

NOTICE OF PROVIDER HANDBOOK CHANGES

Date: January 1, 2026



BlueCross BlueShield
of Vermont

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The Provider Handbook has been updated with the following:

Summary:	Section 2 Blue Cross VT Provider Website and the Provider Resource Center (PRC)
Explanation:	Clarified that sharing of username and password is not allowed. Clarification in red font: To become a registered user, you will need to work with your local administrator (the person in your organization who has already agreed to oversee the activities related to adding/deleting staff and assigning roles and responsibilities for your organization). If your organization does not already have a local administrator, go to the Provider Resource Center and follow the instructions to register as a new user. Blue Cross VT does not allow for the sharing of usernames and passwords. Each user MUST have their own username and password.
Effective Date:	N/A no change, just clarification
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7B Modifiers
Explanation:	Language added under modifier – GY regarding LMFT and LCMHC not being eligible to use the modifier -GY after 1/1/24, addition in red font: NOTES: <ul style="list-style-type: none">Effective 1/1/24 the Centers for Medicare and Medicaid Services (CMS) began to recognize Licensed Marriage and Family Therapist and Licensed Clinical Mental Health Counselors as eligible providers. Providers with this type of licensure are NOT allowed to submit claims with dates of service 1/1/24 or after with a modifier -GY, unless they have opted out of Medicare (see next bullet).Blue Cross VT allows providers who have opted out of Medicare to submit claim lines with a modifier -GY*. This removes the requirement of submitting each claim with a Medicare Opt out letter and will allow claim to process without an Explanation of Medicare Benefit. *This includes claims for FEP members.
Effective Date:	N/A clarification to the use of modifier – GY
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7 Claim Specific Guidelines
Explanation:	Modified “Drugs Dispensed or Administered by a Provider (other than pharmacy)” to exclusions to remove COVID-19 vaccine administration and added services where Medicare is the primary carrier. Also added exception to Skin Substitutes/Bioengineered Skin NDC is not required when the code description indicates add-on list separately in addition to primary procedure OR list separately to primary procedure.
Effective Date:	N/A update to exclusions
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7 Claim Specific Guidelines
Explanation:	<p>Changes:</p> <ol style="list-style-type: none"> 1. January 1, 2026 HCPCS descriptions changes of dental anesthesia codes D9222, D9223, D9239 & D9243 and the addition of HCPCS dental anesthesia codes D9224, D9225, D9244, D9245, D9246 and D9247 effective January 1, 2026 has created revisions in the dental anesthesia area. See online provider handbook for specifics. 2. Moved Anesthesia Modifier information/business rules from bullet format to a grid for easier reading ability. 3. Removed the Physical Status Modifier codes and descriptions from the “Anesthesia Physical Status Modifier” area to the Anesthesia Modifier grid for consistency. 4. In Section 6.7B Modifiers, all anesthesia modifiers now refer to section 6.7A Anesthesia.
Effective Date:	N/A update to exclusions
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.4 ClaimsXten-Select™, Cotiviti, Inc., and Clear Claim Connect (C3)
Explanation:	Updated the details on how to file a review request.
Effective Date:	N/A information was outdated
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Updated Blue Cross VT Provider Handbook 2025 to be 2026
Explanation:	New calendar year
Effective Date:	January 1, 2026
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 1.8 Blue Cross VT Marketing of Providers in Member Directories
Explanation:	<p>Under Consolidated Appropriations Act (CAA) Directory Validations added the following in red font:</p> <p>See the Enrollment and Credentialing area of our website: https://www.bluecrossvt.org/providers/enrollment-and-credentialing under CAA Directory Validation for an overview of the process and instructions on how to complete the quarterly validations.</p> <p>Providers are required to complete each quarter or risk removal from the Provider Directory, denial of claims (scheduled for second quarter of 2026) or possible termination of contract.</p>
Effective Date:	January 1, 2026
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