

Lien Claim Payment Policy for Non-Participating Providers

Blue Cross and Blue Shield of Montana
Service Operations Policy
Version: 08

Original Effective Date: 05/03/2004
Version Effective Date: 09/14/2021
Replaces: V07

Scope This policy applies to all lines of business and self-insured groups (unless the employer group specifically requests otherwise). This policy does not apply to the Federal Employee Program, Department of Corrections, Medicare, or Medicare Advantage.

Purpose This policy establishes the responsibility of BCBSMT when a non-participating provider, who is allowed by Montana law, files a lien against a claim.

Policy BCBSMT honors liens filed by a non-participating provider when the lien is in writing and contains the following information:

- Nature of services (ICD-10-CM, CPT, HCPCS codes).
- For whom (Patient).
- When rendered (Date of service).
- The value of the services (Charge).
- A lien is requested (Lien identified on claim or attached notice of lien).

The check is payable to the member and the provider and is mailed to the member. Checks are mailed directly to dentists, oral surgeons, orthodontists, and periodontists instead of the member.

The following non-participating professional and facility providers are eligible to file a lien:

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|---|------------------------------------|
| • Acupuncturists | • Licensed Clinical Social Workers |
| • Ambulances | • Naturopathic Physicians |
| • Ambulatory Surgical Facilities
(Surgery Centers) | • Nurses |
| • Chiropractors | • Occupational Therapists |
| • Dentists | • Optometrists |
| • Hospitals | • Physical Therapists |
| • Licensed Clinical Professional
Counselors | • Physicians |
| | • Podiatrists |
| | • Psychologists |
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**Rationale/
Source**

This policy complies with requirements of the following:

- Mont. Code Ann. § 71-3-1111, et. seq.
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**Formal Review
or Revision
Date History**

This procedure was reviewed or revised, and approved as documented below:

Version and Approval Date		Version and Approval Date		Version and Approval Date	
V01	05/03/2004	V02	04/19/2006	V03	10/01/2007
V04	09/23/2013	V05	01/05/2016	V06	03/15/2019
V07	09/08/2020	V08	09/14/2021		

Governance

Responsibility for adoption and/or implementation of this policy is as follows:

Executive Approval	Date
BreeAnn Rieder Unit Manager, Provider Relations	09/14/2021
Kelli Swanson Director, Network Management	09/14/2021
