

NOTICE OF PROVIDER HANDBOOK CHANGES

Date: October 1, 2025

The Provider Handbook has been updated with the following:

Summary:	Section 6.7 Claim Specific Guidelines
Explanation:	New Payment Policy for lactation services, added details: Lactation Services See Payment Policy CPP_48 Lactation Services for details.
Effective Date:	December 1, 2025
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 1.2 Blue Cross VT/TVHP Contracts
Explanation:	Add the below details for clarification of contract effective dates: Contracts are effective upon signature of all parties (or Providers' satisfaction of credentialing requirements, whichever is later)
Effective Date:	N/A clarification of existing policy
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7 Claim Specific Guidelines
Explanation:	Under Bevacizumab (Avastin), corrected dosage for J9035, it should be 10 not 0: Code J9035, bevacizumab 10 mg for injection, should no longer be used after 12/31/22 for ophthalmic indications. If used, prior approval will be required.
Effective Date:	N/A the dosage had a typo
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7F Dental Care
Explanation:	Fixed Medial Dental to be Medical Dental in the title.
Effective Date:	N/A corrected typo
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook