

NOTICE OF PROVIDER HANDBOOK CHANGES

Date: June 1, 2025



BlueCross BlueShield
of Vermont

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The Provider Handbook has been updated with the following:

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| Summary: | Update to Section 6.7B Modifiers |
| Explanation: | <p>On the modifier table, clarified the BlueCard requirements for a modifier -GY.</p> <p>BlueCard and Modifier -GY: Medicare, through the COBA program, will automatically cross over claims for Medicare primary members to the members' Blue Plans for consideration of benefits. If a service line of a claim contains a modifier -GY, the member's Blue Plan will deny that service line (either through a letter or provider voucher) advising the claim must be submitted to the provider's contracted Blue Plan (Blue Cross VT). This is done so that we can apply the provider's contracted rate to eligible services. Services without a modifier -GY use Medicare's allowance; services with the modifier -GY use the provider's Blue Cross VT contracted rate.</p> <p>When submitting these claims for balances after Medicare to Blue Cross VT for a BlueCard member, include the original claim (with all lines, including those without the modifier -GY) and the Explanation of Medicare Benefits. Services that the member's Blue Plan has already processed will deny as duplicates and the lines with the modifier -GY will process according to the member's benefits.</p> |
| Effective Date: | N/A. This is not a change but rather a clarification, which had not been present. |
| Link to Policy/Manual: | https://www.bluecrossvt.org/documents/provider-handbook |

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| Summary: | Update to Section 6 Member Liabilities – How to locate Information and When to Bill Member |
| Explanation: | <p>Added clarifying information under the "Waivers (Informed consent)" area on services that cannot be billed to a member even is a waiver is secured:</p> <p>NOTE: Services a member can never be billed for, even if a waiver is secured: (1) lack of prior approval, (2) duplicate claims, (3) timely filing, (4) claim edits (such as inclusive, mutually exclusive), (5) unlisted procedure, service or supply codes that have denied for a lack of description or documentation (see Section 6.7 Claim Specific Guidelines under "Unlisted Procedures, Services or Supply Codes for details), and (6) services not allowed through Provider Payment Policies (unless otherwise noted).</p> |
| Effective Date: | N/A maintenance – this section has provided details of when a waiver is acceptable, but not scenarios when it is NOT acceptable. |
| Link to Policy/Manual: | https://www.bluecrossvt.org/documents/provider-handbook |

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| Summary: | Update to Section 6.4 ClaimsXten-Select™, Cotiviti, Inc., and Clear Claim Connect (C3) |
| Explanation: | Under ClaimsXten-Select™, and Cotiviti, Inc. added the below: |

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| | Members cannot be billed for services that deny due to ClaimsXten-Select™ and Cotiviti, Inc., edits, even if a waiver is secured. These denials are a provider's liability. |
| Effective Date: | N/A this is strengthening the language that already exists. |
| Link to Policy/Manual: | https://www.bluecrossvt.org/documents/provider-handbook |

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| Summary: | Update to Section 6.7 Claim Specific Guidelines under “Drugs Dispensed or Administered by a Provider (other than pharmacy)” |
| Explanation: | Updated the Electronic Claims information to provide the correct companion guide reference: Electronic Claims: HIPAA compliant 8371 or 837P refer to the companion guide (Loop – 2410 – Drug Identification). |
| Effective Date: | N/A maintenance, the original location in the companion guide was replaced. |
| Link to Policy/Manual: | https://www.bluecrossvt.org/documents/provider-handbook |

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| Summary: | Section 1.5 Enrollment of Providers |
| Explanation: | Removed the below as this is no longer the process, the information is collected through the enrollment process: Enrollment of Telemedicine or Virtual Care Only Providers/Practices You must first contact the Provider Contracting department at providercontracting@bcbsvt.com before completing or submitting any enrollment information. |
| Effective Date: | N/A maintenance |
| Link to Policy/Manual: | https://www.bluecrossvt.org/documents/provider-handbook |