![BlueCross BlueShield of Montana]

Blue Review℠

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

THIRD QUARTER 2020

Inside This Issue

Contact Us

Confused about where to go for answers? Use our online Provider contact reference guide to help guide you to the best point of contact for your answer.

https://www.bcbsmt.com/provider/network-participation/contact-us

Our *Blue Review* newsletter is produced quarterly for participating professional and institutional providers across all lines of business (commercial and government programs). The newsletter serves as a vehicle to communicate **timely, consistent and relevant messaging** related to:

- New products, programs and services available at BCBSMT
- Notification of changes as required by contract or other mandates
- Member initiatives and patient resources

Blue Review is a quarterly newsletter published for institutional and professional providers contracting with Blue Cross and Blue Shield of Montana. We encourage you to share the content of this newsletter with your staff. *Blue Review* is located on our website at **bcbsmt.com/provider**.

The editors and staff of *Blue Review* welcome letters to the editor. Address letters to:

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Website: **bcbsmt.com/provider**

Avoid National Drug Code (NDC) Billing Mistakes

Submitting claims with the appropriate NDC information may help with claims processing and may help you spend less time troubleshooting a rejected claim line.

When medication comes in a box with multiple vials, you may want to use the NDC on the box (outer packaging) to prevent claim rejections. Not all NDCs on individual vials have manufacturer pricing to support an allowance.

We have resources to assist you with NDC billing on our secure provider portal. Also refer to the Related Resources on the Claim Submission page for NDC Billing Guidelines, and NDC Billing FAQs.

Behavioral Health Measures from HEDIS® 2020-21*

We've created two new behavioral health tip sheets to help you satisfy Healthcare Effectiveness Data and Information Set (HEDIS) measures and code appropriately. These measures from the National Committee for Quality Assurance (NCQA) help ensure our members receive appropriate care.

The tip sheets include measurement requirements, medical record best practices and billing codes. Compliance with HEDIS measures reduces the need for you to send medical records later for review.

Initiation and Engagement of Substance Abuse or Dependence Treatment (IET)

- Members ages 13 and older
- New[1] diagnosis of alcohol or other drug (AOD) abuse or dependence
- Treatment may occur in the inpatient, residential, outpatient,[2] medication-assisted treatment (MAT) or telehealth setting

Follow Up After Hospitalization for Mental Illness (FUH)

- Members ages 6 and older
- Discharged from an acute inpatient hospital stay
- Principal diagnosis at discharge is mental illness or intentional self-harm
- Outpatient follow-up visits must be with a mental health provider[3] (includes telehealth visits) or in certain outpatient[4] settings

* Measurement year 2020 and measurement year 2021
1. Defined as no diagnosis of AOD abuse or dependence in previous 60 days
2. Outpatient treatment includes an intensive outpatient or partial hospital program
3. Psychologist, Psychiatrist, Clinical Social Worker, Mental Health Occupational Therapist, Psychiatric/Mental Health Nurse Practitioner/Clinical Nurse Specialist, Neuropsychologist, Psychoanalyst, Professional Counselor, Marriage and Family Therapist
4. Community mental health center, electroconvulsive therapy, transitional care management services and includes intensive outpatient or partial hospital programs

HEDIS is a registered trademark of the NCQA

Blue Distinction® Message Via the Availity® Eligibility and Benefits Results

Starting Sept. 1, 2020, the Availity Eligibility and Benefits Inquiry results will include informational Blue Distinction Center® (BDC) messaging for the below specialty care categories when the patient's policy has a Blue Distinction component. The Availity benefit response will include applicable coverage for the service selected. However, if you need to confirm the specific BDC benefit differential, you will need to call the Customer Service phone number found on the back of the member's Blue Cross and Blue Shield of Montana (BCBSMT) identification card.

BDCs offer quality care, treatment expertise and better overall patient results. A Blue Distinction® Center+ (BDC+) offers more affordable care in addition to quality, care, cost, treatment expertise, and better overall patient results.

Blue Distinction® Specialty Care includes the following categories:

- Bariatric (weight-loss) surgery
- Cardiac Care
- Knee and Hip Replacement
- Maternity Care
- Spine Surgery
- Transplants

For More Information

Find facilities recognized for expertise in bariatric surgery, cardiac care, knee and hip replacement, maternity, spine surgery and transplants on the Blue Distinction Specialty Care page.

Refer to the Availity Eligibility and Benefits user guide for navigational assistance. If you need further assistance or customized training, contact our Provider Education Consultants.

This information in this notice is not applicable to Medicare Advantage members.

A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction® National criteria for BDC and BDC+ are displayed on **bcbs.com**. Individual outcomes may vary. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction® or other providers.

Trademarks are the property of their respective owners.

COVID-19 Coverage

We are closely monitoring activity around the novel coronavirus 2019 (COVID-19). We are committed to helping our members, staff, providers and communities we serve stay informed and assisting those who might be affected. We stand ready to aid doctors, hospitals and federal, state and local public health organizations in serving our members and our communities.

Because this is a rapidly evolving situation, continue to use Centers for Disease Control guidance on COVID-19, as the CDC has the most up-to-date information and recommendations. In addition, watch for updates on BCBSMT Provider website's COVID-19 information page.

Itemized Bills Required for BlueCard Facility Claims Over $100k

Beginning **Jan. 1, 2021**, we will require facilities to submit an **itemized bill** for inpatient care billed **for $100,000 or more**. This applies to all facility claims for $100,000 or more submitted for BlueCard out-of-area Blue Cross and Blue Shield members. An itemized bill helps ensure an accurate claim payment and reduces the need to submit more information after a claim is paid.

What's Changing

The BlueCard claim amount requiring itemization will be lowered to $100,000 from the current $200,000 threshold.

How to Submit Itemized Bills

You may submit itemized bills electronically using our Claim Inquiry Resolution tool. Include the corresponding **claim number** for quicker review and turnaround time.

More Information

Refer to our [Inpatient/Outpatient Unbundling Coding and Compensation Policy](#) on our provider website for more information. For additional information on submitting claims for out-of-area Blue Cross and Blue Shield members, refer to the [BlueCard Program Provider Manual](#). If you have questions, contact your [BCBSMT Provider Network Consultant](#).

Childhood Immunization Rates Fall Amidst Pandemic Fears

The Problem

After the pandemic declaration in March, office visits for immunizations among Blue Cross and Blue Shield of Montana (BCBSMT) members significantly dropped between March and May compared with the number of visits reported during the same period in 2019.

Parents nationwide have cancelled pediatric check-ups. Immunization levels for vaccine-preventable diseases have plummeted, according to the National Foundation for Infectious Diseases. Well-child office visits have decreased 50%[1] and doses distributed[2] through the federally funded Vaccines for Children program have dropped significantly.

The World Health Organization (WHO) and UNICEF have reported[3] a decline in the number of children receiving life-saving vaccines around the world.

The Impact

"Vaccines are one of the most powerful tools in the history of public health, and more children are now being immunized than ever before," says Dr. Tedros Adhanom Ghebreyesus, WHO director-general. "But the pandemic has put those gains at risk. The avoidable suffering and death caused by children missing out on routine immunizations could be far greater than COVID-19 itself."[3]

What We Are Doing About It

Recognizing the urgency, BCBSMT teams are using tools and pilot programs to help identify opportunities to increase member immunization rates. We are mapping vaccination rates geographically, mobilizing our Care Vans in new ways to follow COVID-19 safety guidelines to offer support to local vaccination clinics where they are needed most and reaching out to members who have missed or delayed vaccines for their children. But we can't do it alone.
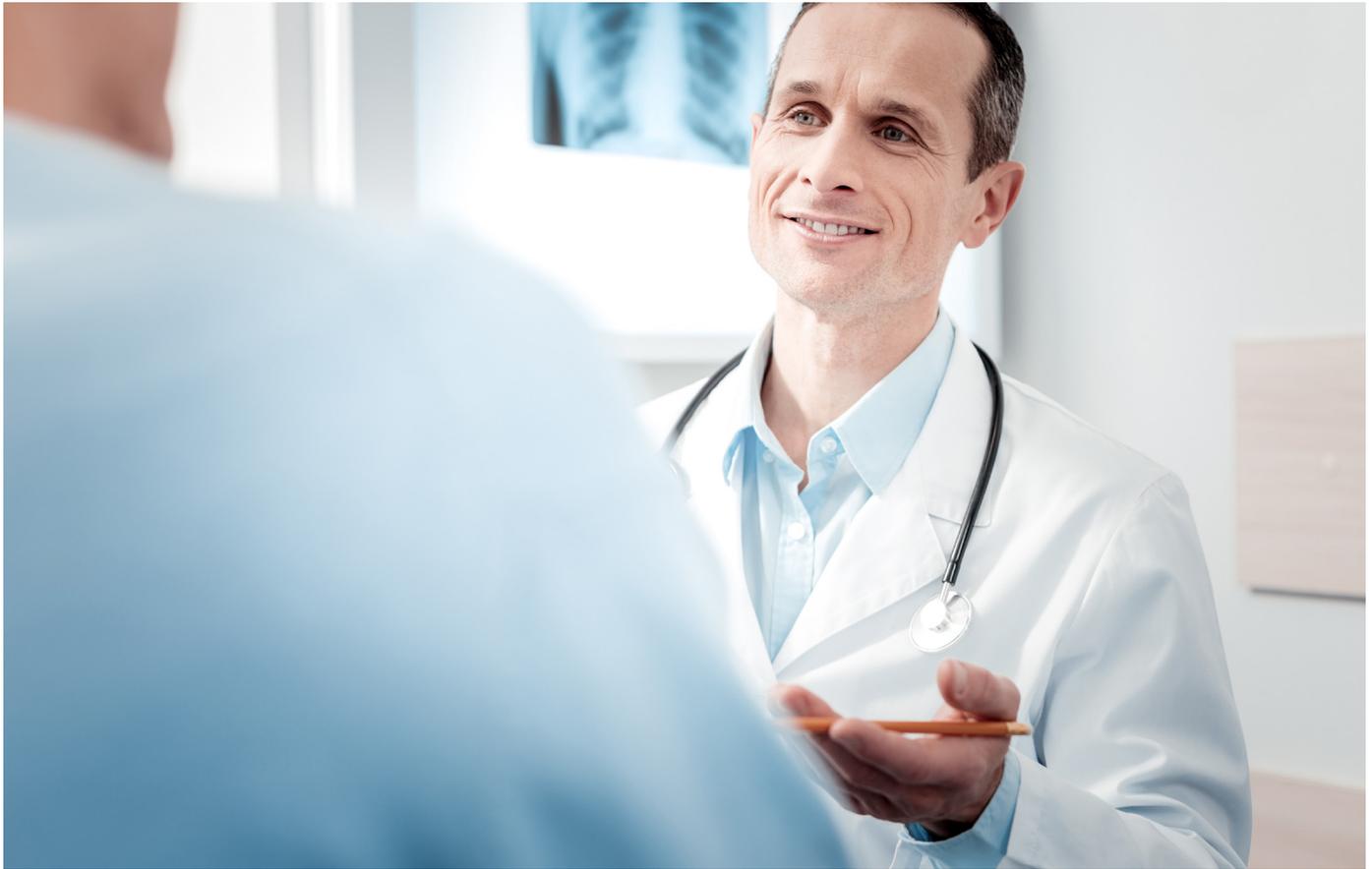
What You Can Do About It

