



BLUE REVIEWSM

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

FIRST QUARTER 2018



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HEDIS Measure 2018: Colorectal Cancer Screening for Adults Ages 50-75

Blue Cross Blue Shield of Montana (BCBSMT) would like to help you improve your Quality Ratings. This tip sheet is designed to give you key aspects of the measure and provide quick insights that will help you and your practice successfully master the requirements needed for improved scoring. Montana is 47th in the US for screening for this measure.

What is the measure?

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

There are 3 different tests that qualify for colorectal cancer screening:

- Fecal occult blood test gFOBT or iFOBT in 2018 (annually)
- DNA FIT (Cologuard) in 2018 (or in the previous two years)
- Flexible sigmoidoscopy in 2018 (or the four years prior)
- CT colonography in 2018 (or the previous four years)
- Colonoscopy during 2018 (or the nine years previous)

Note: Do not count digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE.

Patients with either of the following any time during the member's history through December 31 of the measurement year are **excluded** from the measure: (Please include this documentation to us)

- Colorectal cancer
- Total colectomy

Tips to Improve HEDIS rate:

- Documentation in the medical record must include the screening method and the date when the colorectal cancer screening was performed with a result if available
- Colonoscopy may be recorded under Medical History or Surgical History; with at least the **year** it was done if the **exact date** is not known
- Colonoscopy information may be included in other sections of the chart, but the result of the test must also be present
- Electronic Medical Records may provide a means to track gaps in care and reminders of needed services
- A pathology report that indicates the type of screening (e.g., colonoscopy, flexible sigmoidoscopy) and the date when the screening was performed meets criteria
- Since there are two types of FOBT tests: guaiac (gFOBT) and immunochemical (iFOBT), please include the number of samples returned

Common Chart Deficiencies:

- Digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE do not count for this measure
- Documentation of a Gastroenterology Referral or a Gastroenterology Consult Note do not count for this measure

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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 **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

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2017

SELECT PRODUCTS EXCLUDED FROM RX COVERAGE

Effective Oct. 1, 2017, select prescription drugs that are available over-the-counter (OTC) were added to the OTC equivalent exclusion drug list. Because these equivalent products with the same active ingredients in the same strength are available OTC without a prescription, the prescription versions of these medications are no longer covered under the prescription drug benefit.

Prescription Product Now Available OTC ¹	Condition Used For	OTC Equivalent Product Name ¹
Differin Gel 0.1%	Topical Acne	Differin Gel 0.1%
Rhinocort Aqua	Nasal Steroid	Rhinocort Allergy

MARKET WITHDRAWAL/PRODUCT RECALLS

On June 8, 2017, the **U.S. Food and Drug Administration (FDA)** requested **Endo Pharmaceuticals** remove its opioid pain medication, reformulated Opana ER (oxymorphone hydrochloride), from the market. Endo Pharmaceuticals voluntarily removed the product from the market and stopped all shipments to suppliers and pharmacies effective Sept. 1, 2017.* Members with a recent prescription claim for the medication, as well as their prescribing physician, were sent letters at the end of Aug. 2017 alerting them of this industry change. Effective Oct. 1, 2017, the product was removed from the BCBSMT prescription drug lists.

On Aug. 20, 2017, Leader Brand, Major Pharmaceuticals and Rugby Laboratories **voluntarily recalled all liquid medications manufactured by PharmaTech LLC** due to the possibility of contamination. Members with a recent prescription claim for the affected medications, as well as their prescribing physicians, were sent letters in Sept. 2017 to alert them of the recall and advised to stop taking the medication.

* "News Release." Endo Provides Update On OPANA® ER. Endo Pharmaceuticals, 6 July 2017. Web. 28 July 2017. Lombardo, Cara. "Endo Says Shipments of Opana ER Will End Sept. 1." The Wall Street Journal. Dow Jones & Company, 21 July 2017. Web. 28 July 2017.

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, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the Blue Cross and Blue Shield of Montana (BCBSMT) drug lists. Changes that were effective Oct. 1, 2017 are outlined below.

DRUG LIST UPDATES (COVERAGE ADDITIONS) – AS OF OCT. 1, 2017

Preferred Brand ¹	Drug Class/Condition Used For
Basic (formerly known as Standard), Enhanced (formerly known as Generics Plus), Performance and Performance Select Drug Lists	
Afstyla	Hemophilia
Fluticasone Propionate/Salmeterol 113-14, 232-14, 55-14 mcg/act (authorized generic for AirDuo)	Asthma/COPD
Isentress HD	Antivirals/HIV
Kisqali/Femara Dose Pack	Cancer
Rydapt	Cancer
Tymlos	Osteoporosis
Zytiga 500 mg tab	Cancer

