

NOTICE OF PAYMENT POLICY CHANGES

Date: February 1, 2025

The chart(s) below provide a high-level overview of new/revised/archived Payment Policies. We encourage you to review the payment policies in their entirety. Updated and new payment policies are posted at <https://www.bluecrossvt.org/providers/provider-policies>.

60-Day Advanced Notice Policy Changes

Policy Name: CPP_18 Home Births

Policy Type: Payment Policy

Summary:	Payment policy updated new template format, reference added. Minor editorial refinements to policy statements; intent unchanged. Added Provider Handbook language for patient obtained consent (waivers).
Effective Date:	April 1, 2025
Link to Policy/Manual:	Home Births CPP_18

Policy Name: CPP_12 Urgent Care Clinics

Policy Type: Payment Policy

Summary:	Payment policy updated new template format, reference added. Minor editorial refinements to policy statements; intent unchanged.
Effective Date:	April 1, 2025
Link to Policy/Manual:	Urgent Care Clinics CPP_12

Policy Change Effective 1/1/2025 (as updates are due to Act 111)

Policy Name: CPP_32 Claims Editing

Policy Type: Payment Policy

Summary:	Update to remove mention to the pre-payment Coding Validation (CV) program to comply with Act 111. Added clarifying language and updated verbiage as appropriate to the following edits: <ul style="list-style-type: none">• Ambulatory Surgical Center (ASC) – Cotiviti, Inc.<ul style="list-style-type: none">○ Added language to clarify that other edits do apply to ASC facilities such as modifier edits, maximum units edits, bundled
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	<p>services, professional and technical component edits, global services and multiple procedure reduction edits.</p> <ul style="list-style-type: none"> • Anatomical Modifiers – Cotiviti, Inc. <ul style="list-style-type: none"> ○ Only applies to professional claims ○ Sourced from AMA CPT® Manual ○ Clarified language in the modifier grid ○ Added language relating to maximum units edit as related to anatomical modifiers • Assistant Surgeon – Cotiviti, Inc. <ul style="list-style-type: none"> ○ Modifier AS reimbursed at 13.6% of the allowed amount (to match Provider Handbook language) • Assistant Surgeon Modifiers - ClaimsXten-Select™ <ul style="list-style-type: none"> ○ Spelled out American College of Surgeons (ACS). Deleted AMA. • Consultations Outpatient <ul style="list-style-type: none"> ○ Updated codes within the grid (deleted 99212, added 99215) • Clarified language in Device and Supply – Brachytherapy Source – Cotiviti, Inc. • Clarified language in Frequency Additional Services – Cotiviti, Inc. <ul style="list-style-type: none"> ○ Deleted “Preventive Services” ○ Added Definition language ○ Added frequency to “Not Pre-Diabetic” screening ○ Added Presumptive drug testing ○ Added Definitive drug testing <p>Deleted the following edits that were deactivated in the course of 2024:</p> <ul style="list-style-type: none"> • Bundled Facility Services – Cotiviti, Inc./ Deactivated Only the following modules within this edit: <ul style="list-style-type: none"> ○ Pre-Admission Diagnostic Services ○ Nondiagnostic Services ○ Durable Medical Equipment (DME) • Durable Medical Equipment (DME) Maximum Units Over Time • Under Evaluation and Management – Cotiviti, Inc. Deactivated and deleted Only the following module: <ul style="list-style-type: none"> ○ X. Transitional Care Management (TCM) Services, Inpatient Neonatal and Pediatric Critical Care and Intensive Care Services, Newborn Care Services, Pediatric Interfacility Transport Services and Critical Care Services. • Under Place of Service – Cotiviti, Inc. Deactivated and deleted Only the following modules: <ul style="list-style-type: none"> ○ XII. Laboratory Services billed by Physicians ○ XV. Professional Component of Radiology Services in Facility Places of Service • Pre-Admission Outpatient Services Inclusive to an Admission
Effective Date:	January 01, 2025
Link to Policy/ Manual:	Claims Editing CPP 32

Revisions to Current Policies

Policy Name: CPP_39 Office & Outpatient Evaluation and Management Visit Complexity G2211

Policy Type: Payment Policy

Summary:	Corrected policy statement to clarify Payment Policy CPP_39 (Office& Outpatient Evaluation and Management Visit Complexity G2211) effective January 01, 2025. Claims submitted with G2211, and an office outpatient (E/M) service will deny add-on code G2211 as non-covered provider liability. The E/M service will be eligible for consideration of benefits. Policy will be posted to website.
Effective Date:	January 01, 2025
Link to Policy/ Manual:	Office & Outpatient Evaluation and Management Visit Complexity G2211 CPP_39

Policy Name: CPP_03 Telemedicine

Policy Type: Payment Policy

Summary:	Revised policy to remove code 98016 from coding table, code was added in error. Revised coding table to reflect the following intent of the policy for specific add-on codes: For add on-codes 90833, 90836, 90838 Blue Cross VT REQUIRES primary procedure code (98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007).
Effective Date:	January 01, 2025
Link to Policy/ Manual:	Telemedicine CPP_03

Policy Name: CPP_24 Telephone Only

Policy Type: Payment Policy

Summary:	Revised coding table to reflect the following intent of the policy for specific add-on codes: For add on-codes 90833, 90836, 90838 Blue Cross VT REQUIRES primary procedure code (98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015). The Telephone Only Payment Policy CPP_24 was posted incorrectly on the website for the effective date 01/01/2025. The Coding Table had codes omitted that are considered eligible which have been added back to the corrected policy table: 90839, 90853, 96040, 96127, G0108, G0109, G0446, G0447, S9443, T1013(Non-Covered). The Code 96040 was deleted effective 01/01/2025.
Effective Date:	January 01, 2025

Link to Policy/ Manual:	Telephone Only CPP 24
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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.