As a trusted health care professional, you play a vital role in educating parents about the importance of vaccination.

- Ensure your patients are up to date on all vaccinations
- Encourage parents with children under two years old to make appointments to vaccinate their children.
- Share your pandemic safety protocol to ease their concerns and increase their comfort in visiting your office
- Discuss options for vaccinations with the parents of your patients
- Share material[4] with parents that give solid evidence for the efficacy and safety of vaccines

Go Deeper

Learn more during National Immunization Awareness Month[5].

1. National Foundation for Infectious Diseases; #COVID-19 and Routine Vaccinations: What Parents Need To Know, April 28, 2020; https://www.nfid.org/2020/04/28/covid-19-and-routine-vaccinations-what-parents-need-to-know/
2. Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report, May 15, 2020; Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration – United States, 2020; https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm
3. WHO; WHO and UNICEF warn of a decline in vaccinations during COVID-19, July 15, 2020; https://www.who.int/news-room/detail/15-07-2020-who-and-unicef-warn-of-a-decline-in-vaccinations-during-covid-19
4. CDC; National Immunization Awareness Month, Educational Resources for Parents and Patients; https://www.cdc.gov/vaccines/events/niam/parents/educational-resources.html
5. CDC; National Immunization Awareness Month; https://www.cdc.gov/vaccines/events/niam/index.html

Clinical Practice and Preventive Care Guidelines Updated for 2020-2021

Our medical directors and Quality Improvement Committee have updated our Clinical Practice Guidelines and Preventive Care Guidelines for 2020-2021. The guidelines are built on evidence-based standards of care and nationally recognized medical authorities to **direct our quality and health management programs** and improve member care. They can help **guide your decision-making** as you care for our members.

We **update** our guidelines at least **every two years** or when new significant findings or major advancements in evidence-based care are established. The **guidelines** are on our **website under** Clinical Resources.

Colorectal Cancer Screening at Home

Consider screening our members who are 50 to 75 years old for colorectal cancer. Members in our Blue Preferred PPO℠ and Blue Focus POS℠ networks who have not been screened may qualify for a **Fecal Immunochemical Test (FIT) Kit** at no extra charge. We are working with Home Access Health Corporation to provide in-home kits to encourage screening for our at-risk members. Screening with a FIT Kit may be a good option to close care gaps.

Why emphasize screening?

Colorectal cancer is the second leading cause of cancer deaths in the United States.[1] About one-third of adults 50 years and older have not received the recommended screening.[2]

How it Works

- We notify members that they will receive the test kit and that using it is voluntary
- The member submits the test for processing to Home Access Health Corporation by Nov. 30, 2020
- Home Access Health Corporation sends the results in three to four weeks to the member and the provider they specify

How You Can Help

- Discuss the importance of screening and healthy lifestyle choices with our member
- If our member receives a FIT Kit and calls your office with questions, discuss which screening test would be the best option for them
- Document any test results in the patient's medical record and discuss the results with our member

Other Benefits of the FIT Kit

- No need for anesthesia or prep
- Screen members at home who may be at risk during the COVID-19 pandemic
- **The U.S. Multi-Society Task Force of Colorectal Cancer**[3] considers annual FIT testing and colonoscopy every 10 years the **two cornerstones** of screening for those of average risk.

If you have any questions, please contact your Blue Cross and Blue Shield of Montana Provider Network Representative.

1. Basic Information About Colorectal Cancer
2. Screen for Life: National Colorectal Cancer Action Campaign
3. Colorectal Cancer Screening: Recommendations for Physicians and Patients From the U.S. Multi-Society Task Force on Colorectal Cancer
   By clicking this link, you will go to a new website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

Home Access Health Corporation is an independent company that has contracted with Blue Cross and Blue Shield of Montana to provide laboratory testing services for members with coverage through BCBSMT.

BCBSMT makes no endorsement, representations or warranties regarding third-party vendors. Members should contact the vendor directly with questions about the products or services offered by third parties.

iExchange® Deactivated on Aug. 17, 2020

Our current electronic preauthorization and predetermination of benefits request tool, iExchange, was deactivated on August 17, 2020. As of this date, all electronic preauthorization and predetermination requests handled by Blue Cross and Blue Shield of Montana should be submitted online via the Availity® Provider Portal.

How to Submit Online Preauthorization Requests

Preauthorization requests for inpatient and select outpatient services handled by BCBSMT may be submitted online using Availity's Authorizations tool. Refer to the educational Availity Authorizations User Guide, located in the Provider Tools section of our website for navigational assistance.

The process of submitting preauthorization requests to eviCore healthcare (eviCore) or other vendors has not changed.

Check the patient's eligibility and benefits online first to determine if the service requires preauthorization. For online assistance, refer to the General Eligibility and Benefits Expanded User Guide.

How to Submit Online Predetermination of Benefits Requests

As of July 30, 2020, predetermination of benefit requests handled by BCBSMT can be submitted electronically using Availity's Attachments tool. Watch for the new Electronic Predetermination of Benefits user guide coming soon to the Provider Tools section.

As a reminder, predetermination of benefits is a process used to submit requests for review of coverage decisions in accordance with medical policy and member contracts for a service (i.e., procedure, supply, drug or device) used to diagnose or treat an illness or condition. A predetermination is recommended if a provider is uncertain if the service meets medical policy criteria.

If you don't have online access, you may continue to fax and/or mail predetermination requests along with a completed Predetermination Request Form and supporting medical documentation. If faxing supporting medical documentation for a previously submitted request, please include the request number.

Submitting predetermination of benefits via Availity does not apply to requests for Medicare Advantage members.

For More Information

You must be registered with Availity to use the Authorizations and Attachments tools. You can sign up today at **Availity.com**, at no charge. For registration assistance, call Availity Client Services at **800-282-4548**.

If you need further assistance or customized training for these Availity solutions, contact our Provider Education Consultants.

Please note that the fact that a service has been preauthorized/pre-notified, that a guideline is available for any given treatment or that a service or treatment has been predetermined for benefits, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

In-Home Test Kits for Diabetics

Monitor Diabetes Control

Blue Cross and Blue Shield of Montana is working with Home Access Health Corporation to provide **in-home test kits** for some of our fully insured individual members with diabetes. Because of the COVID-19 pandemic, many have delayed getting appropriate care. Home Access Health Corporation is sending out two different kits to members who have not received the recommended testing to close care gaps: **hemoglobin A1c test kits and microalbumin urine test kits**.

Eligible Members

Fully insured individual members in our Blue Preferred PPO℠ and Blue Focus POS℠ networks may receive one or both kits, depending on their test history. Eligible members are:

- Between 18 and 75 years old
- Diabetic
- Have not had a hemoglobin A1c or microalbumin urine test in the recommended timeframe

Recommended Testing

The American Diabetes Association says people living with diabetes should have the following:

- Hemoglobin A1c every three to six months depending on their diabetes treatment and level of control
- Urine microalbumin once a year to detect early signs of kidney damage

In-Home Test Kit Process

The process is quick and easy for members to follow:

- We notify members that they will receive one or both test kits and that completing the kits is **voluntary**.
- Home Access Health Corporation sends the appropriate test kits to eligible members.
- Members **complete the test kit at home**, provide the name of their primary care provider and **mail the test** for processing to Home Access Health Corporation. Completed tests are due to Home Access Health Corporation by **Dec. 18, 2020**. An addressed, postage-paid envelope is included in the kit.
- Home Access Health Corporation sends the **results** to the **member** and their **primary care provider** in **three to four weeks**.

How You Can Help

As a trusted provider, you can encourage our members to take advantage of this opportunity to learn more about their health.

- Discuss the importance of screening and healthy lifestyle choices with our member
- If our member receives a kit and calls your office with questions, discuss their screening options
- Document any test results in the member's medical record and discuss the results with our member

If you have any questions, please contact MaryRose Amendola RN, by email or call **406-437-6813**.

New Clinical Payment and Coding Compensation Policy for Non-Reimbursable Experimental, Investigational and/or Unproven Service (EIU), Effective 9/1/2020

Blue Cross and Blue Shield of Montana has updated Clinical Payment and Coding Policies to include a new **Non-Reimbursable Experimental/Investigational/Unproven Services Policy, effective September 1, 2020**.