— CONTINUED ON PAGE NEXT PAGE

Preferred Brand ¹	Drug Class/Condition Used For
Basic (formerly known as Standard) and Enhanced (formerly known as Generics Plus) Drug Lists	
Granix	Colony Stimulating Factors
Ixinity 250 units, 2000 units, 3000 units	Hemophilia
Sulfadiazine	Anti-Infectives
Viberzi	Irritable Bowel Syndrome
Basic (formerly known as Standard) and Enhanced (formerly known as Generics Plus) Drug Lists	
Alunbrig	Cancer
atomoxetine hcl cap	ADHD
Austedo	Huntington's Disease
EPINEPHRINE (epinephrine solution auto-injector 0.15 mg/0.3 mL (1:2000) and 0.3 mg/0.3 mL (1:1000) mfg = Mylan	Anaphylaxis
Fluad, Fluarix Quadrivalent, Flublok, Flucelvax Quadrivalent, Flulaval Quadrivalent 2017-2018	Influenza Vaccine
Ingrezza	Tardive Dyskinesia
Jadenu Sprinkle	Iron Toxicity
melphalan tab 2 mg	Cancer
Menveo	Meningococcal Vaccine
mesalamine delayed release tab 1.2 gm	Ulcerative Colitis
Orencia 50 mg/0.4 mL, 87.5 mg/0.7 mL	Arthritis
Orenitram 5 mg	Pulmonary Hypertension
Rubraca 250 mg	Cancer
Selzentry 20 mg/mL	Antivirals/HIV
sevelamer carbonate	Hyperphosphatemia
Synjardy XR	Diabetes
testosterone td soln 30 mg/act	Low Testosterone
Xermelo	Cancer
Zejula	Cancer
Basic (formerly known as Standard) Drug List	
Synjardy XR	Diabetes
Enhanced (formerly known as Generics Plus) Drug List	
Zarxio	Colony Stimulating Factors
Performance Select Drug List	
doxycycline hyclate tab 75 mg, 150 mg	Antibiotics
moxifloxacin ophth soln 0.5%	Ophthalmic Anti-Infectives
oloptadine ophth soln 0.2%	Ophthalmic Anti-Infectives

DRUG LIST UPDATES (REVISIONS/EXCLUSIONS) – AS OF OCT. 1, 2017

Preferred Brand ¹	Drug Class/Condition Used For	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Performance and Performance Select Drug List Revisions			
fluoxetine delayed release 90 mg	Depression	fluoxetine hcl cap 10 mg, 20 mg, 40 mg	N/A
levofloxacin oral soln 25 mg/mL	Antibiotic	ciprofloxacin oral susp, ciprofloxacin hcl tab, levofloxacin tab	N/A
potassium chloride oral soln 20% (40 mEq/15 mL)	Hypokalemia	potassium chloride microencapsulated crys cr tab, potassium chloride oral soln 10% (10 mEq/15 mL), potassium chloride powder packet 20 mEq	N/A
Performance and Performance Select Drug Lists Exclusions			
COREG CR	Hypertension	atenolol tab, carvedilol tab (immediate release), metoprolol tartrate tab, metoprolol succinate tab SR 24hr	N/A
DOXEPIN HYDROCHLORIDE	Dermatitis	betamethasone valerate cream, betamethasone valerate oint, tacrolimus oint, triamcinolone acetonide cream, triamcinolone acetonide oint	N/A
MILLIPRED (prednisolone sod phosphate oral soln 10 mg/ 5 mL)	Oral Steroid	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
MINASTRIN 24 FE (norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg)	Oral Contraceptives	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
PRISTIQ (desvenlafaxine succinate tab SR 24hr)	Depression	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
PRUDOXIN (doxepin hcl cream 5%)	Dermatitis	betamethasone valerate cream, betamethasone valerate oint, tacrolimus oint, triamcinolone acetonide cream, triamcinolone acetonide oint	N/A
QUARTETTE (levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg)	Oral Contraceptives	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TAZORAC (tazarotene cream 0.1%)	Acne	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TRICOR (fenofibrate tab 145 mg)	High Cholesterol	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
VERIPRED 20 (prednisolone sod phosphate oral soln 20 mg/5 mL)	Oral Steroid	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ZONALON (doxepin hcl cream 5%)	Dermatitis	betamethasone valerate cream, betamethasone valerate oint, tacrolimus oint, triamcinolone acetonide cream, triamcinolone acetonide oint	N/A
Performance Select Drug List Exclusions			
clindamycin phosphate-tretinoin gel 1.2-0.025%	Acne	clindamycin phosphate gel 1%, tretinoin gel	N/A

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.

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic (formerly known as Standard), Performance and Performance Select Drug List Changes	
Therapeutic Alternatives	
Azelex cream 20%	30 grams per 30 days
Noritate cream 1%	60 grams per 30 days
URAT1 Inhibitor	
Zurampic 200 mg tablet	30 tablets per 30 days

UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective Oct. 1, 2017, the following changes will be applied:

Several drug categories and/or targeted medications will be added to current prior authorization (PA) programs for standard pharmacy benefit plans, upon renewal for most members. *As a reminder*, please review your patient’s drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Additionally, please be sure to submit the specific prior authorization form the medication being prescribed to your patient.

