BlueCross BlueShield of Vermont

PROVIDER UPDATES

January 2026

Welcome to 2026

The new year means the renewal of member benefits and liabilities. Be sure to check eligibility and benefits prior to providing care by using a 27X transaction, the Provider Resource Center, or contacting the appropriate customer service team. If you need assistance with accessing the Provider Resource Center, contact the Provider Relations team at (888) 449-0443, option 1.

Copayments, deductibles, and coinsurance can be billed to the member at the point of service, prior to providing the service(s). To bill for these liabilities, you must verify the correct collection amount. In the case of a deductible, providers may bill members up to the allowed amount, or the member's outstanding deductible balance, whichever is less. For example:

- If the allowance is $80 and the member has a $60 outstanding balance to complete their deductible, you collect $60 from the member.
- If the allowance is $80 and the member has a $100 outstanding balance to complete their deductible, you collect $80 from the member.
- If a member's liability is reduced after the provider voucher is received, the member must be refunded promptly.

Note: Federal Employee Program (FEP) members who have Original Medicare as their primary payer have some cost shares waived. Contact the FEP customer service team at (800) 328-0365 for specific details.

Medical and Payment Policy Updates

Effective March 1, 2026, updates to some of our medical and payment policies take effect. A new payment policy has been created for Scalp Coding to Prevent Hair Loss During Chemotherapy. A new medical policy has been created for Intraosseous Basivertebral Nerve Ablation; other medical policies were reviewed with minor updates.

Please be sure to review the updates.

Medical Policy Updates

Payment Policy Updates

Pharmacy Updates

Pharmacist-led Medication Therapy Management

Our Medication Therapy Management vendor, Arine, has resumed outreach to members and providers to identify opportunities to improve the members' overall health. Opportunities are identified using claims and diagnosis data and reviewed by clinical pharmacists.

Members may receive letters and phone calls inviting them to participate in the Medication Therapy Management program. If they choose to participate, a clinical pharmacist will review the member's current health and medications, complete a

comprehensive medication review, and work with them to create a personalized action plan.

You will be provided with a summary of the action plan to help patients achieve their goals. In addition, you may receive guideline-driven, evidence-based recommendations to help close gaps in care and prevent adverse outcomes for members. Communications will be sent via fax and may be followed by a phone call from the pharmacist.

The 2026 BCBSVT and NPF formularies are available on our Lists of Covered Medications webpage.

For questions regarding drug coverage or clinical questions, reach out to our Clinical Pharmacist, Amy Stoll, PharmD, at stolla@bcbsvt.com or 802-371-3657.

Updates on Billing Requirements for National Drug Codes

Since our last provider notice, we have made updates to the billing requirements for reporting a National Drug Code (NDC). Additional details can be found in the Provider Handbook:

- **New Addition: Exception to Skin Substitutes/Bioengineered Skin** – NDC is not required on code description(s) that indicate add-on list separately in addition to primary procedure OR list separately to primary procedure.
- **New Addition: "The Requirement Does Not Apply to"** services where Medicare is the primary carrier.

Time-sensitive reminder: Effective January 1, 2026, the billing requirement for reporting a National Drug Code (NDC) on professional claims will be fully enforced. It is required to report an NDC along with the unit of measure and quantity on the claim submission. Incomplete or inaccurate claims submissions not meeting the requirements will be denied.

View Details

CAA Provider Directory Validation

First Quarter Validation Timeline

- **January 3, 2026:** On or around January 3, the first quarter CAA directory validation emails will be released.
- **February 3, 2026:** Directory validation **must be** completed, or you will be removed from our provider directory and risk possible contract termination.
- The CAA directory validation is sent by email from noreply@onbaseonline.com
    - If you receive more than one email, please make sure you respond to each email. Some providers have multiple providers files, and therefore, multiple verification needs to occur.
- If your practice was removed from the network due to non-response of the fourth quarter validation, this is your opportunity to be added back into the network directory.

Additional details about Provider Directory Validation and claims processing are located on our Enrollment and Credentialing webpage. For questions, please call (888) 449-0443, option 2 or email CAA@bcbsvt.com.

University of Vermont Health Network Employee Group

Effective January 1, 2026, University of Vermont Health Network employee group members no longer have coverage through Blue Cross and Blue Shield of South

Carolina (National Alliance) or any Blue Cross and Blue Shield plan. Claims with dates of service on or before December 31, 2025, can continue to be submitted as usual:

- Non-University of Vermont Health Network providers submit to Blue Cross VT for processing through the BlueCard Program for consideration of benefits.
- University of Vermont Health Network providers submit to Blue Cross and Blue Shield of South Carolina (National Alliance) for consideration of benefits.

Claims will have a one-year runout claim processing period (until December 31, 2026); however, claims are subject to timely filing guidelines.

University of Vermont Health Network employee group (prefix “UNS) includes Central Vermont Medical Center, Porter Medical Center, University of Vermont Medical Center, and University of Vermont Medical Center Home Health and Hospice.

Mental Health Provider Reimbursement

Our sincere thanks to those who attended our recent listening sessions regarding reimbursement for mental health providers. Your thoughtful feedback was valuable and heard. We understand how essential supervisees are in ensuring access to care across the state and have made the decision to **maintain the current reimbursement for supervisee-delivered services without change.** Given the challenges facing Vermont’s health system, we’ll continue to collaborate with DVHA and the Office of Professional Regulation to identify a solution that supports our responsibility to our members while preserving their access to affordable, quality care.

Preventive Care Guide Changes

The preventive care guide has been updated with the adaptive maintenance code changes, as well as the addition of codes in the Vaccine Administration, COVID-19 Vaccine Administration, Chlamydia Screening, and Contraceptive Methods sections. Review our notice for more details.

View Changes

Provider Handbook Updates

Multiple sections of the provider handbook have been updated, including Blue Cross VT Provider Website and the Provider Resource Center, Modifiers, Claim Specific Guidelines, and Blue Cross VT Marketing of Providers in Member Directories.

Handbook Updates

Reminder: Use of Third-Party Billers/Vendors

To ensure our files are up to date, please file any Third-Party Billers or Vendors. If you have a recent change in billing services, be sure to notify us.

Third-party billers or vendors are defined as those entities/persons who are:

- Not physically located at a provider or group office
- Not direct employees of the provider or group
- Those submitting claims or following up on accounts on behalf of the provider or group and have a business associate relationship with the provider or group. Please note that the provider or group should be prepared to provide proof of a business associate relationship with the biller/vendor upon request.

For information to be released, the provider or group must authorize third-party billers or vendors with us.

Additional details, including the steps needed for granting access, are located in our Provider Handbook, in Section 6.1 General Claim Information.

Prior Authorization Reminder (Act 111)

There are specific claim submission requirements that must be followed for the claim to bypass the prior authorization requirements. Details can be found in Section 12 of our Provider Handbook.

1099's

We will mail all 1099 forms by January 31, 2026. Please allow normal USPS processing time to receive the mailing. If you do not receive your 1099 by Monday, February 16, 2026, contact our Provider Relations team at (888) 449-0443, option 1.

Adaptive Maintenance Reminder

Our quarterly adaptive maintenance update was sent on December 15, 2025, outlining the new and revised codes for January 1, 2026. Be sure to check your email or visit our Provider News & Updates webpage to view the notification.

Holiday Closures

- We will be closed on Thursday, January 1, 2026, for New Year's Day and will reopen for normal business hours on Friday, January 2, 2026.
- We will be closed on Monday, January 19, 2026, for Martin Luther King, Jr. Day, reopening on Tuesday, January 20.