# NOTICE OF PROVIDER HANDBOOK CHANGES

Date: December 1, 2025

BlueCross BlueShield of Vermont
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**The Provider Handbook has been updated with the following:**

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| **Summary:** | **Section 7** The BlueCard® Program |
| **Explanation:** | Updated Coverage and Eligiblity Verification Section to include information on accreditation, red font below:<br>***Coverage and Eligibility Verification***<br>Verifying eligibility and confirming the requirements of the member's policy before you provide services is essential to ensure complete, accurate and timely claims processing. Each Blue Cross and Blue Shield Plan has its own terms of coverage and medical policies. There may be exclusions or requirements you are not familiar with. Some Plans may have specific accreditation requirements for Mental Health and Substance Use facilities, beyond what Blue Cross VT requires for credentialing and contracting in order for benefits to be provided. Each plan may also have a different copayment application that is based on provider specialty. For example, a visit with a nurse practitioner or physician assistant in a primary care practice setting may apply a specialist copayment rather than a PCP copayment. Some Blue Plans may exclude the use of certain provider specialties such as naturopath, acupuncture, or athletic trainers. Some members may have only Blue Cross (Inpatient) or only Blue Shield (Professional) coverage with their Blue Plan, so verifying eligibility is extremely important. |
| **Effective Date:** | N/A it serves as an additional reminder |
| **Link to Policy/ Manual:** | www.bluecrossvt.org/documents/provider-handbook |

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| **Summary:** | Section 6.7 Claim Specific Guidelines |
| **Explanation:** | Added under the Provider Billing the following:<br>• **Provider who is Enrolled/Credentialed through a different Group/Facility joining a New/Additional Blue Cross VT contracted Provider Group**<br>Providers joining a new/additional contracted provider group who are already enrolled/credentialed with Blue Cross VT through a different group/facility are not eligible to provide services or bill for services for any Blue Plan members under the new group until they are enrolled and approved by the Blue Cross VT credentialing committee. Note: if the providers credentialing is in active status, an additional credentialing process is not required. |
| **Effective Date:** | N/A added to provide clarity on provider in more than one provider group |
| **Link to Policy/ Manual:** | www.bluecrossvt.org/documents/provider-handbook |

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| **Summary:** | Section 1.5 Enrollment of Providers |
| **Explanation:** | The red font defines the clarifications: |

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| | **Enrollment and Credentialing Requirements**<br>To enroll, the group or individual must hold a contract with Blue Cross VT/ TVHP. Provider groups must (1) enroll **and** (2) credential individual providers who are associated with the group. The provider must enroll under the group to be part of the group's contact and be eligible to bill. This is done by the submission of a Provider Enrollment Change Form with required documentation. Please see the Enrollment and Credentialing area of our website at www.bluecrossvt.org/providers/enrollment-and-credentialing.<br><br>Effective dates of change are defined in provider contracts.<br><br>**Notes:**<br>• Providers joining existing, contracted groups with Blue Cross VT are **not** eligible to render services to any Blue Cross and Blue Shield member (including CBA Blue, the Federal Employee Program and Vermont Blue Advantage) until they are fully (1) enrolled under the group and (2) approved by the credentialing committee. Credentialing is required if the provider does not have an approved, active credential status with Blue Cross VT.<br>○ Note: Locum Tenens must complete a provisional credentialing process before they are eligible to render services to any Blue Cross VT/TVHP (including CBA Blue, the Federal Employee Program and Vermont Blue Advantage) members. |
| **Effective Date:** | N/A added to provide clarity on provider in more than one provider group |
| **Link to Policy/ Manual:** | www.bluecrossvt.org/documents/provider-handbook |

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| **Summary:** | Section 6.1 General Claim Information |
| **Explanation:** | The Claim Submission Guidelines for Provider Contracting with Both Blue Cross VT and Anthem, Inc BCBSNH Plan has been updated to reference Elevance Health (formerly Anthem, Inc) as their name has changed. |
| **Effective Date:** | N/A Name change is in place |
| **Link to Policy/ Manual:** | www.bluecrossvt.org/documents/provider-handbook |

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| **Summary:** | Section 6 Member Liabilities – How to Locate Information and When to Bill Members |
| **Explanation:** | Added information in red font to the Mental Health and Substance Use Disorder:<br><br>***Mental Health Substance Use Disorder:*** Our members have access to certain mental health and substance use services for the same co-payment as their primary care provider visit. Services included: 90785, 90791, 90792, 90832, 90834, 90837, 90846, 90847, 90853, 90863, H0015 and H0020. Effective January 1, 2026, the following codes have been added in addition to the ones above: 99446, 99447, 99448, 9949, 99451, 90839 and 90840 |
| **Effective Date:** | January 1, 2026 |
| **Link to Policy/ Manual:** | www.bluecrossvt.org/documents/provider-handbook |

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| **Summary:** | Section 6.7D Mammogram Screening and Screening Additional Views |
| **Explanation:** | Updates to language and codes detailed in red font below: |

### Mammogram Screening and Screening Additional Views

**NOTE: Changes in red font within this section are effective January 1, 2026:**

Members age 40+ or younger women with risk factors can self-refer for mammogram screenings.

We have very specific coding requirements for screening mammograms and screening additional views ("screening callbacks") with a Breast Imaging Report and Data System (BI-RADS) score of 0 (zero).
For an initial mammography that is a screening mammography, the following coding will process at no member cost share*:

| CPT®/HCPCS Code | Primary ICD-10 Reporting |
|---|---|
| 77063, 77067<br>(Append modifier -52 for unilateral exam) | N63.15, N63.25, R92.2, R92.8, Z00.00, Z00.01, Z12.31, Z12.39, Z80.3, Z85.3, Z86.000, Z86.018, Z86.03, Z90.10, Z90.11, Z90.12, Z90.13 |

For additional views or "call backs" if the initial screening mammography resulted in a BI-RADS 0 exam the following CPT ® & ICD 10-CM will be used and shall process at no member cost share. No modifier is necessary to indicate screening.

| CPT®/HCPCS Code | Primary ICD-10 Reporting |
|---|---|
| 19030, 76641, 76642, 77046, 77047, 77048, 77049, 77053, 77054, 77061, 77062, 77063, 77065, 77066, 77067, C8903, C8905, C8906, C8908, G0279<br>(Append modifier -52 to report a unilateral exam) | R92.2, R92.8, Z12.39, Z86.000, Z86.018, Z86.03 |

Please also note that the date of service may be same day or a subsequent date if there is an additional mammogram, ultrasound or other modality required to complete the screening examination.
While the national preventive care guidelines recommend screening mammography every one to two years, Blue Cross VT does not require that members wait at least 365 days between medically necessary, screening modality to access first-dollar coverage*.

*When applicable. Member must have a benefit program that includes the Affordable Care Act, first dollar preventive benefits.
The Federal Employee Program and BlueCard benefits may not provide first-dollar coverage. For details on eligible mammography services, contact the appropriate customer service team or Blue Plan.

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