DRUG LIST UPDATES (REVISIONS/EXCLUSIONS) – AS OF OCT. 1, 2017

Drug Category	Targeted Medication(s) ¹
Basic (Standard) Performance and Performance Select Drug Lists	
URAT1 Inhibitor	Zurampic
Basic (Standard) and Performance Drug Lists	
Therapeutic Alternatives	Azelex, Noritate

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

¹Third party brand names are the property of their respective owners

²These lists are not all inclusive. Other medications may be available in this drug class.

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.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member’s certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

Availity Claim Research Tool Offers Enhanced Claim Status Results

One of the most convenient, efficient and secure method of requesting detailed claim status from BCBSMT is by using an online option such as the Availity Claim Research Tool (CRT).*

The CRT allows registered Availity users to search for claims by Member ID, Group Number and Date of Service, or by National Provider Identifier (NPI) and specific claim number, also known as a Document Control Number (DCN). The CRT also enables users to check the status of multiple claims in one view to obtain near real-time claim status, with easy-to-read denial descriptions.

The search results page now delivers the rendering provider ID and name submitted on the claim. Additionally, the claim status service line break-down returns:

- Diagnosis Code
- Copay
- Coinsurance
- Deductible
- Modifier
- Unit or Time or Mile

This important information is available within a few clicks, lessening the need to speak with a Customer Advocate. For additional information, refer to the [CRT tip sheet](#) in the Education and Reference Center/Provider Tools section of our website at bcbsmt.com/provider. As a reminder, you must be registered with Availity to utilize the CRT. For registration information, visit availity.com, or contact Availity Client Services at **800-282-4548**.

Join us for a webinar! BCBSMT hosts complimentary Back to Basics: 'Availity 101' Webinars for providers to learn how to use the CRT and other electronic tools to the fullest potential. You do not need to be an existing Availity user to attend a webinar. To register online now for an upcoming webinar, visit the [Training page](#) in the Education and Reference Center section of our Provider website.

***The CRT is not available for government programs claims.** To check claim status in the Availity web portal for government programs (Medicare Advantage and Montana Medicaid) claims, providers should use the **Claim Status Inquiry tool**, instead of the CRT. The Availity Claim Status Inquiry tool is located under the **Claims & Payments** tab on the Availity home page.

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. BCBSMT makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Code-Auditing Enhancement

Effective November 12, 2017, BCBSMT will be implementing a code-auditing enhancement.* This software will help improve auditing of professional and outpatient facility claims that are submitted to BCBSMT by clinically validating modifiers submitted on such claims. Upon implementation of the code-auditing enhancement, providers may use the Claim Research Tool, available on the Availity™ Web Portal, to research specific claim edits. For additional information, watch the Blue Review, as well as the News and Updates section of our Provider website.

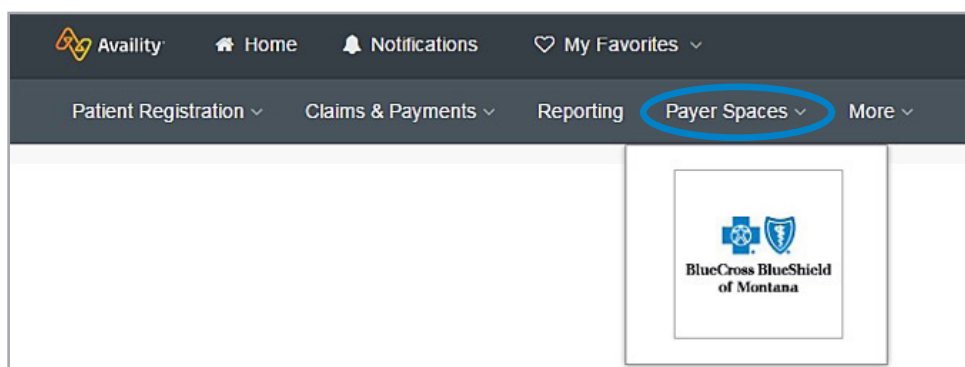
***The above notice does not apply to government programs claims.**

How to Find BCBSMT Resources in Availity Payer Spaces

Have you recently been searching in the Availity Web Portal to locate a specific BCBSMT tool or enrollment option? Some of our electronic resources offered through Availity have moved to the BCBSMT-branded Payer Spaces section in Availity.

The BCBSMT-branded Payer Spaces section contains payer-specific in-house applications, resources, and links to the BCBSMT provider website for quick access to pertinent information. You can also view the latest Availity News and Announcements for various payer-specific articles, newsletters and reference documents.

Providers may access BCBSMT-branded Payer Spaces by selecting the Payer Spaces drop-down option from the Availity navigation menu.



The following online tools and resources are now available via the Resource tab within the BCBSMT-branded Payer Spaces section:

- Electronic Fund Transfer (EFT) online enrollment
- Electronic Remittance Advice (ERA) online enrollment
- iExchange® online benefit preauthorization registration
- National Drug Code (NDC) Units Calculator
- Electronic Refund Management (eRM) tool
- and more...