To review the new policy and other compensation policies go to the [BCBSMT Secure Provider Portal](#).

The clinical payment and coding guidelines don't provide billing or coding advice but are a reference for facilities and providers.

New National High-Performance Network to Launch in January

In January 2021, the Blue Cross and Blue Shield System is launching **Blue High Performance Network℠ (Blue HPN℠)**, a new national network for large commercial employer groups. While Blue Cross and Blue Shield of Montana doesn't currently offer this network, providers in our networks may provide urgent and emergent care to Blue HPN members from other BCBS Plans.

What non-participating Blue HPN providers need to know

- Because Blue HPN is not available in Montana, urgent and emergent care provided by BlueCard® PPO providers is covered for Blue HPN members.
- For these limited benefits, non-Blue HPN providers will be reimbursed according to their BCBSMT provider contract, as they are for other Preferred Provider Organization (PPO) products. All other services are considered out-of-network, and the member will need to pay 100 percent of the billed charges.
- The network follows the same procedures as our BlueCard PPO for filing claims and checking eligibility and benefits.

Recognizing Blue HPN members

You can identify Blue HPN members by their member ID card. Look for the Blue High Performance Network name on the front, along with the "HPN in a suitcase" logo. This logo indicates that Blue HPN rates apply.

Imaging Studies for Low Back Pain

Federal Employee Program® (FEP®) Members

The preferred **conservative medical treatment** for **uncomplicated** low back pain (LBP) is prescription-strength analgesics and physical therapy. **Evidence does not support** routine imaging for uncomplicated LBP. Severe LBP improves for most individuals within the first two weeks of onset. Imaging when not indicated may expose members to unnecessary radiation and expense.[1]

When Not to Image

In general, members ages 18 to 50 should not undergo imaging studies for the first 28 days after LBP diagnosis if there is no prior diagnosis of LBP in the past six months.[2]

Associated Medical Conditions

Imaging within 28 days after diagnosis may be necessary if the member has other medical concerns. Examples of medical conditions that may require early imaging studies are listed in the chart below. Document the medical condition and appropriate code when able to show the need for early imaging studies.

Early Imaging Exclusions	ICD-10 Codes
Cancer (active)	C00.0-96.Z and D00.00-49.9
Cancer (personal history)	Z85-86.03
Corticosteroid Use (90 consecutive days)	During year prior to diagnosis of LBP
HIV	B20; Z21
IV Drug Abuse	F11.10-15.29 (any time during year prior to LBP diagnosis)
History of Kidney Transplant (Kidney Transplant)	Z94.0; (0TY00Z0-2, 0TY10Z0-2)
Organ Transplant Other Than Kidney	02YA0Z0-2, 07YM0Z0-2, 07YP0Z0-2, 0BYC0Z0-2, 0BYD0Z0-2, 0BYF0Z0-2, 0BYG0Z0-2, 0BYH0Z0-2, 0BYJ0Z0-2, 0BYK0Z0-2, 0BYL0Z0-2, 0BYM0Z0-2, 0DY50Z0-2, 0DY60Z0-2, 0DY80Z0-2, 0DYE0Z0-2, 0FY00Z0-2, 0FYG0Z0-2, 0UY00Z0-2, 0UY10Z0-2, 0UY90Z0-2, 0WY20Z0-1, 0XYJ0Z0-1, 0XYK0Z0-1, 3E030U1, 3E033U1, 3E0J3U1, 3E0J7U1, 3E0J8U1
Neurologic Impairment	G83.4
Spinal Infection, Osteomyelitis, and Discitis	A17.81, G06.1, M46.25-46.28, M46.35-46.38, M46.46-46.48 (any time during year prior to LBP diagnosis and 28 days after)
Trauma/Fractures	"S" series (any time during 3 months prior to LBP diagnosis)

Whom can I contact with questions?

If you have questions with your Federal Employee Program members, please contact Dr. Sonja Hughes at sonja_j_hughes@bcbsok.com.

1. HEDIS measure for Use of Imaging Studies for Low Back Pain; accessed 6/1/2020
2. NCQA HEDIS 2020 Technical specifications for health plans, volume 2, Washington DC, 2020
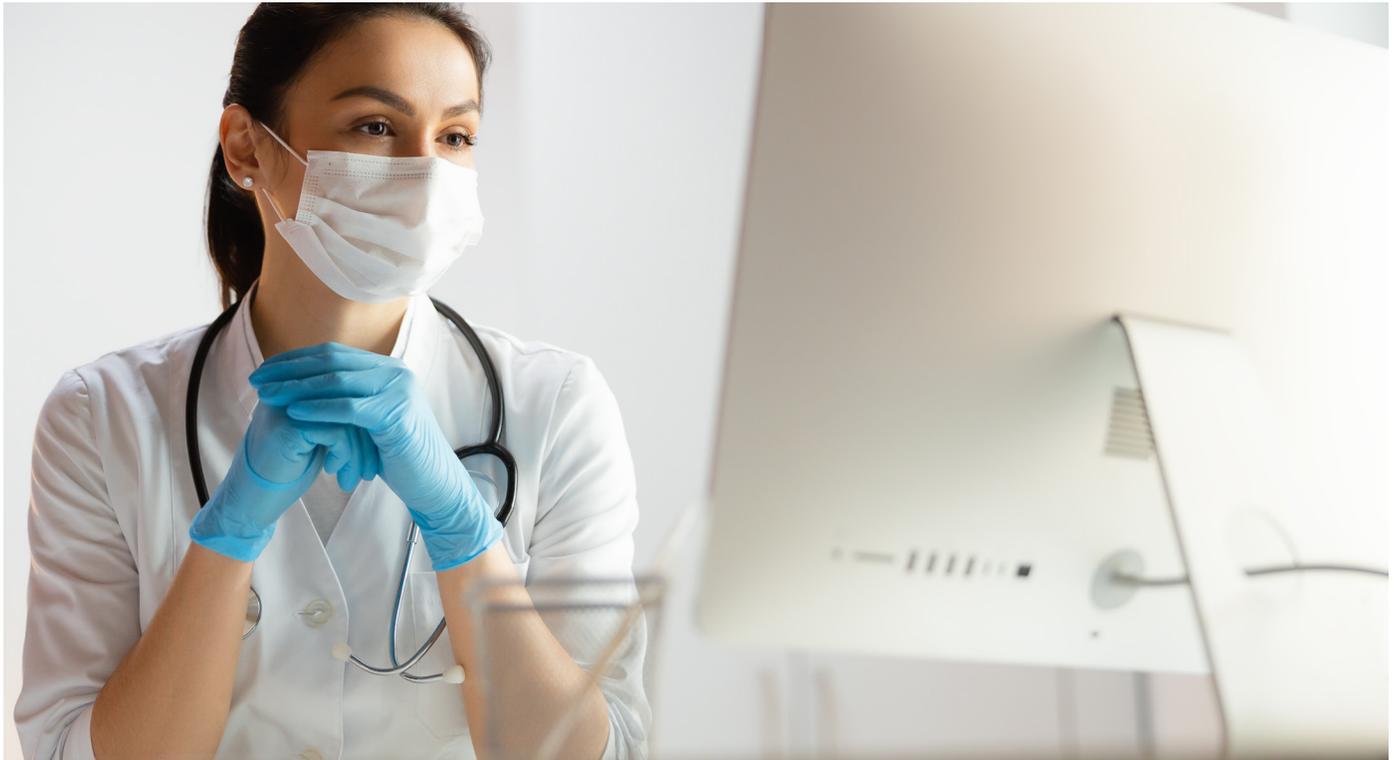
Obtain BCBSMT Patient ID Numbers Online Via Availity®

To help you obtain a Blue Cross and Blue Shield of Montana patient insurance ID number, we recently implemented a new online tool called **Patient ID Finder** located in our BCBSMT-branded Payer Spaces section via the Availity Provider Portal.

The Patient ID Finder tool allows you to receive the patient ID number and group number by entering patient-specific data elements. This new and exciting tool is now available for BCBSMT commercial, Federal Employee Program (FEP) and on and off-exchange members as of Sept. 2, 2020, making it easier to obtain the patient ID number for your records. Please note the Patient ID Finder tool is currently unavailable for Medicare Advantage.

How do you use the Patient ID Finder via Availity?

Searching online for BCBSMT patient ID number is easy and consists of only four steps:

- Log into **Availity.com**
- Select Payer Spaces from the navigation menu
- Select Patient ID Finder from the Applications tab, then complete and submit the request
- Patient ID and group numbers are returned

Note: This tool does not reflect the patient's eligibility or benefits. Refer to the Availity Eligibility and Benefits User Guide for assistance with obtaining real-time eligibility and benefits information via Availity.

Providers not yet registered with Availity can sign up today at **Availity.com**, at no charge. For registration assistance call Availity Client Services at **800-282-4548**.

