

NOTICE OF PROVIDER HANDBOOK CHANGES

Date: November 1, 2026



BlueCross BlueShield
of Vermont

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bluecrossvt.org

The Provider Handbook has been updated with the following:

Summary:	Section 5 Blue Cross VT Programs and Standards
Explanation:	In the Feedback-Informed Treatment (FIT) area, the reference to Vermont Collaborative Care (VCC) has been removed.
Effective Date:	N/A VCC has been fully integrated into Blue Cross VT
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6 Member Liabilities – How to Locate Information and When to Bill Members
Explanation:	<p>The Complaint and Grievance Process has been retitled to Appeal Process. Any reference from Provider-on-Behalf-of-Member Appeal Process has been removed. The following in red font has been added:</p> <p>When submitting an appeal request, you must include the member's name, date of birth, member policy identification number (ID number), date(s) of service, charge amount of the claim, and any clinical prior to the procedure that supports the medical necessity of the procedure (not just the results of the procedure). Only relevant clinical that supports the medical necessity of the procedure should be submitted, not the patients entire medical record.</p>
Effective Date:	January 1, 2027
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7.B Modifiers		
Explanation:	Added Modifier TH:		
	TH	Obstetrical treatment/services, prenatal or postpartum	Informational – Modifier use will not impact reimbursement. See Payment Policies CPP_16 “Maternity (including Home Births)” for details. It is located on our provider website under Provider Policies , Provider Payment Policies .
Effective Date:	N/A provider notices have alerted to the required use of this modifier starting September 1, 2026		
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook		

Summary:	Section 6.7 Claim Specific Guidelines
Explanation:	<p>Removed the following:</p> <p>Home Births</p>

	<p>We have a Payment Policy CPP_18 for Home Births. The policy provides description, eligible and ineligible services and billing guidelines. Our payment policy for Home Births is located on our provider website under Provider Policies, Provider Payment Policies.</p> <p>And replaced with:</p> <p>Home Births</p> <p>We have a Payment Policy CPP_16 “Maternity (including Home Births)”. The payment policy is located on our provider website under Provider Policies, Provider Payment Policies.</p>
Effective Date:	January 1, 2027 as the policy is achieved
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 6.7 Claim Specific Guidelines
Explanation:	<p>Updated Global Maternity Obstetrical Package to new policy name:</p> <p>Maternity (including Home Births)</p> <p>We have a Payment Policy CPP_16 “Maternity Care and Home Births”. The payment policy is located on our provider website under Provider Policies, Provider Payment Policies.</p>
Effective Date:	January 1, 2027
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook

Summary:	Section 4 Integrated Health Functions
Explanation:	<p>Under the Retrospective Review of Prior Approvals the following occurred:</p> <p>DELETED:</p> <p>Discharge Planning</p> <ul style="list-style-type: none"> Discharge planning occurred during the Plan’s non-business operating hours. <p>Physical, Speech or Occupational Therapy Services:</p> <ul style="list-style-type: none"> A claim denies for lack of prior approval, but the provider took sufficient steps to verify benefits before providing the services to the member. Sufficient steps include verifying member benefits through a call to customer service or eligibility accumulator inquiry AND asking the member whether they have received other physical, speech or occupational therapy care and receiving an answer from the member that the member has not received such care. <p>UPDATED:</p> <p>Durable Medical Equipment (DME) Continuation— requests greater than 30 calendar days from the last covered authorization day will be reviewed for future services only and must include documentation supporting 60 days of member compliance.</p>

	<ul style="list-style-type: none"> • DME supplied as part of the inpatient discharge planning and discharge planning occurred during Blue Cross VT non-business operating hours. • Continuation requests within 30 calendar days of the last covered day of the trial authorization for CPAP/BiPAP/TENS or any other continued DME.
Effective Date:	
Link to Policy/ Manual:	www.bluecrossvt.org/documents/provider-handbook

Notice of Right to Object in Writing

In accordance with 18 V.S.A. § 9418c contracted providers have the right to object to new or modified policies and manuals.

Providers who object must do so within 60 days of the date the notice related to a policy or manual change. The rationale for the objection to the change must be in writing including related area(s) of the policy or manual and rationale or reasoning for the objection.

These objections are to be directed to Provider Contracting. This can be done by email at: providercontracting@bcbsvt.com or US Postal Service BCBSVT Attn: Provider Contracting, PO Box 186, Montpelier, VT 05601.

Within 5 business days of receipt, the sender will receive confirmation of receipt of the objection.