Note: The Claim Research Tool (BCBSMT) remains available in the **Claims & Payments** tab on the Availity navigation menu.

To learn more about BCBSMT's electronic offerings, visit the **Provider Tools** page in the **Education and Reference Center** of our website at [bcbsmt.com/provider](https://www.bcbsmt.com/provider). For assistance or customized training, contact a Provider Education Consultant at PECS@bcbsmt.com.

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CMS Notifications for Medicare Providers

The Centers for Medicare and Medicaid Services (CMS) routinely publishes notifications that provide guidance to **all Medicare physicians, providers and suppliers, including those serving beneficiaries enrolled in original Medicare and private Medicare Plans**. These CMS notifications are located in the Medicare Learning Network (MLN Matters) on CMS.gov and on our BCBSMT provider website and may include informational regulatory updates and reminders as well as required actions or changes by the provider rendering services. As such, it is important for providers to review these notifications and ensure your staff is aware of these notifications. We are including the following weblink for your information:

CMS notifications regarding the **Jimmo Settlement** (link to: <https://www.cms.gov/Center/Special-Topic/Jimmo-Center.html>)

Continue to review the Blue *Review* for changes as well as our website.

If you have any questions, please contact your **Network Management Representative**. (link to: <https://www.bcbsmt.com/provider/network-participation/contact-us>)

Public Health Collaborations Provide Rural Health Centers with Access to National Experts on Colorectal Cancer Screening

Montana's colorectal cancer screening rate is approximately 67 percent, well below the **National Colorectal Cancer Roundtable's** challenge to the nation to increase screening rates to 80 percent of the eligible population by 2018, but public health and health care agencies across the state are partnering to change that. In late 2017, under the umbrella of activities outlined by the state's Colorectal Cancer Strategic Plan (which BCBSMT helped to develop), the **Montana Primary Care Association (MPCA)** and **American Cancer Society (ACS)** partnered to bring ACS national experts Durado Brooks, MD, MPH, Vice President of Cancer Control Interventions, and Laura Makaroff, DO, Senior Director of Cancer Control Interventions, to Montana to train staff and clinicians at rural Federally Qualified Health Centers (FQHCs) on the latest evidence-based recommended screening guidelines for colorectal cancer. During this two-week "Colorectal Cancer Roadshow," Doctors Brooks and Makaroff traveled over 2,000 miles of Big Sky country and presented to more than 150 staff and clinicians at nine FQHCs and one satellite location of Billings Clinic. Participants learned about the latest research on various screening modalities including take-home stool-based kits, strategies to increase FIT kit return rates, and were reminded that the best colorectal cancer test is the test that gets done. To evaluate the effectiveness of the trainings, participants were administered pre-training and post-training surveys to determine clinician preference of stool tests versus colonoscopy. Results were promising: prior to the trainings 44 percent of clinicians recommended FIT/FOBT tests primarily to patients and 53 percent of clinicians recommended a colonoscopy. After the trainings, 61.54 percent of clinicians reported recommending FIT/FOBT tests primarily to patients and 31 percent of clinicians recommended a colonoscopy.

The Colorectal Cancer Roadshow is a direct result of the collaboration and partnership opportunities that the Montana Cancer Coalition, a program of the Montana Cancer Control Program (MCCP), facilitates among leading health care organizations across Montana, and is in direct response to a recent MCCP survey on health care provider colon cancer screening preferences and knowledge of latest USPSTF and ACS guidelines.

A brief version of the evidence-based training provided by Doctors Brooks and Makaroff will be shared at the 2018 meeting of the Montana Colorectal Cancer Roundtable leadership, 80% by 2018 pledged organizations and partners on March 23 in Helena. For more information or to register for this meeting, contact Sara Murgel at smurgel@mt.gov.

Advanced Radiology Authorization Requirement for Commercial Plans Postponed

Implementation of Advanced Radiology Imaging (PET/CT scans, MRIs, CT, CTA, MRA, Nuclear Medicine) authorization requirements for fully insured and retail plans WILL NOT occur on 3/1/18. A new implementation date has not been established.

Communication will be provided 90 days in advance of the new implementation date.

Opioid Abuse and Naloxone in Montana

A national conversation on substance abuse—particularly on prescription opioids—has been gaining attention in the past few years as drug-related deaths across the country continue to rise. From 2010-2015, the Montana Department of Public Health and Human Services (DPHHS) recorded over 700 deaths from drug overdoses. Over 40% of these deaths involved opioids. Opioids include prescription painkillers such as oxycontin, hydrocodone, and morphine, as well as illegal drugs like heroin.

