 0521 OR 0528 General Ophthalmological Services codes in the range (92002-92014) with all revenue codes. Updated Related Polices Section.
Effective Date:	August 1, 2025
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/cpp11-provider-based-billing-policy- august-2025

Policy Name: CPP_21 Preventable Readmissions

Policy Type: Payment Policy

Summary:	Payment policy updated to new template format. Policy name changed from 'Preventable Readmissions' to 'Inpatient Hospital Readmission'. New policy statements surrounding five (5) calendar day readmission policy and thirty (30) calendar readmission payment policy guidelines.
Effective Date:	August 1, 2025
Link to Policy/ Manual:	https://www.bluecrossvt.org/documents/cpp21-inpatient-hospital- readmission-august-2025

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: <u>providercontracting@bcbsvt.com</u> 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.