For More Information

Watch for the new Patient ID Finder User Guide coming soon to the Provider Tools section of our website. If you need further assistance or customized training, contact our Provider Education Consultants.
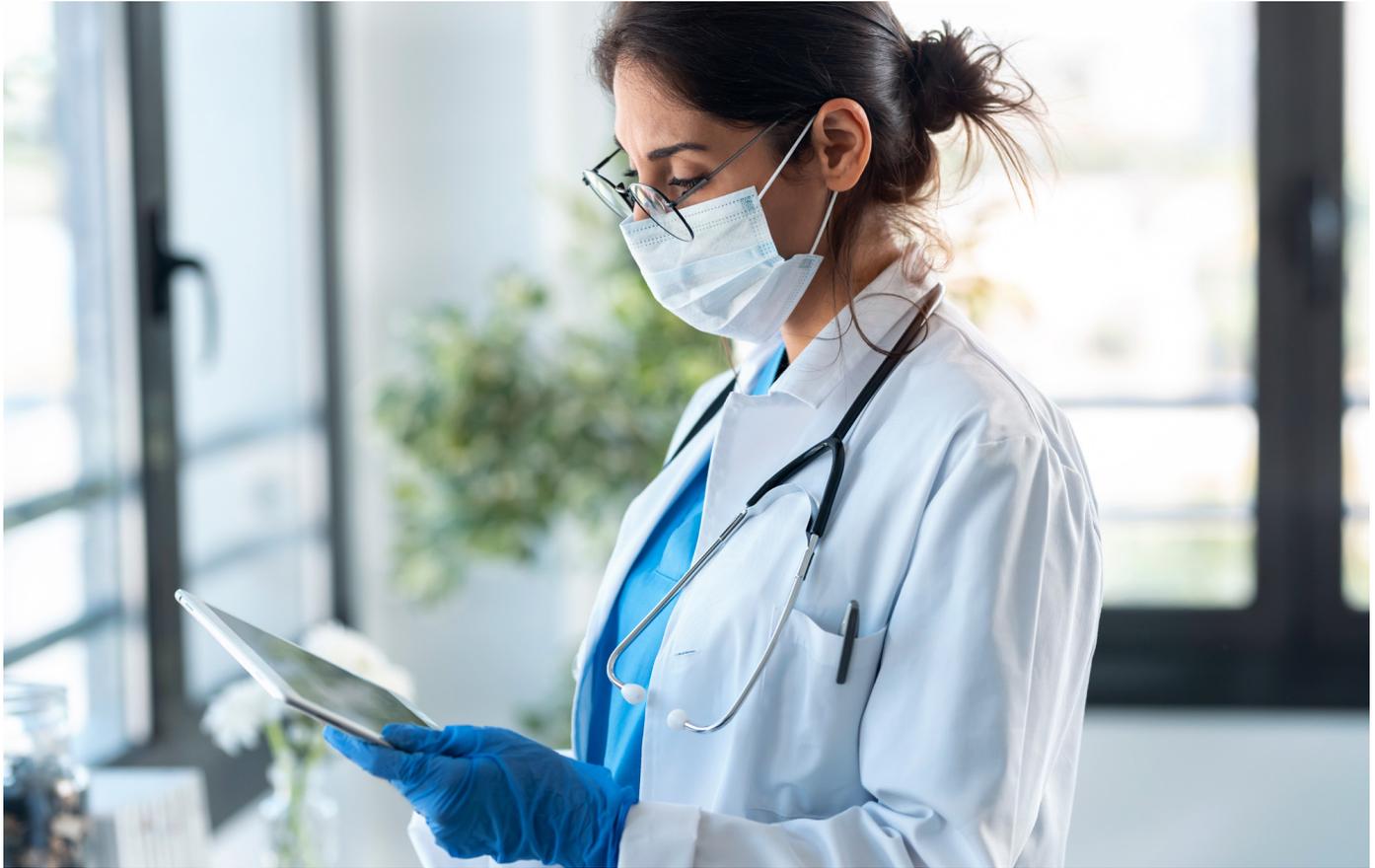
Overpayment Recovery Process for Contracted Providers

Changes as of Jan. 1, 2020

Blue Cross and Blue Shield of Montana payment processes were updated on Jan. 1, 2020. You may have noticed changes in the number of payments you receive from us and in our overpayment recovery process.

What has changed?

Multiple payments: You may be **used to receiving a consolidated payment** from BCBSMT that addresses multiple claims for members who belong to different employer groups. Now our employer groups have the choice to not participate in this type of reimbursement. This means that **you may now be receiving** reimbursements from us in **multiple payments**.

Overpayment recovery: Employer groups may also choose not to participate in offsetting overpayments from consolidated payments that address multiple claims from members who belong to different employer groups. This means that when we attempt to recover overpayments, you may have to **send in a check for certain overpayments**. Instructions for submitting a refund will be in the request letter we send you.

More information

If you have any questions, please call our Financial Operations at **(844) 866-2583**.

Share Your Medication-Assisted Treatment Designation

Use Our Demographic Change Form

If you offer **opioid addiction or withdrawal treatment**, consider making this **information available to our members** and **other providers** in our Provider Finder®. This will help others identify you when referring their patients for medication-assisted treatment (MAT) care and services.

Update Your Existing Information

Beginning **Sept. 18, 2020**, use our demographic change form to share details on your addiction/withdrawal treatment services. Here's how:

- Go to the "**Change Existing Demographic Information**" section.
- Select "**Other Provider Updates**."
- Enter your MAT and/or OTP provider information under the "**Medication-Assisted Treatment**" section.
- Indicate on the last question if you prefer to keep your answers private or share with our members via Provider Finder.
- Specify the "**Effective Date of Change**." You must enter this to submit your updates

The update will be shared on Provider Finder which typically takes about **two weeks**.

New Providers

New providers can voluntarily provide their certified MAT services during the onboarding process using the onboarding form.

Opioid Treatment Designations

The Blue Cross and Blue Shield Association has defined four provider types that deliver treatment for opioid use disorders. The types are based on certification through the Substance Abuse and Mental Health Services Administration (SAMHSA):

- MAT for Opioid Use Disorders is provided at a given location
- Provider at a given location is authorized to dispense MAT for Opioid Use Disorders
- This location is a certified Opioid Treatment Program (OTP)
- Counseling for Opioid Use Disorders is provided at this location

Details about Provider Types

View details about each provider type certification.

Verification of Disclosure

We will verify MAT and OTP provider certification through the SAMHSA before posting in our Provider Finder.

Submit Predetermination of Benefits Requests Via the Availity

Blue Cross and Blue Shield of Montana is excited to introduce an electronic predetermination process via the Availity Portal using the Attachments tool. This new process is available to providers as of **July 30, 2020**, making it faster and easier to submit a predetermination request to BCBSMT.

As a reminder, a predetermination of benefits is a voluntary request for written verification of benefits prior to rendering services. BCBSMT recommends submitting a predetermination of benefits request if the service may be considered experimental, investigational, or unproven, as specified within the BCBSMT Medical Policy.

You must be registered with Availity to use the new Attachments tool. You can sign up today at **Availity.com**, at no charge. For registration assistance, call Availity Client Services at **800-282-4548**.

Note: If you don't have online access, you may continue to fax and/or mail predetermination of benefit requests along with a completed Predetermination Request Form and pertinent medical documentation.

How does the new online process work?

Submitting online predetermination requests through the Availity Attachments application is simple and convenient:

- Log in to **Availity.com**
- Select **Claims & Payments** from the navigation menu
- Select **Attachments – New**
- Within the tool, select **Send Attachment** then **Predetermination Attachment**
- Download and complete the Predetermination Request Form
- Complete the required data elements
- Upload the completed form and attach supporting documentation
- Select Send Attachment(s)

For More Information

If you need further assistance or customized training, contact our Provider Education Consultants. Also watch for a new **Electronic Predetermination Request user guide**, coming soon to the Tools section of our website.

The information in this notice does not apply to requests for Medicare Advantage members.
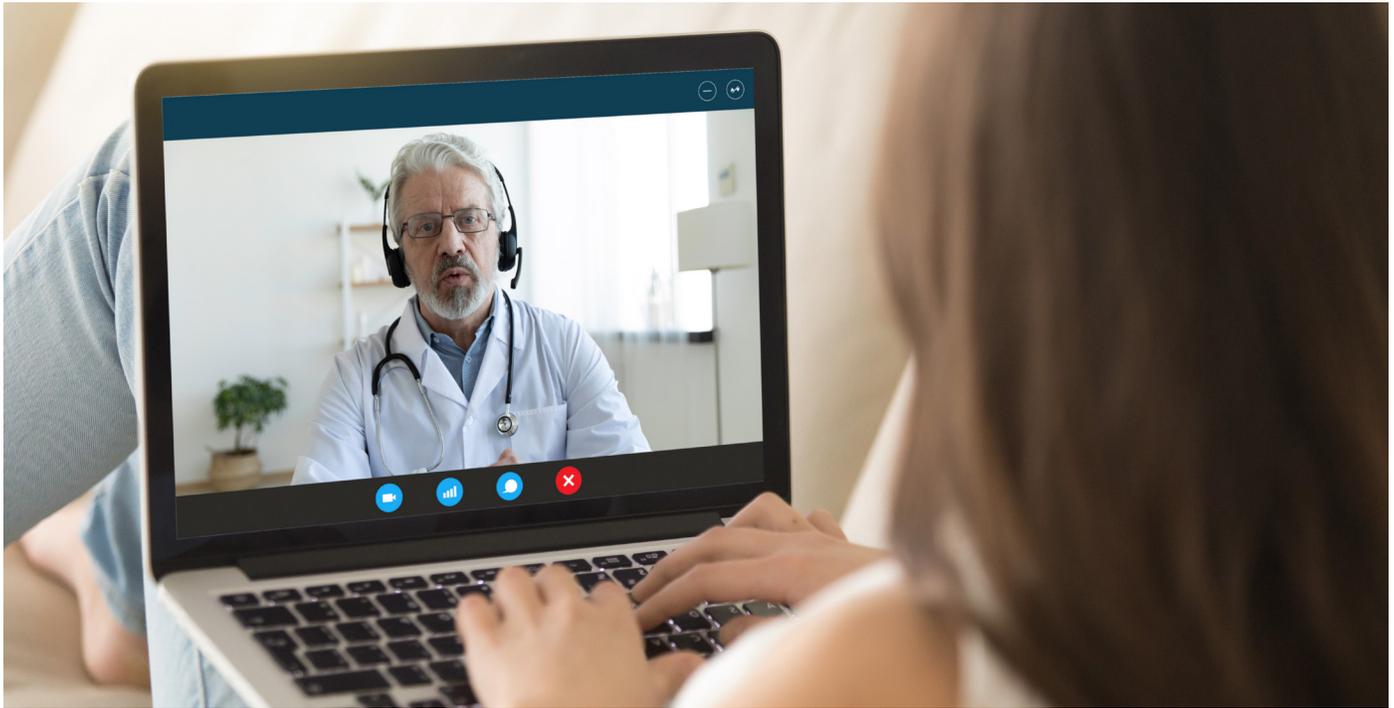
Telemedicine Post COVID-19 Accommodations

In response to the COVID-19 pandemic, Blue Cross and Blue Shield of Montana expanded access to telemedicine services to give our members greater access to care. Moving into 2021 as the COVID-19 accommodations expire, telemedicine will continue to be a standard offering for our members. Members will be able to access their medically necessary, covered benefits through providers who deliver services through telemedicine.

Cost-share waiver ending

We also waived all cost share associated with telemedicine visits during the COVID-19 crisis. The **cost-share waiver** will **end** on **Dec. 31, 2020. Starting Jan. 1, 2021, copays, deductibles and coinsurance will be applicable** to telemedicine visits.

The cost share varies according to the member's benefit plans. Some telemedicine care may require **referrals** and **prior authorizations** in accordance with the member's benefit plan. Check eligibility and benefits for each member for details.

Medicare

The cost share waiver for Medicare Advantage and Medicare Supplement members will **end on Dec. 31, 2020. Starting Jan. 1, 2021, copays, deductibles and coinsurance will be applicable** to telemedicine visits.

What is covered?

Coverage is **based on the terms of the member's benefit plan** and applicable law. Starting Jan. 1, 2021, we will cover telemedicine codes consistent with the code lists from:

- The Centers for Medicare and Medicaid Services (CMS), and
- The American Medical Association (AMA)

This does not include CMS' list of telehealth services for the public health emergency.

In accordance with state statute, we will also cover the following codes:

- Audiology
  - 92601
  - 92602
  - 92603
  - 92604
- Physical therapy
  - 97110
  - 97112

Our self-funded employer group customers make decisions for their employee benefit plans. Check eligibility and benefits for any variations in member benefit plans.

CMS identifies covered services for Medicare members.

We **recommend** the following:

- Consider telemedicine a mode of care delivery to be used when it can reasonably provide **equivalent outcomes** as face-to-face visits.
- Choose telemedicine when it **enhances the continuity of care** and care integration if you have an established patient-provider relationship with members.
- **Integrate telemedicine records into electronic medical record systems** to enhance continuity of care, maintain robust clinical documentation and improve patient outcomes.

Eligible members

Providers can use telemedicine for members with the following benefit plans:

- State-regulated fully insured HMO and PPO plans
- Blue Cross Medicare Advantage℠ (excluding Part D) and Medicare Supplement
- Self-insured employer group plans

We will continue to follow applicable state and federal requirements.

Medicare and Medicaid

Telemedicine benefits for our Medicare Advantage and Medicare Supplement members will continue until CMS directs.

We will follow the applicable guidelines of the Centers for Medicare & Medicaid Services as appropriate for Medicare Advantage and Medicare Supplement members.

Eligible providers

Providers of telemedicine may include, but are not necessarily limited to:

- Physicians
- Physician assistants
- Advanced Practice Registered Nurses (APRNs)
- Licensed behavioral health
- Nutritionists
- Dieticians

Delivery methods

Available telemedicine visits with BCBSMT providers include:

- 2-way, live interactive telephone communication and real time audio and video consultations
- Asynchronous telecommunication via image and video not provided in real-time (a service is recorded as video or captured as an image; the provider evaluates it later).
- Other methods allowed by state and federal laws, which can allow members to connect with providers while reducing the risk of exposure to contagious viruses or further illness

Providers can find the latest guidance on acceptable HIPAA-compliant remote technologies issued by the U.S. Department of Health and Human Services' Office for Civil Rights in Action.

Submitting claims

Submit claims for medically necessary services delivered via telemedicine with the appropriate **modifiers (95, GT, GQ) and Place of Service (POS) 02** or POS that would have been billed had the services been delivered face to face.

Note: If a claim is submitted using a telemedicine code, the modifier 95 is not necessary. Only codes that are not traditional telemedicine codes require the modifier.

Member benefit and eligibility assistance

Check eligibility and benefits for each member at every visit prior to rendering services. Providers may:

- Verify general coverage by submitting an **electronic 270 transaction through Availity**® or your preferred vendor.
- Connect with a Customer Advocate to check eligibility and telemedicine benefits by **calling** the number on the back of the member's ID card.

Resources

BCBSMT Provider Portal:

- Coding & Compensation Policies
- Non-Physician Compensation Policy
- Telemedicine Compensation Policy
- Modifier Compensation and Reference Policy

Updated THM Form Measures to Align with U.S. Preventive Services Taskforce Guidelines

Our Blue Value℠ Total Health Management (THM) program is based on member/patient engagement, establishing a relationship with a Primary Care Provider (PCP), and completing a preventive care exam and recommended screenings.

Through your dedicated efforts and commitment to patients, many Montanans have experienced life changing events and have had positive outcomes because of preventive exam and screenings associated with the THM Program.

To keep in alignment with the United States Preventive Services Taskforce guidelines, we are updating a couple of measures on the THM form:

- **Cholesterol Screening is no longer recommended for the general adult population,** it will be removed from the THM form. We continue to encourage members to follow their PCP's recommendations; however, no documentation for cholesterol screening is now needed to participate in the program.
- **Depression Screening measure has been added to the form.** No results are required, just a simple "yes" or "no" of whether the patient has been screened for depression. We know that this is an especially important addition to the form, based on both national and Montana suicide and depression rates. For additional resources, the US Preventive Services Taskforce provides tools including a Patient Health Questionnaire – Depression Screening.

For questions or additional information, please contact your Provider Network Consultant.

Verify Procedure Code Preauthorization Requirements and Submit the Request Via Availity

Providers can electronically verify Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code-specific preauthorization requirements and submit preauthorization requests handled by Blue Cross and Blue Shield of Montana all within the Availity Provider Portal.

Checking patient eligibility and benefits is an imperative first step to confirm coverage and preauthorization requirements prior to rendering services. The Availity Eligibility and Benefits Inquiry allows you to quickly obtain preauthorization requirements by procedure code, along with contact information for the preauthorization entity. If BCBSMT requires preauthorization for the service or CPT/HCPCS code(s), you can easily submit the request online using the Availity Authorizations tool. As a reminder, the procedure code inquiry option is for preauthorization determination only and is not a code-specific quote of benefits.

Step 1 – Determine code-specific preauthorization requirements via Availity:

- Complete the eligibility and benefit inquiry entry (ANSI 270) by selecting a benefit/service type and/or enter a valid CPT/HCPCS code(s) and the associated place of service. Providers may enter up to eight CPT/HCPCS codes in the inquiry.
- The eligibility and benefit inquiry response (ANSI 271) displays specific preauthorization requirements in the Pre-Authorization Info tab for the benefit/service type and/or CPT/HCPCS codes entered in the inquiry.

Note: If a benefit/service type is not selected, the place of service and at least one CPT/HCPCS code is required. If a CPT/HCPCS code is not entered, the place of service and benefit/service type is required.

Exceptions

CPT/HCPCS code inquiry for preauthorization is not yet supported for the following lines of business:

- Federal Employee Program (FEP)
- Blue Cross Medicare Advantage (PPO)ˢᴹ

Step 2 – Submit required preauthorization requests handled by BCBSMT via Availity:

- Select the Patient Registration menu option, choose Authorizations & Referrals, then Authorizations
- Select Payer BCBSMT, then select your organization
- Select Inpatient Authorization or Outpatient Authorization
- Enter preauthorization request
- Review and submit

Important Reminders

The process of submitting benefit preauthorization requests through eviCore healthcare (eviCore) or other vendors has not changed.

For More Information

Refer to the educational [Availity Eligibility and Benefits user guide](#) and [Availity Authorizations user guide](#) located under the [Provider Tools](#) section of our website. Additionally, you can visit our [Training](#) page to register for upcoming online training sessions.

Have additional questions or need customized training? Email our [Provider Education Consultants](#) for assistance.

Motor Vehicle Crashes Leading Cause of Death for Montana Children

Motor vehicle crashes are the leading cause of death for Montana children. The best way to keep children safe in the car is to use the right seat, the right way. In fact, a correctly used and installed car seat can reduce the risk of injury in a car crash by 71 to 82 percent. But four out of five car seats are incorrectly used or installed. To help ensure children are riding safely, Montana has car seat fitting stations and child passenger safety programs located across the state where certified Child Passenger Safety Technicians teach parents and caregivers how to install and use their car seat correctly. You can find a fitting station near you at **NHTSA.gov**. If you are working with a family in need of a car seat, contact your local health department or Erin Root at Montana Department of Transportation at eroot@mt.gov.

NCI Inc. To Begin PERM Medical Record Review Process

NCI Inc. will begin the Payment Error Rate Measurement (PERM) medical record review process in October 2020. PERM participation is required under the Federal Improper Payments Elimination and Recovery Act (IPERA) of 2010. NCI will begin contacting providers requesting medical records for sampled Children's Health Insurance Program (CHIP) and Medicaid claims that were paid between July 2019 – June 2020. Providers are required to respond to NCI within the given timeframe, submit all requested records, and return the documentation with the claim-specific cover letter for each claim pulled for review. If no documentation or incomplete records are provided to NCI, the claim will be considered in error and the State will seek an overpayment recovery.

Please contact Krista Cronholm, DPHHS Program Compliance Bureau, at **(406) 444-9365** or KCronholm@mt.gov for any PERM questions.

Providers may visit the CMS providers website or the Montana PERM provider training listed below to become familiar with the entire medical record request and review process:

CMS Providers Website

https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Providers.html

PERM Provider Training

https://medicaidprovider.mt.gov/Portals/68/docs/training/2020training/PaymentErrorRateMeasurementPERMProviderTrainingConduent06192020.pdf

ParentingMontana.com COVID19 Resources

ParentingMontana.org provides easy-to-use parenting tools to support your child's success from kindergarten through the teen years. ParentingMontana.org includes information on parent resources, specific topics by each age group, and I want to know more topics. Here are some quick summary pages for parents, or those in a parenting role, that may be facing challenges during this crisis.

Summary Tips for 5-10-year old

- Homework: https://parentingmontana.org/wp-content/uploads/2019/01/Homework-Ages-5-10-Summary.pdf
- Routines: https://parentingmontana.org/wp-content/uploads/2019/01/Routines-Ages-5-10-Summary-.pdf
- Discipline: https://parentingmontana.org/wp-content/uploads/2019/01/Discipline-Ages-5-10-Summary.pdf
- Chores: https://parentingmontana.org/wp-content/uploads/2019/01/Chores-Ages-5-10-Summary.pdf
- Stress: https://parentingmontana.org/wp-content/uploads/2019/01/Stress-Ages-5-10-Summary.pdf
- Meltdowns: https://parentingmontana.org/wp-content/uploads/2019/01/Meltdowns-Ages-5-10-Summary.pdf

Summary Tips for 11-14-year-old

- Homework: https://parentingmontana.org/wp-content/uploads/2019/01/Homework-Ages-11-14-Summary.pdf
- Routines: https://parentingmontana.org/wp-content/uploads/2019/01/Routines-Ages-11-14-Summary-.pdf
- Discipline: https://parentingmontana.org/wp-content/uploads/2019/01/Discipline-Ages-11-14-Summary.pdf
- Chores: https://parentingmontana.org/wp-content/uploads/2019/01/Chores-Ages-11-14-Summary.pdf
- Stress: https://parentingmontana.org/wp-content/uploads/2019/01/Stress-Ages-11-14-Summary.pdf

Summary Tips for 15-19-year-old

- Homework: https://parentingmontana.org/wp-content/uploads/2019/01/Homework-Ages-15-19-Summary.pdf
- Routines: https://parentingmontana.org/wp-content/uploads/2019/01/Routines-Ages-15-19-Summary-.pdf
- Discipline: https://parentingmontana.org/wp-content/uploads/2019/01/Discipline-Ages-15-19-Summary.pdf
- Chores: https://parentingmontana.org/wp-content/uploads/2019/01/Chores-Ages-15-19-Summary.pdf
- Stress: https://parentingmontana.org/wp-content/uploads/2019/01/Stress-Ages-15-19-Summary.pdf

BCBSMT Announces Winners of Four $50,000
Healthy Kids, Healthy Families Grants

2020 Recipients: Education Foundation for Billings Public Schools, Families First Learning Lab, Riverstone Health Foundation and Rural Dynamics

Blue Cross and Blue Shield of Montana recently awarded four $50,000 Healthy Kids, Healthy Families (HKHF) grants to address social determinants of health.

Grants were awarded to the Education Foundation for Billings Public Schools, Families First Learning Lab, Riverstone Health Foundation and Rural Dynamics.

The HKHF initiative is an ongoing commitment by BCBSMT to invest in and partner with like-minded nonprofit organizations that offer sustainable, measurable programs to reach children and their families in the five following areas: nutrition, physical activity, disease prevention and management, substance abuse prevention, and suicide prevention. The goal of the program is to improve access to quality care and drive down the future cost of health care.

"We care deeply about the physical, social and emotional wellness of our communities, and we're proud to invest in innovative organizations that support children and their families throughout Montana," said John Doran, BCBSMT Divisional Vice President of External Affairs. "These efforts are even more important now, as our fellow Montanans grapple with the ongoing COVID-19 pandemic and the impact it continues to have in all aspects of our lives."

- **Education Foundation for Billings Public Schools** is a recipient for a second straight year, and the funding will continue to support Skyview High School's mission to be a model Trauma Invested School that other high schools around the state and the nation turn to for guidance. Last year's funding allowed Skyview to move its work from committee-level planning to school-wide awareness and activities. Leaders have identified five goals for the upcoming school year: 1, Continue staff training on trauma, resiliency and self-regulation; 2, Provide interventions that help students stay in school; 3, Collect data to connect improved social emotional health to higher grades, higher attendance and a reduction in behavioral issues; 4, Educate parents and the community on social emotional health; and 5, Share information with other educators at the district, state and national levels.

- **Families First Learning Lab,** based in Missoula, uses education, connection, play and partnership to strengthen families. Support from this grant will fund the White Bison's Mending Broken Hearts curriculum, which focuses on culturally-based healing on the Flathead Reservation. According to Families First Learning Lab, the Confederated Salish and Kootenai Tribes recommended the evidence-based curriculum to promote and assist in healing from unresolved grief and losses generated from historical and inter-generational trauma. Families First Learning Lab serves children and caregivers throughout Missoula and neighboring communities.

- **Riverstone Health Foundation,** based in Billings, is launching the Healthy Yellowstone County Teens program to help reduce substance use and suicide risk in youth ages 12-18, using a website, web-based advertising content, and downloadable presentation content. The website will be designed to provide information, connect youth to external resources, provide opportunities to engage further and promote prevention. Web-based advertising will be designed for the targeted demographic, using social media sites and traditional web advertising. Downloadable content will be free and will include presentations and printable materials for teachers, parents and other adults such as prevention professionals and youth group leaders.

- **Rural Dynamics,** based in Great Falls, also received an HKHF grant in 2019 and recently completed the first year of a pilot project to help Montanans become more financially astute, reducing the likelihood of financial stress and the health risks and costs associated with it. BCBSMT's continued support will allow Rural Dynamics to continue working with key stakeholders to implement financial wellness prototypes developed through the design process in the first year, as well as expand the pilot to include smaller employers of 50 or less employees. Along with BCBSMT, Rural Dynamics is collaborating with Benefis Health Systems, the Center for Financial Services Innovation, the Institute for Research on Poverty, the Center for Financial Security and Great Falls Public Schools. Capital One Bank provided funding in 2019 to help launch the project.

Since 2014, BCBSMT has awarded more than $1 million through the HKHF initiative, which is a significant part of its larger commitment to all Montanans through community outreach. Each year, BCBSMT also contributes more than $400,000 in grants and sponsorships to a variety of likeminded nonprofit organizations, and it supports the Caring Foundation of Montana's Care Van® program, which provides access to preventive health care services at low or no cost. With its headquarters based in Helena, BCBSMT also presents the Governor's Cup, which hosts more than 4,500 participants annually in a variety of events, including the Kids Marathon program and in traditional races like the marathon, half marathon, 10K, 5K and Fun Run. The purpose of the annual event is to promote the benefits of physical activity and community.

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2020 – Part 1

Drug List Changes

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the Blue Cross and Blue Shield of Montana drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **Changes effective Oct. 1, 2020 are outlined below.**

The Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will be published closer to the October 1 effective date.

Please note: The drug list changes listed below do not apply to BCBSMT members on the Multi-Tier Basic Annual, Enhanced Annual or Multi-Tier Enhanced Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2021.

DRUG LIST UPDATES (REVISIONS/EXCLUSIONS) – AS OF OCT. 1, 2020

Non-Preferred Brand[1]	Drug Class/Condition Used for	Generic Preferred Alternative(s)[2]	Preferred Brand Alternative(s)[1,2]
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions			
APRISO (mesalamine cap er 24hr 0.375 gm)	Ulcerative Colitis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
DEPEN TITRATABS (penicillamine tab 250 mg)	Wilson's Disease	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
FIRAZYR (icatibant acetate inj 30 mg/3 ml (base equivalent))	Hereditary Angioedema (HAE)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
JADENU (deferasirox tab 90 mg, 360 mg)	Chronic Iron Overload	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ORFADIN (nitisinone cap 2 mg, 5 mg, 10 mg)	Hereditary Tyrosinemia Type 1 (HT-1)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Basic and Multi-Tier Basic Drug Lists Revisions			
AFINITOR (everolimus tab 2.5 mg, 5 mg, 7 mg)	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TRAVATAN Z (travoprost ophth soln 0.004% (benzalkonium free) (bak free))	Glaucoma, Ocular Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

Drug[1]	Drug Class/Condition Used For	Alternative(s)[1,2]
Balanced, Performance and Performance Select Drug Lists Revisions		
CARBINOXAMINE MALEATE (carbinoxamine maleate soln 4 mg/5 ml)	Allergic Conditions	carbinoxamine tablet 4 mg
CLOZAPINE ODT (clozapine orally disintegrating tab 12.5 mg)	Schizophrenia	clozapine tablet
CROTAN (crotamiton lotion 10%)	Scabies	permethrin 5% cream

DIDANOSINE (didanosine delayed release capsule 200 mg, 400 mg)	Viral Infections	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
DILT-XR (diltiazem hcl cap er 24hr 180 mg, 24hr 240 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil tablet
ERY (erythromycin pads 2%)	Acne	clindamycin topical solution, erythromycin gel
GAVILYTE-C (peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm)	Colonoscopy Prep/Laxative	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm, peg 3350-kcl-sod bicarb-nacl for soln 420 gm
LEVOBUNOLOL HCL (levobunolol hcl ophth soln 0.5%)	Glaucoma	betaxolol ophth solution 0.5%, timolol maleate ophth soln 0.25%, timolol maleate ophth soln 0.5%
METHSCOPOLAMINE BROMIDE (methscopolamine bromide tab 2.5 mg, 5 mg)	Peptic Ulcers	glycopyrrolate tablet
NEVIRAPINE ER (nevirapine tab er 24hr 100 mg)	Viral Infections	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
NITROGLYCERIN ER (nitroglycerin cap er 2.5 mg)	Angina	isosorbide dinitrate tablet, isosorbide mononitrate tablet
NITRO-TIME (nitroglycerin cap er 2.5 mg)	Angina	isosorbide dinitrate tablet, isosorbide mononitrate tablet
ONDANSETRON HCL (ondansetron hcl tab 24 mg)	Nausea/Vomiting	ondansetron orally disintegrating tablet, ondansetron 8 mg tablet
PAROMOMYCIN SULFATE (paromomycin sulfate cap 250 mg)	Parasitic Infections	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
PROMETHEGAN (promethazine hcl suppos 50 mg)	Nausea/Vomiting	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
TESTOSTERONE ENANTHATE (testosterone enanthate im inj in oil 200 mg/ml)	Low Testosterone	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
THEOPHYLLINE CR (theophylline tab er 12hr 300 mg)	Asthma, Bronchitis, Emphysema	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
THEOPHYLLINE ER (theophylline tab er 12hr 300 mg)	Asthma, Bronchitis, Emphysema	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
THEOPHYLLINE SR (theophylline tab er 12hr 300 mg)	Asthma, Bronchitis, Emphysema	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 200 mg)	Hypertension	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
Balanced Drug List Revisions		
LIDOCAINE HCL JELLY (lidocaine hcl urethral/mucosal gel 2%)	Pain, Numbing Agent	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Fibromyalgia	duloxetine capsule, pregabalin capsule

SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Fibromyalgia	duloxetine capsule, pregabalin capsule
Balanced, Performance and Performance Select Drug Lists Exclusions		
AFINITOR (everolimus tab 2.5 mg, 5 mg, 7.5 mg)	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
AMICAR (aminocaproic acid oral soln 0.25 gm/ml)	Hemorrhage, Hyperfibrinolysis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
APRISO (mesalamine cap er 24hr 0.375 gm)	Ulcerative Colitis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
DEPEN TITRATABS (penicillamine tab 250 mg)	Wilson's Disease	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
ISORDIL TITRADOSE (isosorbide dinitrate tab 40 mg)	Angina	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
JADENU (deferasirox tab 90 mg, 360 mg)	Chronic Iron Overload	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
K-TAB (potassium chloride tab er 20 meq (1500 mg))	Hypokalemia	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
NEBUPENT (pentamidine isethionate for nebulization soln 300 mg)	Fungal Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
OCTREOTIDE ACETATE (octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml))	Excess Growth Hormone	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
ORFADIN (nitisinone cap 2 mg, 5 mg, 10 mg)	Hereditary Tyrosinemia Type 1 (HT-1)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
Performance and Performance Select Drug Lists Exclusions		
brimonidine tartrate ophth soln 0.15%	Glaucoma, Ocular Hypertension	brimonidine tartrate ophth soln 0.2%
buspirone hcl tab 7.5 mg	Anxiety	buspirone 5 mg tablet, buspirone 15 mg tablet
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	Hypercholesterolemia	fenofibrate micronized cap 134 mg, fenofibrate tablet 145 mg
DORAL (quazepam tab 15 mg)	Insomnia	temazepam capsule, flurazepam capsule

doxycycline monohydrate cap 75 mg, 150 mg	Infections	doxycycline hyclate 100 mg tablet, doxycycline hyclate 50 mg capsule, doxycycline monohydrate 75 mg tablet, doxycycline monohydrate 150 mg tablet
fenofibrate micronized cap 130 mg	Hypercholesterolemia	fenofibrate micronized cap 134 mg, fenofibrate tablet 145 mg
fluoxetine hcl tab 10 mg, 20 mg	Premenstrual Dysphoric Disorder (PMDD)	fluoxetine capsule
KETOPROFEN (ketoprofen cap 25 mg)	Pain, Inflammation	ibuprofen tablet, naproxen tablet
mefenamic acid cap 250 mg	Pain, Inflammation	ibuprofen tablet, naproxen tablet
naproxen susp 125 mg/5 ml	Pain, Inflammation	ibuprofen tablet, ibuprofen liquid (OTC), naproxen tablet
QUAZEPAM (quazepam tab 15 mg)	Insomnia	temazepam capsule, flurazepam capsule
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Fibromyalgia	duloxetine capsule, pregabalin capsule
SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Fibromyalgia	duloxetine capsule, pregabalin capsule
TIMOLOL MALEATE OPHTHALMIC GEL FORMING (timolol maleate ophth gel forming soln 0.25%)	Glaucoma, Ocular Hypertension	timolol maleate ophth soln 0.25%
TIMOLOL MALEATE OPHTHALMIC GEL FORMING (timolol maleate ophth gel forming soln 0.5%)	Glaucoma, Ocular Hypertension	timolol maleate ophth soln 0.5%
ULESFIA (benzyl alcohol lotion 5%)	Lice	Natroba, Sklice
Balanced and Performance Select Drug Lists Exclusions		
MOXEZA (moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily))	Ophthalmic Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
SILENOR (doxepin hcl (sleep) tab 3 mg, 6 mg (base equiv))	Insomnia	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
TRAVATAN Z (travoprost ophth soln 0.004% (benzalkonium free) (bak free))	Glaucoma, Ocular Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
ZOHYDRO ER (hydrocodone bitartrate cap er 12hr abuse-deterrent 10 mg, 12hr abuse-deterrent 15 mg, 12hr abuse-deterrent 20 mg, 12hr abuse-deterrent 30 mg, 12hr abuse-deterrent 40 mg, 12hr abuse-deterrent 50 mg)	Pain	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
Balanced Drug List Exclusions		
ACZONE (dapsone gel 7.5%)	Acne	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.

BUTALBITAL/ACETAMINOPHEN (butalbital-acetaminophen cap 50-300 mg)	Pain	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
CARAFATE (sucralfate susp 1 gm/10 ml)	Ulcers	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
EVZIO (naloxone hcl solution auto-injector 2 mg/0.4 ml)	Opioid Overdose	Narcan nasal spray, naloxone auto-injector (authorized generic for Evzio)
Performance Select Drug List Exclusions		
doxycycline hyclate tab 75 mg, 150 mg	Infections	doxycycline hyclate 100 mg tablet, doxycycline hyclate 50 mg capsule, doxycycline monohydrate 75mg tablet, doxycycline monohydrate 150 mg tablet

1. Third party brand names are the property of their respective owner.
2. This list is not all inclusive. Other medicines may be available in this drug class.

Dispensing Limit Changes

The BCBSMT prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. **Changes by drug list are listed on the charts below. Please note:** The dispensing limits listed below do not apply to BCBSMT members on the Enhanced Annual Drug List. Dispensing limits will be applied to this drug list on or after Jan. 1, 2021.

BCBSMT letters all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit.

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2020 – Part 2

This article is a continuation of the previously published Quarterly Pharmacy Changes Part 1 article.

While that part 1 article included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates, this part 2 version contains the more recent coverage additions, utilization management updates and any other updates to the pharmacy program.

Drug List Changes

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the BCBSMT drug lists.

Please note: Revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were included in the Quarterly Pharmacy Changes Part 1 article. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

Changes effective April 1, 2020 are outlined below.

DRUG LIST COVERAGE ADDITIONS – AS OF APRIL 1, 2020

Preferred Drug[1]	Drug Class/Condition Used for
Basic, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9 ml)	Rheumatoid Arthritis
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 ml)	Rheumatoid Arthritis
AYVAKIT (avapritinib tab 100 mg, 200 mg, 300 mg)	Cancer
CABOMETYX (cabozantinib s-malate tab 20 mg, 40 mg, 60 mg (base equivalent))	Cancer
DUAVEE (conjugated estrogens-bazedoxifene tab 0.45-20 mg)	Vasomotor symptoms associated with Menopause
ERIVEDGE (vismodegib cap 150 mg)	Cancer
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR (glucagon hcl for inj 1 mg)	Hypoglycemia
IBRANCE (palbociclib tab 75 mg, 100 mg, 125 mg)	Cancer
LOKELMA (sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm)	Hyperkalemia
PREDNISOLONE ACETATE (prednisolone acetate ophth susp 1%)	Ophthalmic Inflammatory Conditions
SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Active Ankylosing Spondylitis, Ulcerative Colitis
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Active Ankylosing Spondylitis, Ulcerative Colitis
VELTASSA (patiromer sorbitex calcium for susp packet 8.4 gm, 16.8 gm, 25.2 gm (base eq))	Hyperkalemia
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Multiple Sclerosis, Relapsing Forms
VUMERITY (diroximel fumarate capsule dr starter bottle 231 mg)	Multiple Sclerosis, Relapsing Forms

XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis
XELJANZ XR (tofacitinib citrate tab er 24hr 11 mg, 24hr 22 mg (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis
Balanced, Performance and Performance Select Drug Lists	
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK (spacer/aerosol-holding chambers - device)	Cancer
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK (spacer/aerosol-holding chambers - device)	Cancer
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK (spacer/aerosol-holding chambers - device)	Infections
deferasirox tab 90 mg, 360 mg (generic for JADENU)	Schizophrenia
DEXCOM G5 MOBILE RECEIVER KIT (continuous blood glucose system receiver)	Attention Deficit Hyperactivity Disorder
DEXCOM G5 MOBILE TRANSMITTER KIT (continuous blood glucose system transmitter)	Hypoglycemia
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT (continuous blood glucose system sensor)	Vasomotor symptoms associated with Menopause
DEXCOM G6 RECEIVER (continuous blood glucose system receiver)	Transplant Rejection Prophylaxis
DEXCOM G6 SENSOR (continuous blood glucose system sensor)	Cancer
DEXCOM G6 TRANSMITTER (continuous blood glucose system transmitter)	Iron Deficiency
DEXCOM RECEIVER KIT (continuous blood glucose system receiver)	Hypoglycemia
digoxin oral soln 0.05 mg/ml (generic for DIGOXIN)	Cancer
FASENRA PEN (benralizumab subcutaneous soln auto-injector 30 mg/ml)	Influenza Vaccine
FIASP PENFILL (insulin aspart (with niacinamide) soln cartridge 100 unit/ml)	Rheumatoid Arthritis
GVOKE PFS (glucagon subcutaneous soln pref syringe 0.5 mg/0.1 ml, 1 mg/0.2 ml)	Rheumatoid Arthritis
HARVONI (ledipasvir-sofosbuvir tab 45-200 mg)	Opioid Overdose
HEPARIN SODIUM (heparin sodium (porcine) pf inj 5000 unit/ml)	Diabetes
INREBIC (fedratinib hcl cap 100 mg)	Diabetes
mesalamine cap er 24hr 0.375 gm (generic for APRISO)	Diabetes
NAYZILAM (midazolam nasal spray soln 5 mg/0.1 ml)	Diabetes
nitisinone cap 2 mg, 5 mg, 10 mg (generic for ORFADIN)	Sickle Cell Disease
NUBEQA (darolutamide tab 300 mg)	Wilson's Disease
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 15 mg)	Tuberculosis
pentamidine isethionate for nebulization soln 300 mg (generic for NEBUPENT)	Nephropathic Cystinosis
PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate oral soln 25 mg/5 ml (base eq))	Malaria
ROZLYTREK (entrectinib cap 100 mg, 200 mg)	Schizophrenia
RYBELSUS (semaglutide tab 3 mg, 7 mg, 14 mg)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis
SOVALDI (sofosbuvir tab 200 mg)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis

TEMIXYS (lamivudine-tenofovir disoproxil fumarate tab 300-300 mg)	Cystic Fibrosis
TRIKAFTA (elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk)	Cancer
TURALIO (pexidartinib hcl cap 200 mg (base equivalent))	Hypertension
VYLEESI (bremelanotide acetate subcutaneous soln auto-injector 1.75 mg/0.3 ml)*	Multiple Sclerosis, Relapsing Forms
Balanced Drug List	
ASPIRIN/OMEPRAZOLE (aspirin-omeprazole tab delayed release 81-40 mg)	Myocardial Infarction and Stroke Prophylaxis
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF (ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%)	Otic Infections & Inflammation
CLOCORTOLONE PIVALATE (clocortolone pivalate cream 0.1%)	Inflammatory Conditions
CLODERM (clocortolone pivalate cream 0.1%)	Inflammatory Conditions
DRIZALMA SPRINKLE (duloxetine hcl cap delayed release sprinkle 20 mg, 30 mg, 40 mg, 60 mg (base eq))	Major Depressive Disorder
HALOBETASOL PROPIONATE (halobetasol propionate foam 0.05%)	Inflammatory Conditions
NEONATAL COMPLETE (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
NOURIANZ (istradefylline tab 20 mg, 40 mg)	Parkinson's Disease
OZOBAX (baclofen oral soln 5 mg/5 ml)	Multiple Sclerosis
PREGENNA (prenat vit w/ fe bisglyc chelate-fa tab 20-1 mg (1.7 mg dfe))	Prenatal Vitamin
sucralfate susp 1 gm/10 ml (generic for CARAFATE susp)	Ulcers
TOSYMRA (sumatriptan nasal spray 10 mg/act)	Migraines
VITATHELY/GINGER (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
ZALVIT (prenatal vit w/ fe gluconate-fa tab 13-1 mg)	Prenatal Vitamin

1. Third party brand names are the property of their respective owner.
* Optional sexual dysfunction component coverage for select health plans.

DRUG LIST UPDATES (COVERAGE TIER CHANGES) – AS OF APRIL 1, 2020

Drug[1]	New Lower Tier	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Non-Preferred Generic	Cataracts, Inflammatory Conditions
metoprolol tartrate tab 37.5 mg, 75 mg	Non-Preferred Generic	Hypertension
prednisone tab 50 mg	Non-Preferred Generic	Inflammatory Conditions
RUBRACA (rucaparib camsylate tab 200 mg, 250 mg, 300 mg (base equivalent))	Preferred Brand	Cancer
SYNTHROID (levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg)	Preferred Brand	Hypothyroidism
Balanced and Performance Select Drug Lists		
triamcinolone acetonide oint 0.05%	Non-Preferred Generic	Inflammatory Conditions

Dispensing Limit Changes

The BCBSMT prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. **Changes by drug list are listed on the charts below. Please note:** The dispensing limits listed below do not apply to BCBSMT members on the Enhanced Annual Drug List. Dispensing limits will be applied to this drug list on or after Jan. 1, 2021, unless stated otherwise.

EFFECTIVE APRIL 1, 2020:

Drug Class and Medication(s)[1]	Dispensing Limit(s)
Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists	
5HT-1F	
Reyvow 5 mg	4 tablets per 30 days
Reyvow 10 mg	8 tablets per 30 days
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
Continuous Glucose Monitors	
Dexcom G5 Transmitter	1 transmitter per 84 days
Dexcom G5/G4 Sensor	4 sensors per 28 days
Dexcom G5 Receiver	1 receiver per 365 days
Dexcom G6 Transmitter	1 transmitter per 90 days
Dexcom G6 Sensor	3 sensors per 30 days
Dexcom G6 Receiver	1 receiver per 365 days
Dexcom G4 Platinum Sensor	4 sensors per 28 days
Dexcom G4 Platinum Transmitter	1 transmitter per 90 days
Dexcom G4 Platinum Receiver	1 receiver per 365 days
Eversense Sensor	1 sensor per 90 days
Eversense Transmitter	1 transmitter per 90 days
Freestyle Libre Sensor - 10 day	3 sensors per 30 days
Freestyle Libre Reader - 10 day	1 reader per 365 days
Freestyle Libre Sensor - 14 day	2 sensors per 28 days
Freestyle Libre Reader - 14 day	1 reader per 365 days
Guardian Sensor	4 sensors per 28 days
Guardian Transmitter	1 transmitter per 90 days
Guardian Kit	1 kit per 365 days
Balanced, Performance and Performance Select Drug Lists	
Nasal Antiepileptics	
Nayzilam	10 sprays per 30 days
Valtoco 5 mg	10 packs per 30 days
Valtoco 10 mg	10 packs per 30 days
Valtoco 15 mg	10 packs per 30 days
Valtoco 20 mg	10 packs per 30 days
Wakix	
Wakix 4.45 mg	60 tablets per 30 days
Wakix 17.8 mg	60 tablets per 30 days

[1]Third party brand names are the property of their respective owner.

Utilization Management Program Changes

Effective **April 1, 2020**, the following changes will be applied:

- The Wakix Specialty Prior Authorization (PA) program will be added to the Balanced, Performance and Performance Select Drug Lists. This program includes the target drug Wakix.

- The 5HT-1F PA program will be added for standard pharmacy benefit plans and all prescription drug lists. This program includes the newly FDA-approved target drug Reyvow.

- The Continuous Glucose Monitor PA program will be added to the Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists. The program includes the following products: Dexcom G4 Platinum CGM System, Dexcom G5 Mobile CGM System, Dexcom G6 CGM System, Freestyle Libre, Guardian Real-Time CGM System and Senseonics Eversense. Members with a recent claim for any of these products will be grandfathered from participation.

For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit **bcbsmt.com** and log in to Blue Access for Members or **MyPrime.com** for a variety of online resources.

Reminder: Drug Coupon Change
Drug manufacturer coupons (or copay cards) used by members for specialty and non-specialty drugs will not count toward the deductible (if applicable) and/or annual out-of-pocket maximum effective on or after Jan. 1, 2020. This change applies to most BCBSMT members with a group health plan, though some exceptions may apply.

Letters were sent in January to members who have plans renewing in Q2 2020 and have been identified as using a drug coupon. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Dexcom Continuous Glucose Monitoring Products Added to Select Drug Lists
On April 1, 2020, brand Dexcom continuous glucose monitoring products will be added to the Balanced, Performance, Performance Select and Health Insurance Marketplace Drug Lists. These products may have previously been covered only under the member's medical benefit plan. These products may be targeted by the Continuous Glucose Monitors PAQL Program effective April 1, 2020.

Checking eligibility and benefits and/or obtaining benefit preauthorization/prenotification or predetermination of benefits is not a guarantee that benefits will be paid. Payment is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations and exclusions set forth in your patient's policy certificate and/or benefits booklet and or summary plan description. Regardless of any benefit determination, the final decision regarding any treatment or service is between you and your patient.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSMT. iExchange is a trademark of Medecision, Inc., a separate company that provides collaborative health care management solutions for payers and providers. eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSMT. eviCore is wholly responsible for its own products and services. BCBSMT makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity, eviCore or Medecision. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

As a reminder, it is important to check eligibility and benefits prior to rendering services. This step will help you determine if benefit preauthorization is required for a particular member. For additional information, such as definitions and links to helpful resources, refer to the Eligibility and Benefits section on BCBSMT's provider website.

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or predetermined for benefits is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Group Medicare Advantage Open Access (PPO) members, except in emergency situations.

It is important to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include membership confirmation, coverage status and applicable copayment, coinsurance and deductible amounts. The benefit quote may also include information on applicable benefit prior authorization/pre-notification requirements. Ask to see the member's BCBSMT ID card and a driver's license or other photo ID to help guard against medical identity theft.

PPO plans provided by Blue Cross and Blue Shield of Montana, which refers to HCSC Insurance Services Company (HISC). PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC and HISC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and HISC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSMT contracts with Prime to provide pharmacy benefit management and related other services. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics.

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. Any questions regarding those organizations should be addressed to them directly.

Please note that the fact that a service has been preauthorized/pre-notified, that a guideline is available for any given treatment or that a service or treatment has been predetermined for benefits, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

BlueCross BlueShield of Montana