Anyone can overdose on opioids, especially if they mix opioids with alcohol and/or benzodiazepines (Xanax, Klonopin, or Valium). If someone takes more opioids than their body can handle, they may pass out, stop breathing and die. An opioid overdose can take minutes or even hours to occur. To prevent a fatal overdose, teach your family and friends how to recognize and respond to an overdose. Here are some other symptoms of a possible opioid overdose:

- slow breathing or no breathing (less than 1 breath every 5 seconds),
- vomiting, face is pale and clammy,
- blue lips, fingernails or toenails,
- slow, erratic, or no pulse
- snoring or gurgling noises while asleep or nodding out

In October of 2017, the opioid ‘overdose reversal’ drug, naloxone, was made available for purchase to all Montanans without a prescription from their local participating pharmacies. When used in time, naloxone, also known as ‘Narcan,’ can reverse the effects of an opioid overdose and save someone’s life. Naloxone can be administered as an injection into a muscle or as a nasal spray. The person who received naloxone may start breathing normally again, wake up, and begin experiencing the uncomfortable feelings of an opioid withdrawal. It is important that anyone who experiences an overdose, whether that overdose is reversed or not, to seek proper professional medical care.

Naloxone will also be distributed to police officers, EMTs, and other first responders around the state to combat opioid overdoses.

As a drug, naloxone is not addictive and cannot be abused. Naloxone is also harmless if given to someone who is not experiencing an opioid overdose. If someone is experiencing an overdose from non-opioid drugs, naloxone will not have an effect.

Substance use disorder is a treatable disease. If you or someone you know needs help with substance abuse/use, there are options available for help and treatment. The organizations below are resources for finding education on addiction and addiction services:

- DPHHS Addictive and Mental Disorders Division (AMDD) Chemical Dependency Bureau
<http://dphhs.mt.gov/amdd/SubstanceAbuse.aspx>
406-444-3964
- Substance Abuse and Mental Health Services Association (SAMHSA)
findtreatment.samhsa.gov
1-800-662-4357 or TTY at 1-800-487-4889

To review the **“Addressing Substance Use Disorder (SUD) in Montana – Strategic Plan: Interim Draft Report 2017-2019,”** and other educational materials on Opioids and Substance Use Disorder issues, please visit dphhs.mt.gov/publichealth/emsts/prevention/opioids, **1-844-684-5848**.



Naloxone Syringe



Naloxone (Narcan) Spray



Effective March 8, 2017: Medicare Outpatient Observation Notice (MOON) Required

Effective March 8, 2017, the Notice of Observation Treatment and Implication for Care Eligibility (NOTICE) Act requires hospitals and Critical Access Hospitals (CAH) to provide the MOON to Medicare beneficiaries, including Blue Cross Medicare Advantage (PPO) and Blue Cross Medicare Advantage (HMO) members receiving observation services as outpatients for more than 24 hours. The MOON explains the status of the individual as an outpatient as opposed to an inpatient, along with the implications of observation services on cost sharing and coverage for post-hospitalization skilled nursing facility (SNF) services.

An oral explanation of the MOON must be provided, ideally in conjunction with the delivery of the notice, no later than 36 hours after observation services are initiated or, if sooner, upon release. In addition, a signature must be obtained from the individual, or an individual qualified to act on their behalf, to acknowledge receipt and understanding of the notice. In cases where the individual or person refuses to sign the MOON, the staff member of the hospital or CAH providing the notice must sign the notice to certify that notification was presented.

The MOON and instructions can be found at cms.gov/bni/ Learn more at cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-12-08-3.html

The information provided here is only intended to be a brief summary of the law that has been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here you should consult with your legal advisor.

Pharmacy Benefit Tips

For BCBSMT members with prescription drug benefits administered by Prime Therapeutics, BCBSMT employs a number of industry-standard management strategies to ensure appropriate utilization of prescription drugs. These strategies can include drug list management, benefit design modeling, specialty pharmacy benefits, clinical programs, among others. You can help us achieve these goals by:

1. Prescribing drugs listed on the drug list

The BCBSMT drug lists are provided as a guide to help in the selection of cost-effective drug therapy. Every major drug class is covered, although many of the drug lists cover most generics and fewer brand name drugs. The lists also provide members with criteria for how drugs are selected, coverage considerations and dispensing limits. While these drug lists are a tool to help members maximize their prescription drug benefits, the final decision about what medications should be prescribed is between the health care provider and the patient.

BCBSMT drug lists are regularly updated and can be found on the Pharmacy Program section of our website at bcbsmt.com/provider.

Note: For members with Medicare Part D coverage, the drug lists can be found on the plan's website:

- Blue Cross Medicare Advantage: www.getbluemt.com/mapd/druglist

2. Reminding patients of covered preventive medications

Many BCBSMT health plans include coverage at no cost to the member for certain prescription drugs, women's contraceptive products and OTC medicines used for preventive care services.*

- ACA \$0 Preventive Drug List: [bcbsmt.com/static/mt/pdf/rx/rx-aca-prev-list-mt.pdf](https://www.bcbsmt.com/static/mt/pdf/rx/rx-aca-prev-list-mt.pdf)
- Women's Contraceptive Coverage List: [bcbsmt.com/static/mt/pdf/rx/contraceptive-list-mt.pdf](https://www.bcbsmt.com/static/mt/pdf/rx/contraceptive-list-mt.pdf)

*Not available for all plans. Members should call the customer service number on their ID card to help determine what benefits may be available, including any requirements, limitations or exclusions that apply. Please refer to the member's certificate of coverage and prescription drug list as there may be coverage for additional products beyond these lists.

3. Submitting necessary prior authorization requests

For some medications, the member's plan may require certain criteria to be met before prescription drug coverage may be approved. You will need to complete the necessary prior authorization request and submit it to BCBSMT. More information about these requirements can be found on the Pharmacy Program section of our website at [bcbsmt.com/provider](https://www.bcbsmt.com/provider).

4. Assisting members with drug list exceptions

If the medication you wish to prescribe is not on your patient's drug list or the preventive care lists, a drug list exception can be requested. You can call the customer service number on the member's ID card to start the process, or complete the online form at: www.myprime.com/en/coverage-exception-form.html.

Visit the Pharmacy Program section of our website at [bcbsmt.com/provider](https://www.bcbsmt.com/provider) for more information.

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.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

New Medical Record Retrieval Vendor for Out-of-Area Member Records

Under the Affordable Care Act (ACA), BCBSMT must meet certain data submission and coding accuracy standards for "risk adjustment" purposes. To meet these standards, BCBSMT must verify the submissions by reviewing the actual clinical records of members.

Historically, BCBSMT has partnered with Verscend to retrieve the needed clinical records from our providers for all out-of-area members. The clinical records support the requirements of "risk adjustment" as well as the Healthcare Effective Data and Information Set (HEDIS®)* and other government reporting. As of January 1, 2018, Inovalon has replaced Verscend as our partner to retrieve these medical records on behalf of BCBSMT. BCBSMT would like to thank you in advance for providing the designated clinical records within the time frame requested. Inovalon offers the following convenient methods for submitting the requested records:

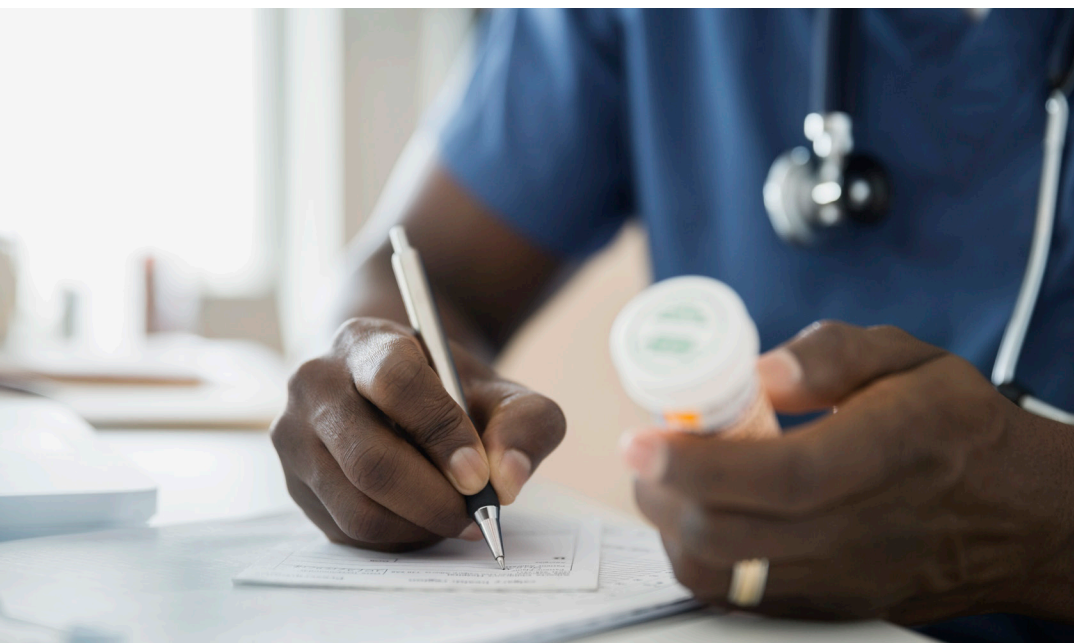
- By Fax: 877-221-0604
- By Email: EMRService@inovalon.com (send securely)
- By US or Overnight Mail: Inovalon Document Processing, 7777 Market Center Ave, Suite E, El Paso, TX 79912

If you have any questions about this memo or about sending medical records to Inovalon, please contact your assigned BCBSMT Provider Network Consultant.

*HEDIS is a registered trademark of NCOA

Inovalon, an independent company, provides BCBSMT with logistical capabilities for medical record collection and data abstraction in order to improve clinical diagnosis data accuracy and risk score accuracy. If you have any questions about the products or services provided by Inovalon, you should contact the vendor directly at **800-390-3180**.

Verscend, an independent company, previously provided medical records collection for BCBSMT. They are solely responsible for the products and services that they previously provided.



Interpreting the 'PLB' Segment on the 835 ERA

There are reversals and corrections when claim adjudication results have been modified from a previous report. The method for revision is to reverse the entire claim and resend the modified data. Provider level adjustments are reported in the PLB segment within your Electronic Remittance Advice (835 ERA) from BCBSMT.

Adjustments in the PLB segment can either decrease the payment (**a positive number**) or increase the payment (**a negative number**). The sum of all claim payments (CLP04) minus the sum of all provider level adjustments (in the PLB segment) equals the total payment (BPR02). The information in the PLB segment must be taken into consideration for auto-posting of payments to your patient accounts.

Below are additional details regarding adjustment codes that may appear in the PLB segment, in accordance with the Technical Report Type 3 (TR3)*. Questions may be directed to our Electronic Commerce Service Center at ecommerceservices@bcbsmt.com or **800-746-4614**.

Please share this important information with your practice management software vendor, and/or your billing service or clearinghouse, if applicable.

<p>C5 – Temporary Allowance</p>	<p>This code is used to inform you that we have identified an overpayment of less than \$50. We recommend checking your books to confirm details. You may elect to submit a refund to BCBSMT. If you disagree, overpayment disputes/appeals must be submitted within 90 days from the date of the report.</p> <p>Example: PLB*15483NN082*20151231*C5:02015NNNQ3980X00.55NN30940*-2</p> <p>In order to balance this scenario, the debit, credit record, along with the PLB must be processed together. The end result should be \$0.</p>
<p>CS – Adjustment</p>	<p>This code is used to inform you that we have identified an overpayment of \$50 or more. We recommend checking your books to confirm details. You may elect to submit a refund to BCBSMT, or do nothing, in which case the payment recovery will occur automatically. If you disagree, overpayment disputes/ appeals must be submitted within 90 days from the date of the report.</p> <p>Example: PLB*15483NN082*20151231*CS:020150NNN0C85890X00.5NN82101*-1156</p> <p>In order to balance this scenario, the debit, credit record, along with the PLB must be processed together. The end result should be \$0.</p>
<p>WO – Overpayment Recovery</p>	<p>This code indicates the automatic recovery of a previous payment.</p> <p>Example: PLB*154837NN82*20151231*WO: 0201509NN08956B0X.5520NN142*1156*</p>
<p>WO – Overpayment Recovery 72 – Authorized Return B2 – Rebate</p>	<p>This combination is used to acknowledge the return of funds.</p> <p>Example: PLB*15483NN082*20151231*72: 0201509NN08956B0X.5520NN142*-14*WO: 0201509NN08956B0X.5520NN142*14*B2: 0201509NN08956B0X.5520NN142*-14</p>

*The HIPAA mandated ASC X12 Health Care Claim / Payment Advice (835) TR3 is available for purchase on the Washington Publishing Company (WPC) website at wpc-edi.com. WPC is an independent third party vendor that is solely responsible for its products and services.



'Member Pay the Difference' Pharmacy Program Encourages Generic Equivalent Utilization

For BCBSMT members with pharmacy benefits administered by Prime Therapeutics, a pharmacy program may be in place that charges more for a brand name (reference brand) prescription to be filled when a generic equivalent is available. *Note: This does not apply to generic alternatives or authorized generics.*

If your patient has this pharmacy program included in his or her health plan and fills a prescription for the reference brand, they will be responsible for his/her member share payment amount (copay/coinsurance) *plus* the difference in cost between the brand drug and generic equivalent. This additional charge may apply even if you write the prescription for the brand drug with "do not substitute".

This pharmacy program is designed to encourage our members to use medications that are safe, clinically effective and cost effective. While BCBSMT is alerting you to this pharmacy program and the cost differentials your patient may experience at the pharmacy, the final decision about what medication(s) should be prescribed is between you and your patient.

If your patient has any questions about his/her pharmacy benefits, please advise them to contact the Pharmacy Program number on their member ID card. Members may also visit bcbsmt.com and log in to Blue Access for MembersSM (BAMSM) and MyPrime.com for a variety of online resources. You can visit the Pharmacy Program section of our website at bcbsmt.com/provider for more information.

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Coverage of Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) for Blue Cross Medicare Advantage PPO and Blue Cross Medicare Advantage HMO

The Centers for Medicare and Medicaid Services (CMS) has determined the cost and reimbursement for supervised exercise therapy (SET) for symptomatic peripheral artery disease (PAD) will be covered, for calendar years 2017 and 2018 only, by original fee-for-service Medicare. Providers should bill necessary SET items and services obtained by beneficiaries enrolled in MA plans to original fee-for-service Medicare. For 2019 and subsequent years, providers should plan to bill SET items and services to the beneficiaries' MA plan unless notified otherwise.

Consistent with §1862(a)(1)(A) of the Act, Medicare Administrative Contractors will consider whether SET for PAD services are reasonable and necessary and reimbursable by original Medicare for Medicare beneficiaries enrolled in MA plans in calendar year 2017 and 2018.

Please review the CMS guidance article, as soon as possible by clicking on the Medicare-Learning-Network-MLN Matters Article related to SET & PAD. (link to: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10236.pdf>)

BCBSMT to Require Adherence to Vaccine Guidelines

Timely vaccines protect the health of children and adults, saving lives and ensuring the safest, most effective disease prevention possible. To help keep BCBSMT members safe, doctors treating them should adhere to guidelines recommended by the U.S. Food and Drug Administration (FDA) and Advisory Committee on Immunization Practices (ACIP).

We have identified two categories of vaccines that may have been administered in a manner that doesn't align with FDA and ACIP guidelines.

For those vaccine categories – one for HPV prevention and one for the prevention of shingles resulting from the herpes zoster virus – BCBSMT will:

- Continue to reimburse for claims that are medically necessary and supported by the FDA guidelines
- Consider vaccines administered outside of the FDA and ACIP recommendations experimental, investigational or unproven, and will periodically review such claims
- Recover reimbursements for these vaccines administered outside of the FDA and ACIP recommendations per our contracts

HPV VACCINATION GUIDELINES

Gardasil, Gardasil 9 and Cervarix are vaccines for the prevention of HPV infections and associated diseases, including cancers. Administration of these vaccines is recommended for males and females between nine and 26 years old. Vaccination at age 11 or 12 is optimal. Since 2006, these vaccines have been administered in three doses, with the second dose at one or two months after the first and the third dose six months after the first. In October 2016, for patients between nine and 14 years old, the ACIP recommendation was updated to two doses, with the second dose six to 12 months after the first. For patients between 15 and 26 years old, the three-dose regimen is still recommended.

SHINGLES VACCINATION GUIDELINES

Zostavax is a vaccine that prevents shingles and its complications. Zostavax is recommended as a single dose by the FDA at age 50 or older and by the ACIP at age 60 or older.

BCBSMT considers the vaccine medically necessary for anyone age 50 or older in recognition of the FDA guidance.

Details on our complete, approved immunization schedule can be found on the BCBSMT Provider page under Standards & Requirements, Clinical Payment and Coding Policies, "Preventative Services Policy CPCP006". (Link to: <https://www.bcbsmt.com/static/mt/provider/pdf/preventive-services-policy.pdf>)

E/M Codes Billed with Modifier 52

Effective June 4, 2017 BCBSMT implemented new secondary code-auditing software. This software further enhances the auditing of professional and outpatient facility claims for correct coding according to Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT®) and Centers for Medicare & Medicaid Services (CMS) guidelines.

Recently, there has been confusion in the use of Modifier 52 with E/M codes to designate Sports Medicine Physicals. Modifier 52 is not an appropriate descriptor for E/M services. Claims billed for E/M services with a Modifier 52 will deny as V23, **The Procedure Code/ Modifier combination submitted is not consistent with coding protocols. Patient cannot be billed for the balance resulting from this coding practice.**

The AMA described this coding practice by stating, "It would not be appropriate to append modifier 52, reduced services, to a preventive medicine evaluation and management (E&M) service code when only a brief history and examination is performed." Appropriate E/M coding should be reported based on key components outlined by Current Procedural Terminology (CPT) and Health Care Common Procedural Coding System (HCPCS).

For additional information, please refer to your BCBSMT Provider Agreement and AMA billing guidelines.



Medical Policy Notification for CPT 97032, 97014 and G0283

MEDICAL POLICY NOTIFICATION

This notice advises that as of Oct 15, 2017, claims for commercial policies for CPT 97032, 97014 and G0283 will be denied as Experimental/Investigational in accordance with existing BCBSMT Medical Policies. Commercial policies include fully insured, ASO group and retail policies within the Blue Focus POS, Blue Preferred PPO (excluding FEP), Blue Options, and the Managed Care Network.

Sympathetic Therapy	MED201.043
Pelvic Floor Stimulation (PFS) as a Treatment of Urinary or Fecal Incontinence	DME101.037
Interferential Current Stimulation	MED201.041
Temporomandibular Joint (TMJ) Disorders (TMJD)	SUR705.010
Electrical Stimulation for the Treatment of Arthritis	MED201.042
Surface Electrical Stimulation	MED201.026
Transcutaneous Electrical Stimulation (TENS) and Modulation (TEMPR)	MED201.040
Physical Therapy (PT) and Occupational Therapy (OT) Services	THE803.010

BCBSMT reviews medical policies on an annual basis or sooner based on updated literature. Since their respective publications, BCBSMT Medical Policy has considered the services for electrical stimulation as Experimental/Investigational. BCBSMT will not seek to recover compensation previously paid for these services. Provider appeals rights are available and are described in the Provider Manual.

<https://providerportal.bcbsmt.com/Documents/ProviderManuals/2014Chapter12Appeals.docx>

If you need additional information about this notification, please contact your Provider Network Consultant.

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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