

NOTICE OF PROVIDER HANDBOOK CHANGES

Date: November 1, 2025



BlueCross BlueShield of Vermont

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



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The Provider Handbook has been updated with the following:

Summary:	Section 6.7 Claim Specific Guidelines
Explanation:	<p>Drugs Dispensed or Administered by a Provider (other than pharmacy), updated the categories and what the requirements do not apply to. Updates in red font:</p> <ul style="list-style-type: none"> • Medical and Surgical Supplies (i.e., other supplies and devices; radiopharmaceuticals) • Enteral and Parenteral Therapy • Outpatient PPS (i.e., drugs, biologicals, and radiopharmaceuticals (carrier discretion to utilize outside scope of OPPS)) • Drugs administered other than oral method • Chemotherapy Drugs • Medical Services (intravenous Infusion) • Pathology and Laboratory (i.e., miscellaneous) • Procedures/Professional Services/Temporary codes (specific to Medical Rx only) • Skin Substitutes/Bioengineered Skin <p>The requirement does not apply to:</p> <ul style="list-style-type: none"> • Durable Medical Equipment • COVID-19 vaccine or vaccine administrations, however, will be accepted if submitted. The NDC must be a valid, active code and reporting must be per our NDC guidelines. • Flu vaccine, however, will be accepted if submitted. The NDC must be a valid, active code and reporting must be per our NDC guidelines.
Effective Date:	N/A the MD Rx notices have had these updated for a while and the updates were missed in the provider handbook.
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7 Claim Specific Guidelines
Explanation:	<p>Drugs Dispensed or Administered by a Provider (other than pharmacy), has the statement below added as effective January 1, 2026, the requirements are enforced:</p> <p>Claims submissions must be complete and accurate, meeting the requirements of our guidelines, or the applicable service(s) will be denied. If you receive a denial, the member cannot be held liable (even with a signed waiver), and a corrected claim can be submitted for consideration of benefits.</p>

Effective Date:	January 1, 2026
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 12 – Act 111 – Blueprint Primary Care Provider Waiver of Prior Authorization																		
Explanation:	<p>Noted January 1, 2026, changes. Largest change, but other small ones as well: Act 111 – Primary Care Provider waiver of Prior Authorization (effective January 1, 2026)</p> <p>Beginning January 1, 2026, prior authorizations for medically necessary services (excluding prescription drugs or out of network services) are waived if a member is covered by a Vermont state regulated plan and the ordering provider meets the requirements below:</p> <table border="1"> <thead> <tr> <th>Provider Type Set up in Blue Cross VT System</th> <th>Provider Location (and when appropriate provider type)</th> <th>Eligible for a Waiver</th> </tr> </thead> <tbody> <tr> <td>Primary Care Provider (PCP)</td> <td>Vermont</td> <td>Yes, if there is a primary care contract with Blue Cross VT</td> </tr> <tr> <td>Primary Care Provider (PCP)</td> <td>Vermont and County Contiguous to Vermont</td> <td>Yes, if there is a primary care contract with Blue Cross VT that covers the location(s).</td> </tr> <tr> <td>Primary Care Provider</td> <td>County Contiguous to Vermont</td> <td>No</td> </tr> <tr> <td>Dual Specialty Provider</td> <td>Vermont - Specialist County Contiguous to Vermont – PCP</td> <td>No, for any location(s)</td> </tr> <tr> <td>Specialist</td> <td>Vermont or County Contiguous to Vermont</td> <td>No</td> </tr> </tbody> </table>	Provider Type Set up in Blue Cross VT System	Provider Location (and when appropriate provider type)	Eligible for a Waiver	Primary Care Provider (PCP)	Vermont	Yes, if there is a primary care contract with Blue Cross VT	Primary Care Provider (PCP)	Vermont and County Contiguous to Vermont	Yes, if there is a primary care contract with Blue Cross VT that covers the location(s).	Primary Care Provider	County Contiguous to Vermont	No	Dual Specialty Provider	Vermont - Specialist County Contiguous to Vermont – PCP	No, for any location(s)	Specialist	Vermont or County Contiguous to Vermont	No
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Effective Date:	January 1, 2026																		
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Summary:	Section 6.7B Modifiers
Explanation:	<p>Updated modifier -HO to refer to updated payment policy effective January 1, 2026</p> <p>Informational—Modifier use will not impact reimbursement. Until 12/31/25 Effective 1/1/26 Used when supervising trainee—see Payment Policy CPP_37 Supervised Practice of Mental Health and Substance Use Trainees for requirements, billing and reimbursement.</p>
Effective Date:	January 1, 2026
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 1.2 Blue Cross VT/TVHP Contracts
Explanation:	Updated the below language in red highlight:

	<p>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. There are certain exceptions (for example, for durable medical equipment suppliers that ship materials to Vermont and independent clinical laboratories ordered by a Vermont physician), but Blue Cross VT cannot directly contract with a provider physically located outside the state of Vermont (or a contiguous county) who is providing services via telemedicine or telephone (audio) only.</p> <p>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.</p> <p>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 where the provider is physically located when the services are rendered.</p>
Effective Date:	N/A strengthen and clarified requirements
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7B Modifiers
Explanation:	<p>Updated modifier -62 to refer to newly created payment policy effective January 1, 2026</p> <p>62.5 % of standard allowed amount for surgical procedure. Until 12/31/25. Effective 1/1/26 see Payment Policy CPP_50 Modifier -62 for requirements, billing and reimbursement.</p>
Effective Date:	January 1, 2026
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7B Modifiers
Explanation:	<p>Updated modifier -52, modifier -53, modifier 73 to reference updated payment policy effective January 1, 2026</p> <p>Effective 1/1/26 see Payment Policy CPP_22 “Modifier -52, -53, -73 -74” for requirements, billing and reimbursement.</p>
Effective Date:	January 1, 2026
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7B Modifiers
Explanation:	<p>Added Modifier -74 to reference updated payment policy effective January 1, 2026</p> <p>Effective 1/1/26 see Payment Policy CPP_22 “Modifier -52, -53, -73 -74” for requirements, billing and reimbursement.</p>

Effective Date:	January 1, 2026
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Summary:	Section 10 Provider Voucher and 835 Transactions
Explanation:	In the Provider Voucher Reporting Variances section added the following: <p style="color: red;">Facility and Professional claims - The Provider Voucher will not always report the negative claim adjusted if the original claim did not have any payments. The negative claim can be located in the 835 transaction. However, the adjusted claim will report to the Provider Voucher.</p>
Effective Date:	January 1, 2026
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7 Claim Specific Guidelines
Explanation:	Updated all application areas to reflect the Drug Wastage Payment Policy has been retitled to Discarded Drug and Biologicals (Professional and Facility)
Effective Date:	January 1, 2026
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7B Modifiers
Explanation:	Added Modifiers -JA, -JB and -JW and referenced the Discarded Drug and Biologicals (Professional and Facility) Payment Policy CPP_47
Effective Date:	January 1, 2026
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7B Modifiers
Explanation:	Updated Modifiers -76, -77, -78 and -79 and referenced the Payment Policy (CPP_51) for these modifiers.
Effective Date:	January 1, 2026
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook