



# Blue Review<sup>SM</sup>

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

THIRD QUARTER 2021

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## 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 Blue Cross and Blue Shield of Montana (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 BCBSMT. We encourage you to share the content of this newsletter with your staff. *Blue Review* is located on our website at [bcbsmt.com/provider](https://www.bcbsmt.com/provider).

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

### BLUE REVIEW

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## 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](https://www.cdc.gov) 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](#).



## Adhere to HPV and Shingles Vaccine Guidelines

Timely vaccinations can help protect your patients' health. For patient safety, it's important that you follow the U.S. Food and Drug Administration (FDA) guidelines and the Advisory Committee on Immunization Practices' (ACIP) recommendations and Child and Adult Immunization Schedules.

### How are claims affected?

Blue Cross and Blue Shield of Montana (BCBSMT) reviews claims to ensure applicable guidelines are met. We've found that two categories of vaccines are often administered outside FDA and ACIP recommendations: those to prevent human papillomavirus (HPV) and those to prevent shingles caused by the herpes zoster virus.

For these categories, if vaccines are administered outside of the FDA and ACIP recommendations,

BCBSMT will:

- Consider the services to be experimental, investigational or unproven, (EIU), which are not a covered benefit for BCBSMT members; and
- Recover reimbursements as per the claim payment recovery process outlined in our participating provider contracts.

BCBSMT will continue to reimburse medically necessary claims for vaccines administered according to FDA approval guidelines and ACIP recommended schedules.

## Know the Facts: HPV Vaccination

**Gardasil 9 (9vHPV)** is the vaccine for the prevention of HPV infections and associated diseases, including oropharyngeal and other head and neck cancers.

- As of October 2018, the FDA approved Gardasil 9 for women and men ages 9 to 45.
- In June 2019, ACIP recommended catch-up vaccinations for women and men through age 26. ACIP also recommended vaccinating adults older than 26. Involve your patients in the decision to vaccinate.
- For patients between 9 and 14 years old, ACIP recommends two or three doses. For patients between 15 and 45 years old, ACIP recommends three doses.
- As reported by the Centers for Disease Control and Prevention (CDC), as of the [end of 2016](#), Gardasil 9 is the [only HPV vaccine available](#) in the U.S. Please check your systems and processes to avoid using 2vHPV or 4vHPV billing codes.

## Know the Facts: Shingles Vaccinations

Shingrix and Zostavax help prevent shingles and its complications:

- **Shingrix** is approved by the FDA. ACIP recommends Shingrix for people age 50 or older. It requires two doses. The second dose should be two to six months after the first.
- **Zostavax** is no longer available in the U.S. It was removed from the 2021 ACIP adult immunization schedule.
- In compliance with the FDA approval guidelines, BCBSMT considers Shingrix and Zostavax as medically necessary for anyone age 50 or older.

## More Information

The summary of the ACIP changes to the adult immunization schedule are in the February 12, 2021, [Morbidity and Mortality Weekly Report](#).

ACIP's recommendations include immunization schedules for children and adolescents as well as adults, which can be found on the [CDC website](#).

Also refer to [BCBSMT's Payment and Coding Policies](#) for our Preventive Services Policy (CPCP006).



## Availity Claim Status Response Enhancement for Medicare Advantage Claims

The Availity Claim Status tool provides enhanced, real-time claim status details to help you manage and resolve your BCBSMT claims online. You can search for claims by using the member ID or specific claim number and the results provide more detailed information than the HIPAA-standard claim status 276/277 transaction.

### What's New?

The Availity Claim Status response now provides **Additional Action(s)** for specific ineligible reason codes on finalized Medicare Advantage claim denials. This information provides the same instruction as our Customer Advocates and will help you understand what further step(s) may be taken for certain denial scenarios.

### For More Information

- Join a weekly webinar hosted by BCBSMT to learn how to use the Availity Claim Status offering. Visit the [Training page](#) to register for an upcoming session.
- View the [Claim Status Tool User Guide](#) located on the [Tools page](#) for step-by-step navigation and helpful tips.
- Email our [Provider Education Consultants](#) if you have further questions or would like customized training.



## BCBSMT Moves to Streamline Coordination of Benefits for Members with Secondary Coverage

In October BCBSMT began working with the Council for Affordable Quality Healthcare (CAQH) to help identify some commercial and Healthy Montana Kids members who have more than one health insurance policy. By leveraging CAQH's **COB Smart® database**, we are collaborating with other health insurers to streamline benefit coordination.

### Background

Historically, coordinating payments for members who have multiple policies has been a lengthy, manual process. This challenge has been costly for everyone across the health care industry. Tracking down multiple policies for members resulted in delayed and inaccurate payments, stakeholder abrasion, significant recovery activities and unnecessary administrative costs.

### How it Works

CAQH is a non-profit alliance of health plans and trade associations that creates shared industry initiatives to streamline the business of health care. Its COB Smart database contains records for approximately 180 million insured members, over half of the insured population in the U.S. We will use the database to identify members with overlaps in health coverage and facilitate more efficient claim adjudication.

### No Action Needed

You don't need to do anything to benefit from this program. By collaborating with CAQH, BCBSMT is working to reduce the administrative burden and timelines required to coordinate these claims, resulting in faster and more accurate claims payments to you.

References to other third-party sources or organizations, such as CAQH, are not a representation, warranty or endorsement of such organization. Any questions regarding those organizations should be addressed to them directly.



## Change to Some Primary and Secondary Claims Coordination

As of Dec 13, 2021, when a BCBSMT member has primary and secondary health insurance coverage from two BCBSMT plans or BCBSMT and one of the following four plans listed below, we will be making changes to increase efficiencies in coordinating these claims for our providers.

- Blue Cross and Blue Shield of Illinois
- Blue Cross and Blue Shield of Oklahoma
- Blue Cross and Blue Shield of New Mexico
- Blue Cross and Blue Shield of Texas

These changes will decrease the time it takes to process and coordinate payment of these claims. This is for members with a BCBSMT health plan and another plan with BCBSMT or one of the plans listed above.

Note: The standard guideline for timely filing with Coordination of Benefits is as follows and will not be changing with the retirement of the 'Blue on Blue' process:

- Primary claim timely filing begins at date of services rendered.
- Secondary claim timely filing begins at date of primary claim final adjudication.

### What's Changing for Providers

In the new process you will:

- First submit just the primary claim
- You'll receive the determination on the primary claim through your normal channels detailing the primary claim adjudication, then:
- Submit the secondary claim with the primary claim payment information under the secondary policy following the guidelines documented in the [Provider Manual](#).



## ClaimsXten Quarterly Update Reminder

BCBSMT will implement its fourth quarter code updates for the ClaimsXten auditing tool on or after December 13, 2021.

These Quarterly code updates aren't considered changes to the software version. Code updates may include additions, deletions and revisions to:

- Current Procedural Terminology (CPT®) codes
- Healthcare Common Procedure Coding System (HCPCS) codes

When applicable, BCBSMT may also post advance notice of significant changes, like implementation of new rules, in the [News and Updates](#) section of our Provider website and the Blue Review newsletter.

Use **Clear Claim Connection™ (C3)** to determine how certain coding combinations may be adjudicated when we process your claim. C3 is a free, online reference tool that mirrors the logic behind BCBSMT's code-auditing software.

Please note that C3 doesn't contain all of our claim edits and processes. Its results don't guarantee the final claim decision.

For more information, refer to the [Clear Claim Connection page](#) in the Education and Reference/Tools section of our provider website for more information on C3 and ClaimsXten. It includes a user guide, rule descriptions and other details.





## Coding Cancer and Cancer-Related Treatments

One in three people in the U.S. will be diagnosed with cancer in their lifetime, according to the [American Cancer Society](#). Accurately and completely coding and documenting cancer and cancer-related treatments may help improve member outcomes and continuity of care.

Below is information for outpatient and professional services from the [ICD-10-CM Official Guidelines for Coding and Reporting](#).

Sample ICD-10-CM Codes for Neoplasms	
Malignant neoplasms	C00-C96
In situ neoplasms	D00-D09
Benign neoplasm	D10-D36
Benign endocrine tumors	D3A
Neoplasm of uncertain behavior	D37-D48
Neoplasms of unspecified behavior	D49
Personal history of malignant neoplasm	Z85.0-Z85.9

## Coding Cancer and Cancer-Related Treatments

- To properly code a neoplasm, specify if the neoplasm is benign, in situ, malignant or of uncertain histology. Any metastases should be noted.
- All known treatments and complications should be documented.
- A statement of “History of” indicates the condition is resolved. Don’t document “History of” for members with active cancer or current treatment.
- A code from Z85.x , Personal history of malignant neoplasm, is appropriate if a primary malignancy has been previously excised or eradicated from its primary site and there is no further treatment.

## Tips to Consider

- Include patient demographics such as name, date of birth and date of service in all progress notes.
- Document legibly, clearly and concisely.
- Ensure a credentialed provider signs and dates all documents.
- Document how each diagnosis was monitored, evaluated, assessed and/or treated on the date of service.
- Note complications with an appropriate treatment plan.
- Take advantage of the Annual Health Assessment or other yearly preventative exam as an opportunity to capture conditions impacting member care.

## Resources

- [ICD-10-CM Official Guidelines for Coding and Reporting](#)
- [Chapter 2: Neoplasms \(C00-D49\)](#)



# Colorectal Cancer Screening for Members Age 45 to 75

In line with new [U.S. Preventive Services Task Force](#) (USPSTF) recommendations, BCBSMT recommends that colorectal cancer screening for our members begin at age 45 rather than 50. We are updating our [Preventive Care Guidelines](#) and our claims processing to reflect this change. Screening should continue until age 75.

## Why Screening Is Important

Colorectal cancer is the third leading cause of cancer-related deaths in the U.S., according to USPSTF. New cases among adults younger than 50 are increasing. Colon cancer usually has no symptoms in its early stage. Screening before symptoms present themselves can catch the disease when treatment is most effective.

## Recommended Screening

[USPSTF](#) recommends screening with any of the following tests for members age 45 to 75:

- Annual guaiac fecal occult blood test (gFOBT)
- Annual fecal immunochemical testing (FIT)
- DNA-FIT every one to three years
- Flexible sigmoidoscopy every five years
- Flexible sigmoidoscopy every 10 years with annual FIT
- Computed tomography (CT) colonography every five years
- Colonoscopy every 10 years

Providers may want to discuss [earlier screening](#) with members with a family history of colorectal disease or other risk factors. We encourage providers to [discuss colon health](#) with all members.

## Checking Eligibility and Benefits

For most of our members, colorectal cancer screening is covered at no cost share.

Check member [eligibility and benefits](#) using [Availity® Provider Portal](#) or your preferred vendor before every scheduled appointment. Eligibility and benefit quotes include members' coverage status and other important information, such as applicable copays, coinsurance and deductibles. Ask to see members' ID card and photo ID to guard against medical identity theft.

Some screenings involve a member's pharmacy benefits in addition to their medical benefits, such as the prep kit for colonoscopies. For details about pharmacy benefit coverage, call the number on the member's ID card. A member's pharmacy benefit may be managed by a company other than BCBSMT.



## Coverage Replacement for Smoking Cessation Product Chantix Due to Voluntary Recall

*9/22/21 update: On Sept. 16, 2021, Pfizer expanded its voluntary recall of Chantix to include all lots of 0.5 mg and 1 mg tablets. We will notify affected members. You may also receive a notification.*

Drug manufacturer Pfizer has issued a voluntary recall of its CHANTIX smoking cessation product. To help alleviate a shortage of these products, BCBSMT is **temporarily covering Apo-Varenicline (varenicline tartrate) 0.5 mg and 1 mg tablets**. The coverage was effective as of Aug. 10, 2021. It doesn't apply to members in our Medicare Advantage plans.

### About the Chantix Recall

The recall was due to higher than acceptable levels of N-nitroso-varenicline, an impurity that may be linked to an increased risk of cancer. At this time, the recall applies to several lots of 0.5 mg tablets, 1 mg tablets and 0.5 mg/1 mg tablet kits. Learn more from the [U.S. Food and Drug Administration](#) (FDA).

### What This Means for You

Consider contacting our members who may be taking CHANTIX to discuss other treatment options. Our members may also be alerted to this recall notice by their pharmacy.

The [FDA advises individuals](#) taking the recalled Chantix to continue to do so until their doctor, health care professional or pharmacist provides a replacement. No immediate risk to those taking CHANTIX has been found because it's meant for short-term use. The health benefits of stopping smoking outweigh the cancer risk from the impurity, according to the [FDA](#).

### Benefits and Coverage

Members' cost share for Apo-Varenicline is based on their benefit plan and is the same as their cost share for Chantix. Some members' plans also have coverage under a preventive health benefit, which offers lower or no cost share to encourage adherence.

If you have questions about a member's pharmacy benefits, call the number on the member's ID card.



## Introducing Electronic Clinical Claim Appeal Requests Via Availity Provider Portal

BCBSMT is excited to announce a new and convenient electronic capability to submit appeal requests for specific clinical claim denials through the Availity Portal. This electronic option allows you to submit the clinical appeal request, upload supporting documentation, and monitor the status.

A **Clinical Appeal** is a request to change an adverse determination for care or services when a claim is denied based on lack of medical necessity, or when services are determined to be experimental, investigational or cosmetic.

Using this new online offering allows the following:

- Status management
- Upload clinical medical records with submission
- View and print confirmation and decision letter
- Generates Dashboard view of appeal-related activity

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Steps to submit appeal requests for clinical claim denials online:

1. Log into [Availity](#)
2. Select Claims & Payments from the navigation menu, then choose Claim Status
3. Search and locate the claim by using the Member ID or Claim Number
4. On the Claim Status results page, select Dispute Claim (if applicable offered and applicable)
5. Complete the *Dispute Request Form*
6. Upload supporting documentation
7. Review and submit your appeal request

For assistance with obtaining claim status online, refer to the [Claim Status Tool user guide](#).

## Training

BCBSMT is hosting complimentary webinars for providers to learn how to use this new electronic appeals tool. To register for a training session, select your preferred date and time below.

- [Nov. 19, 2021](#) - 9 to 10 a.m.
- [Nov. 22, 2021](#) - 12 to 1 p.m.
- [Nov. 24, 2021](#) - 9 to 10 a.m.
- [Nov. 29, 2021](#) - 12 to 1 p.m.

Availity Administrators need to assign their users the **Claim Status role** in Availity to ensure users can access and submit electronic appeals online. If your provider organization is not yet registered with Availity can sign up today at [Availity](#), at no charge. For registration assistance contact Availity Client Services at **800-282-4548**.

## For More Information

Watch for the **Electronic Appeals User Guide** coming soon to the [Provider Tools](#) section of our website. If you need further assistance, contact our [Provider Education Consultant](#).

***This information is not applicable to Medicare Advantage or BlueCard® (out-of-area) claims.***



## Managing Diabetes

To support quality care, we are providing information to providers and members to encourage discussions on health topics. Watch for more on health care quality in [News and Updates](#).

More than 34 million Americans – just over one in 10 – have diabetes, according to the [Centers for Disease Control and Prevention](#) (CDC). Because symptoms can develop slowly, one in five don't know they have it. We encourage providers to talk with our members about [diabetes](#), including:

- [Type 1](#) and [Type 2](#) symptoms
- Regular eye exams to avoid [vision loss](#), or diabetic retinopathy
- Screenings for [kidney disease](#), or diabetic nephropathy

### Why Diabetes Care Is Important

If left unmanaged, diabetes can lead to serious complications. These may include heart disease, stroke, hypertension, blindness, kidney disease, diseases of the nervous system, amputations and premature death. Providers play an important role in supporting our members through regular screenings, tests and office visits. See our [preventive care](#) and [clinical practice guidelines](#) on diabetes, and tools from the [CDC](#).

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## Closing Care Gaps

As part of monitoring and helping improve quality of care, we track [Comprehensive Diabetes Care \(CDC\)](#). CDC is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure from the National Committee for Quality Assurance (NCQA). It applies to our members ages 18 to 75 with diabetes (type 1 or type 2) who had the following during the measurement year:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Retinal eye exam
- Medical attention for nephropathy
- Blood pressure control (<140/90 mm Hg)

In addition to CDC, we track [Kidney Health Evaluation for Patients with Diabetes \(KED\)](#). This is a HEDIS measure developed by NCQA with input from the National Kidney Foundation. It applies to our members ages 18 to 85 with diabetes (type 1 or type 2) who received a kidney health evaluation. An evaluation is defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) during the measurement year.

## Tips to Consider

- Identify care gaps and schedule lab tests before office visits to review results and adjust treatment plans if needed.
- Complete urine protein testing for attention to nephropathy at any office visit. Testing includes basic urinalysis by dip stick or tablet reagent.
- Document medication adherence to angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARB) when applicable.
- Repeat abnormal lab tests later in the year to document improvement.
- Monitor blood pressure status at each visit and adjust medications as needed for control.
- Encourage members with diabetes to have annual retinal eye exams by an eye care specialist.
- Communicate with members and other treating providers to ensure all tests are completed and results are documented in the medical record.



# New Laboratory Policies Coming Jan. 1

Beginning **Jan. 1, 2022**, BCBSMT will implement new medical policies and a new program for claims for certain outpatient laboratory services provided to some of our **commercial members**. Our new Laboratory Management Program will help ensure our members get the right care at the right time and in the right setting. It will also help you better prepare and submit claims that support and reflect high quality, affordable care delivery to our members. See below for key points to help you prepare.

## Medical Policy Updates

Watch for new and revised [BCBSMT medical policies](#) effective Jan. 1, 2022, related to certain laboratory, services, tests, and procedures. View [BCBSMT Clinical Payment and Coding policies](#).

**Affected claims:** our new program will include the following outpatient laboratory claims:

- Dates-of-service on or after Jan. 1, 2022
- Performed in an outpatient setting (typically office, hospital outpatient, or independent laboratory)

Note: Laboratory services provided in emergency room, hospital observation and hospital inpatient settings are **excluded** from this program. Member contract benefits and clinical criteria still apply.

## New Claim Simulation Tool

Effective **Jan. 1, 2021**, you can get free access to the program's **Trial Claim Advice Tool**, which allows you to input codes and diagnoses to see, before submitting a claim, the potential outcome of your claim. The Trial Claim Advice Tool is a free simulation tool and does not guarantee approval, coverage, or reimbursement of services. Responses consider information entered through the tool for the date of service entered and historical claims finalized through the previous business day. Claims not yet finalized won't be considered.

### What you need to do:

- To access the Trial Claim Advice Tool, log on to the [Availity Provider Portal](#).
- To get to the Trial Claim Advice Tool, use the single sign-on feature via the BCBSMT-branded Payer Spaces section within the Availity portal.
- If you're not a registered Availity user, we encourage you to sign up before the January 2022 program activation, to gain access to the Trial Claim Advice Tool. Register on the [Availity website](#) today, at no charge. For registration help, call Availity Client Services at **800-282-4548**.

## Provider Training

Attend free webinars on how to use the Trial Claim Advice Tool and learn more about the Laboratory Management Program. To register, select your preferred date and time from the list below:

- [Nov. 23, 2021](#) - 9 to 10 am MT
- [Dec. 1, 2021](#) - 10 to 11 am MT
- [Dec. 7, 2021](#) - 1 to 2 pm MT
- [Dec. 15, 2021](#) - 10-11 am MT
- [Dec. 28, 2021](#) - 10-11 am MT
- [Jan. 5, 2022](#) - 10-11 am MT

**For More Information:** Watch [News and Updates](#) for additional updates.

# Eligibility and Benefits User Guide via Availity Provider Portal

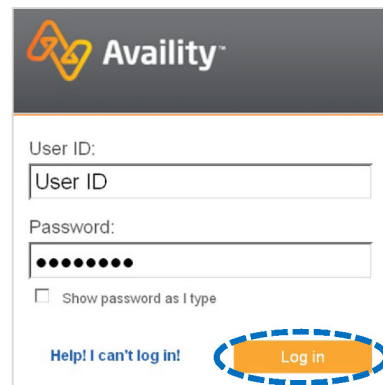
An Eligibility and Benefits Inquiry should be completed for each BCBSMtpatient prior to every scheduled appointment. Eligibility and benefit quotes include important information regarding the patient's benefits, such as membership verification, coverage status, applicable copayment, coinsurance and deductible amounts. Additionally, the benefit quote may include information on applicable benefit preauthorization/pre-notification requirements.

Checking eligibility and/or benefit information 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, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

## 1) Getting Started

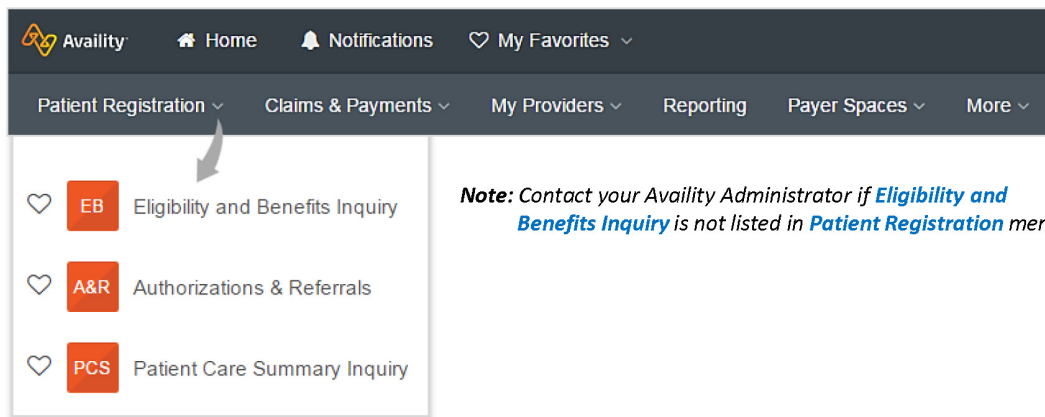
- ▶ Go to [Availity](#)
- ▶ Select [Availity Portal Login](#)
- ▶ Enter User ID and Password
- ▶ Select [Log in](#)

**Note:** Only registered users can access Eligibility and Benefits Inquiry.



## 2) Eligibility and Benefits Inquiry

- ▶ Select [Patient Registration](#) from the navigation menu
- ▶ Select [Eligibility and Benefits Inquiry](#)



**Note:** Contact your Availity Administrator if [Eligibility and Benefits Inquiry](#) is not listed in [Patient Registration](#) menu.

### 3) Payer Selection

- ▶ Select **BCBSMT** from the Payer drop-down list for local policies
- ▶ **Blue Cross Medicare Advantage**
- ▶ Select **Other Blue Plans** for out-of-state policies



\* Payer ⓘ  
BCBSMT

**Note:** Contact the patient's home plan via 800-676-BLUE (2583) for additional information pertaining to eligibility and benefit verifications for out-of-state members.

### 4) Provider Information

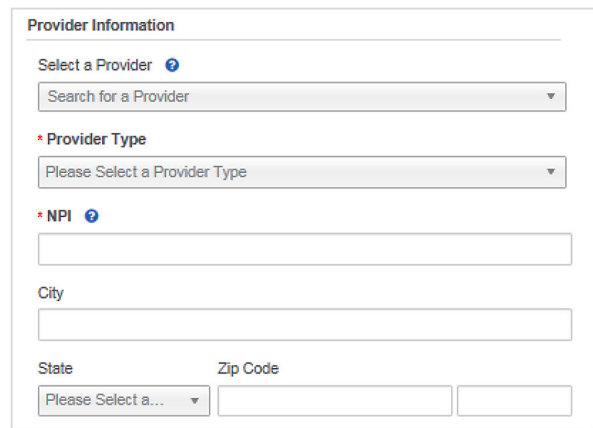
- ▶ Select applicable provider name from **Select a Provider** drop-down to auto populate the **NPI** field\*
- ▶ Select a **Provider Type** from the drop-down:
  - Professional
  - Institutional

\* If the applicable provider name does not appear in the **Select a Provider** drop-down, enter the NPI in the NPI field.

**Notes:** Professional providers should utilize the treating physician's rendering NPI (Type 1).

Institutional providers should use the billing NPI (Type 2).

If providers have multiple organizations, the City, State and Zip Code fields should be utilized.



Provider Information

Select a Provider ⓘ  
Search for a Provider

\* Provider Type  
Please Select a Provider Type

\* NPI ⓘ  
City  
State Zip Code  
Please Select a...

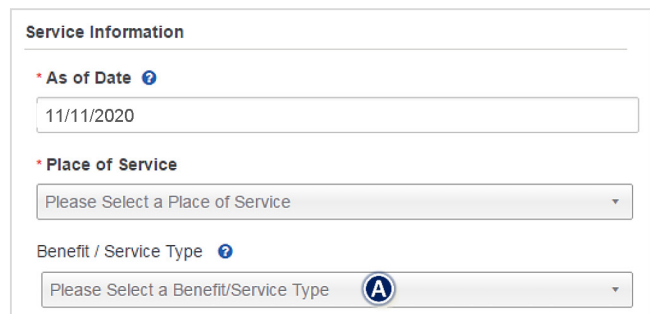
### 5) Service Information

- ▶ Select **Place of Service** from the drop-down list
- ▶ Choose the applicable **Benefit/Service Type**

**Notes:** The **As of Date** can be changed to submit inquiries for a past or future date of service.

Past date inquiries can be received up to 12 months prior to the current date.

Future date inquiries can be requested within the current month.



Service Information

\* As of Date ⓘ  
11/11/2020

\* Place of Service  
Please Select a Place of Service

Benefit / Service Type ⓘ  
Please Select a Benefit/Service Type ⓘ

**A** A list of your most frequently used **Benefit/Service Types** will appear at the top of the drop down.

## 6) Check Pre-Authorization Service Information

The procedure code inquiry option is for preauthorization determination only and is not a code-specific quote of benefits.

- ▶ Enter up to eight valid **CPT/HCPCS Code** to determine if preauthorization is required for specific procedure code(s)

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

- Federal Employee Program® (FEP®)
- Medicare Advantage

### Important Tips

- ▶ If a benefit/service Type is not selected, the place of service and at least one CPT/HCPCS code must be submitted.
- ▶ If a CPT/HCPCS code is not entered, the place of service and benefit/service type are required.

## 7) Single Patient Inquiry

- ▶ Enter the following information:
  - **Patient ID** (including three-character prefix)
  - **Date of Birth**
- ▶ Select **Submit**

**B** Select the **Patient Search Option** drop-down list to incorporate additional search criteria (*i.e.*, patient name, group number, etc.).

## 8) Multiple Patient Inquiry

- ▶ Select the **Add Multiple Patients** check-box
- ▶ Enter the following information for 2 to 50 patients in the same request:
  - **Patient ID** (including three-character prefix)
  - **Date of Birth**
- ▶ Select **Submit**

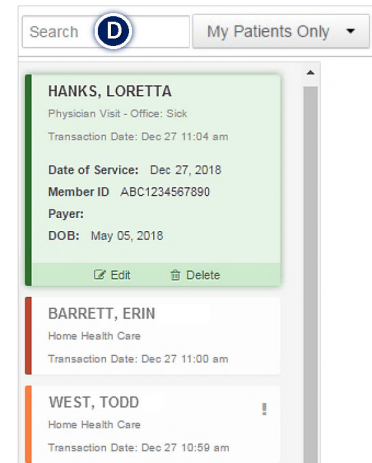
**C** Enter each patient’s information on a separate line. Press enter on your keyboard to start a new line. Separate each piece of information on each line with a comma.

## 9) Patient History List

- ▶ Once an eligibility and benefits request is completed, a new **Patient Card** will appear in the **Patient History List**, including all member's entered in the request:

- Inactive Membership
- Active Membership
- Transaction Error

**Notes:** To see all patients within your organization, uncheck "My Patients Only". Users can Edit or Delete the patient's eligibility and benefits search from the Patient History List. The Patient History List holds up to 200 patients for 24 hours.



- D** Locate the **Patient Card** by searching for Name, Date or Payer.

## 10) Eligibility Summary Results

- ▶ Eligibility for the requested patient will display in the **Patient Information** tab and include the following results:

- Patient Information
- Plan Date (*current effective date*)
- Subscriber Address
- Policy Type
- Payer
- Group Number
- Plan Sponsor Name (*employer*)
- Paid to Date (*on and off Health Insurance Marketplace*)
- Other or Additional Payer
- Provider Details

**Quick Tip:**

→ Access the **Patient Care Summary** to view the patient's health care history, based on claim information. For more information, refer to the [Patient Care Summary user guide](#).

Patient Information	Subscriber Information
123 Anywhere St. Chicago, IL 00000	<b>Subscriber</b> Doe, John
<b>Relationship to Subscriber</b> Child	<b>Member ID</b> ABC123456789
<b>Group Number</b> 123456	<b>Premium Paid to Date</b> May 01, 20XX
<b>Plan Sponsor Name</b> Wellness Living Inc.	
Plan / Product Information	
<b>Active Coverage</b>	<b>Service Types</b>
Insurance Type Preferred Provider Organization (PPO)	Health Benefit Plan Coverage
Plan / Product PREFERRED PROVIDER OPTION MEDICAL	
Payer Details	Other or Additional Payers
<b>Payer</b>	No Additional Payer Information

## 11) Grace Periods

- ▶ Some individuals who purchase insurance through the health insurance marketplace may receive an advance premium tax credit (APTC). These members qualify for a three-month grace period to pay their premium – provided they have already paid at least one month’s premium in full.
- ▶ All allowable services provided during the first month of the grace period will be the responsibility of BCBSMT, subject to member cost sharing. BCBSMT will pend all claims incurred during the second and third months of the grace period. If the member pays all outstanding premium payment(s) in full, the claims will process according to the member’s benefits.
- ▶ The Plan/Product Information of the **Patient Information** tab will provide a grace period indicator for applicable members, including grace period start and end dates, as shown in the example.

**Active Coverage**

**PERIOD START DATE** Sep 01, 2020

**PERIOD END DATE** Nov 30, 2020

- POLICY IS IN FEDERALLY REQUIRED THREE MONTH APTC GRACE PERIOD FOR PREMIUM NON PAYMENT. IF MEMBER DOES NOT BECOME CURRENT ON ALL OUTSTANDING PREMIUMS DUE, ANY SERVICES INCURRED AFTER THE FIRST DAY OF THE MONTH FOLLOWING THE PERIOD START DATE WILL BE DENIED.

**Note:** Not all members who purchase coverage on the health insurance marketplace will receive the APTC.

## 12) View Member ID Card

- ▶ Select **View Member ID Card**, if available\*
- ▶ View, download and/or print the BCBSMT medical ID card

**DOE, JANE** Child of Subscriber  
**Member ID** ABC123456789  
**DOB** Jan. 1, 1970  
**Gender** Male

[Edit](#) [Print](#)

**Plan / Coverage Date** Jan 01, 2018 - Dec 31, 9999

[Patient Care Summary](#) [View Member ID Card](#)

*\*The online ID card is a courtesy feature offered to assist you. There may be instances when the BCBSMT member ID card is not readily available online. The eligibility and benefits response provides sufficient details to determine patient coverage and benefits in absence of an ID card.*

Please note that Federal Employee Program (FEP) member ID cards are not currently available in the Availity eligibility and benefits results.

**Member Card**

**Subscriber Name:**  
JOHN DOE

**Identification Number:**  
ABC123456789

**Group Number:** 123456

**Office Visit:** \$35  
**Emergency Room:** \$400  
**Specialist:** \$99

**BCE**  
 Pediatric Dental (under age 19)

**RxBIN:** 011552  
**RxPCN:** ILDR

**Customer Service** 1-800-541-2767  
**DNoA Prof Network** 1-800-972-7565  
**Preauth Med** 1-800-635-1328  
**Preauth MH/SA** 1-800-851-7498  
**Provider Locator** 1-800-910-2583  
**24/7 Nurseline** 1-800-299-0274  
**Pharmacy Program** 1-800-423-1873  
**Dental Services** 1-800-367-6401  
[www.MDLIVE.com/BCBSIL](http://www.MDLIVE.com/BCBSIL)

This card is provided by BlueCross BlueShield of Illinois, an independent licensee of the BlueCross BlueShield Association.

Pharmacy Benefits Manager

[Save to PDF](#) [Close](#)

## 13) Benefit Summary Results

► Benefit details for the selected Benefit/Service Type will display in the **Coverage and Benefits** tab and will include the following results:

- Coverage Level (*individual or family*)
- Amount (*patient responsibility*)
- Quantity (*limitations or maximums*)
- Place of Service
- Time Period (*visit, calendar year, lifetime, etc.*)
- Description (*applicable services*)

## 14) Benefit Description

► Below are examples of **Benefit Descriptions** that may return depending on the patient’s benefit contract. This information will be located under **Coverage & Benefits** tab. Only applicable information will return.

**Benefit Description**

- THIS POLICY HAS AN EMPLOYER-FUNDED HEALTH CARE ACCOUNT THAT MAY BE USED TO PAY FOR QUALIFIED MEDICAL EXPENSES, INCLUDING, BUT NOT LIMITED TO, DEDUCTIBLE.

**Benefit Description - Chiropractic**

- THE FOLLOWING MUSCLE MANIPULATION MAXIMUM MAY BE COMBINED WITH OTHER THERAPY SERVICES.

**Benefit Description - Surgical**

- IN ACCORDANCE WITH THIS POLICY A BLUE DISTINCTION CENTER OF EXCELLENCE IS AVAILABLE FOR BARIATRIC SURGERY SERVICES. FOR MORE INFORMATION, REFER TO [WWW.BCBS.COM/ABOUT-US/CAPABILITIES-INITIATIVES/BLUE-DISTINCTION/BLUE-DISTINCTION-SPECIALTY-CARE](http://WWW.BCBS.COM/ABOUT-US/CAPABILITIES-INITIATIVES/BLUE-DISTINCTION/BLUE-DISTINCTION-SPECIALTY-CARE).
- ACCORDANCE WITH THIS POLICY A BLUE DISTINCTION PLUS CENTER OF EXCELLENCE IS AVAILABLE FOR BARIATRIC SURGERY SERVICES. FOR MORE INFORMATION, REFER TO [WWW.BCBS.COM/ABOUT-US/CAPABILITIES-INITIATIVES/BLUE-DISTINCTION/BLUE-DISTINCTION-SPECIALTY-CARE](http://WWW.BCBS.COM/ABOUT-US/CAPABILITIES-INITIATIVES/BLUE-DISTINCTION/BLUE-DISTINCTION-SPECIALTY-CARE).

## 15) Preauthorization Summary Results

- ▶ Preauthorization requirements are located in the [Pre-Authorization Info](#) tab and are organized in two sections:
  - **Requested Procedure Code Authorization** – displays preauthorization requirements for the submitted procedure codes.
  - **Service Level Authorization** – displays additional preauthorization information for the benefit/service type selected. Preauthorization information for procedure codes related to the benefit may also be included.

The screenshot shows the 'Pre-Authorization Info' tab with two main sections: 'Requested Procedure Code Authorization' and 'Service Level Authorization'. The 'Requested Procedure Code Authorization' section contains a table with the following data:

Procedure Code	Auth Required?	Notes
22845 - Insert Spine Fixation Device <b>In Network</b>	<b>Auth Required</b> Inpatient Hospital	Contact Info: BCBSMT (888) 888-8888 • Procedure codes are supported for preauthorization requirement only and are not used for benefit determination

The 'Service Level Authorization' section contains a table with the following data:

Service/Procedure Code	Auth Required?	Notes
Hospital - Inpatient <b>In Network</b>	<b>Auth Required</b> Inpatient Hospital	Contact Info: BCBSMT (888) 888-8888 • DAILY ROOM AND BOARD

Callout for Requested Procedure Code Authorization: *If no procedure codes were entered this section will indicate "No pre-authorization information was requested."*

Callout for Service Level Authorization: *If a benefit/service type is not selected in the request, this section will not display any preauthorization information and the Coverage and Benefits tab will not return any benefit details.*

Have questions or need additional education? Email the [Provider Education Consultants](#).

*Be sure to include your name, direct contact information & Tax ID or billing NPI.*





## 12 Days of Christmas Virtual 5K

Following last year's successful debut, **the 12 Days of Christmas Virtual 5K is returning!** Give yourself an early present and celebrate the holidays by [participating in](#) the Governor's Cup 12 Days of Christmas Virtual 5K. Beginning on Dec. 12 and going through Dec. 23, runners will have 12 days to complete their own virtual 5K and post their time. Runners who post their time during those 12 days will be entered into drawings for giveaways. **The virtual event is only \$25 and is limited to the first 500 people who sign up.**

### [What Do Runners Get For Registering?](#)

Thanks for asking. **All registered runners will receive a commemorative race beanie and a finisher medal.** Your race swag will be available by early December, meaning you can complete your 5K in your stylish new beanie. Additionally, all registration dollars go to The Caring Foundation of Montana®, which helps provide access to health care services to Montanans.

### [Why Should You Do a Virtual Run In December?](#)

It's a great way to cap your fitness goals for the year and give yourself one final push before all those holiday cookies. Plus, it's a virtual run because in December odds are it will be rather cold here in Helena. Like, really cold. With snow and wind. Runners can avoid the elements and run on a treadmill. Or not. It's up to you! Runners will also be able to complete their 5K on their own if they would like, away from crowded start and finish lines. There is the possibility we'll host an in-person race for the Helena-area runners. We're still working out the details and will share those once we have made a final decision.

So, chart your own 5K course and take part in the [Governor's Cup 12 Days of Christmas Virtual 5K](#). The Governor's Cup asks runners to please practice safe running habits if you choose to run outside.

# Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2021 – 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 BCBSMT 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, 2021 are outlined below.**

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

## Drug List Updates (Revisions/Exclusions) – As of Oct. 1, 2021

Non-Preferred Brand <sup>1</sup>	Drug Class/Condition Used for	Preferred Generic Alternative(s) <sup>2</sup>	Preferred Brand Alternative(s) <sup>1,2</sup>
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions</b>			
ALINIA (nitazoxanide tab 500 mg)	Parasitic Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
GLUCAGON EMERGENCY KIT (glucagon (rdna) for inj kit 1 mg)	Hypoglycemia	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ZYTIGA (abiraterone acetate tab 500 mg)	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
<b>Basic and Multi-Tier Basic Drug List Revisions</b>			
AZOPT (brinzolamide ophth susp 1%)	Ocular Hypertension, Glaucoma	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ALPHAGAN P (brimonidine ophth soln 0.1%)	Ocular Hypertension, Glaucoma	brimonidine tartrate 0.15%, brimonidine tartrate 0.2%, apraclonidine 0.5%, lopidine 1%, Simbrinza	
CARAC (fluorouracil cream 0.5%)	Actinic Keratosis	diclofenac gel (3%), fluorouracil cream (5%), fluorouracil solution (2%, 5%)	
CELLCEPT (mycophenolate mofetil cap 250 mg)	Transplant Rejection Prophylaxis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CELLCEPT (mycophenolate mofetil tab 500 mg)	Transplant Rejection Prophylaxis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CELONTIN (methsuximide cap 300 mg)	Seizures	ethosuximide capsules, ethosuximide solution	
DEXAMETHASONE (dexamethasone soln 0.5 mg/5 ml)	Inflammatory Conditions	dexamethasone tablets, dexamethasone elixir 0.5 mg/5 ml	
DROXIA (hydroxyurea cap 200 mg, 300 mg, 400 mg)	Sickle Cell Anemia	hydroxyurea capsule 500 mg	

— CONTINUED ON THE NEXT PAGE

EPOGEN (epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml)	Anemia		Procrit, Retacrit
FLUOROPLEX (fluorouracil cream 1%)	Actinic Keratosis	diclofenac gel (3%), fluorouracil cream (5%), fluorouracil solution (2%, 5%)	
INNOPRAN XL (propranolol hcl sustained-release beads cap er 24hr 80 mg, 24hr 120 mg)	Hypertension	propranolol hcl cap ER 24hr	
LOTEMAX (loteprednol etabonate ophth gel 0.5%)	Ocular Hypertension, Glaucoma	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
PREDNISONE INTENSOL (prednisone conc 5 mg/ml)	Inflammatory Conditions	prednisone 5 mg/5 ml solution, prednisolone sodium phosphate 10 mg/5 ml, 15 mg/5 ml, 20 mg/5 ml	
PROGRAF (tacrolimus cap 0.5 mg, 1 mg, 5 mg)	Transplant Rejection Prophylaxis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
PROGRAF (tacrolimus packet for susp 0.2 mg, 1 mg)	Transplant Rejection Prophylaxis	tacrolimus capsules	
SIVEXTRO (tedizolid phosphate for iv soln 200 mg)	Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SIVEXTRO (tedizolid phosphate tab 200 mg)	Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TREXALL (methotrexate sodium tab 5 mg, 7.5 mg, 10 mg, 15 mg (base equiv))	Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis, Psoriasis, Cancer	methotrexate 2.5 mg tablet	
ZORTRESS (everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg)	Transplant Rejection Prophylaxis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ZYCLARA (imiquimod cream 3.75%)	Actinic Keratosis, Warts	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ZYCLARA PUMP (imiquimod cream 2.5%)	Actinic Keratosis	imiquimod cream 3.75%	
ZYCLARA PUMP (imiquimod cream 3.75%)	Actinic Keratosis, Warts	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
<b>Balanced Drug List Revisions</b>			
NALOCET (oxycodone w/ acetaminophen tab 2.5-300 mg)	Pain	oxycodone W/ acetaminophen tablet 2.5-325 mg	
OXYCODONE/ACETAMINOPHEN (oxycodone w/ acetaminophen tab 2.5-300 mg)	Pain	oxycodone W/ acetaminophen tablet 2.5-325 mg	
OXYCODONE/ACETAMINOPHEN (oxycodone w/ acetaminophen tab 10-300 mg)	Pain	oxycodone W/ acetaminophen tablet 10-325 mg	

PRIMLEV (oxycodone w/ acetaminophen tab 10-300 mg)	Pain	oxycodone W/ acetaminophen tablet 10-325 mg	
PROLATE (oxycodone w/ acetaminophen tab 10-300 mg)	Pain	oxycodone W/ acetaminophen tablet 10-325 mg	
<b>Enhanced and Multi-Tier Enhanced Drug List Revisions</b>			
CEREZYME (imiglucerase for inj 400 unit)	Gaucher Disease	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
NAGLAZYME (galsulfase soln for iv infusion 1 mg/ml)	Mucopolysaccharidosis VI (MPS VI)	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Drug <sup>1</sup>	Drug Class/Condition Used for	Generic Alternative(s) <sup>2</sup>	Brand Alternative(s) <sup>1,2</sup>
<b>Balanced, Performance and Performance Select Drug List Exclusions</b>			
CEFACLOR (cefaclor cap 250 mg, 500 mg)	Infections	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CEFADROXIL (cefadroxil tab 1 gm)	Infections	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CYCLOSERINE (cycloserine cap 250 mg)	Infections	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SPS (sodium polystyrene sulfonate oral susp 15 gm/60 ml)	Hyperkalemia		Lokelma, Veltassa
VCF VAGINAL CONTRACEPTIVE GEL (nonoxynol-9 gel 4%)	Contraceptive		Encare, Options Glynol Vaginal, VCF Vaginal Contraceptive foam
<b>Balanced Drug List Revisions</b>			
ACETAMINOPHEN/CAFFEINE/DI HYDROCODEINE (acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg)	Pain	acetaminophen W/ codeine tablet	
FLUOXETINE HYDROCHLORIDE (fluoxetine hcl (pmdd) tab 10 mg, 20 mg)	Premenstrual dysphoric disorder	fluoxetine capsule	
MORPHINE SULFATE ER (morphine sulfate cap er 24hr 40 mg)	Pain	morphine sulfate cap er 24hr 20 mg	Xtampza ER
naproxen tab ec 375 mg, 500 mg	Pain, Inflammation	ibuprofen tablet, naproxen tablet (non-enteric coated)	
VTOL LQ (butalbital-acetaminophen-caffeine soln 50-325-40 mg/15 ml)	Pain	butalbital-acetaminophen-caffeine 50-325-40 mg tablet	
<b>Balanced, Performance and Performance Select Drug List Exclusions</b>			
FEMRING (estradiol acetate vaginal ring 0.05 mg/24hr, 0.1 mg/24hr)	Menopause Symptoms	estradiol patches, estradiol tablets	Estring, Premarin
GLUCAGON EMERGENCY KIT (glucagon (rdna) for inj kit 1 mg)	Hypoglycemia	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

LOTEMAX (loteprednol etabonate ophth gel 0.5%)	Ophthalmic Conditions	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
SAPHRIS (asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg (base equiv))	Bipolar Disorder, Schizophrenia	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
ZYTIGA (abiraterone acetate tab 500 mg)	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.

**Performance and Performance Select Drug List Exclusions**

ACETAMINOPHEN/CAFFEINE/DI HYDROCODEINE (acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg)	Pain	acetaminophen w/ codeine tablet
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	Hypercholesterolemia	fenofibrate 48 mg tablet
fenofibrate micronized cap 43 mg	Hypercholesterolemia	fenofibrate 48 mg tablet
methamphetamine hcl tab 5 mg	Attention-Deficit Hyperactivity Disorder (ADHD)	methylphenidate tablet
naproxen tab ec 375 mg, 500 mg	Pain, Inflammation	ibuprofen tablet, naproxen tablet (non-enteric coated)
trazodone hcl tab 300 mg	Depression	trazodone 150 mg tablet
TREZIX (acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg)	Pain	acetaminophen w/ codeine tablet

**Balanced and Performance Select Drug List Exclusions**

ZYCLARA (imiquimod cream 3.75%)	Actinic Keratosis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
ZYCLARA PUMP (imiquimod cream 3.75%)	Actinic Keratosis	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, Skin infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
HYSINGLA ER (hydrocodone bitartrate tab er 24hr deter 20 mg, 24hr deter 30 mg, 24hr deter 40 mg, 24hr deter 60 mg, 24hr deter 80 mg, 24hr deter 100 mg, 24hr deter 120 mg)	Pain	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
NAFTIFINE HYDROCHLORIDE (naftifine hcl cream 2%)	Fungal Infections (Topical)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
NORTHERA (droxidopa cap 100 mg, 200 mg, 300 mg)	Neurogenic Orthostatic Hypotension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.

VELTIN (clindamycin phosphate-tretinoin gel 1.2-0.025%)	Acne	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
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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.**

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.

Effective June 1, 2021:

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists</b>	
Imcivree	
setmelanotide solution (IMCIVREE)*	10 mL per 30 days

1. Third-party brand names are the property of their respective owner.
- \* Not all members may have been notified due to limited utilization.

Effective July 1, 2021:

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Balanced, Performance and Performance Select Drug Lists</b>	
Lupus (formerly Benlysta)	
voclosporin capsule 7.9 mg (LUPKYNIS)*	180 tablets per 30 days
SA Oncology	
Relugolix tablet 120 mg (ORGOVYX)*	30 tablets per 30 days
Zokinvy	
lonafarnib capsule 50 mg (ZOKINVY)*	120 capsules per 30 days
lonafarnib capsule 75 mg (ZOKINVY)*	120 capsules per 30 days

1. Third-party brand names are the property of their respective owner.
- \* Not all members may have been notified due to limited utilization.

Effective Oct. 1, 2021:

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists</b>	
Alternative Dosage Form	
colesevelam hcl packet for suspension 3.75 gm (WELCHOL)	30 packets per 30 days
diphenoxylate w/ atropine liquid 2.5-0.025 mg/5 mL (LOMOTIL)	1200 mL per 30 days
SA Oncology	

ponatinib hcl tab 15 mg (ICLUSIG)	30 tablets per 30 days
Therapeutic Alternatives	
mefenamic acid capsule (PONSTEL) 250 mg	120 capsules per 30 days
oxycodone w/ acetaminophen solution 10-300 mg/5 mL (PROLATE)	900 mL per 30 days

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

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic and Enhanced Drug Lists</b>	
Eysuvis	
loteprednol etabonate ophth susp 0.25% (Eysuvis)	2 bottles per 90 days
Lupus (formerly Benlysta)	
voclosporin capsule 7.9 mg (LUPKYNIS)	180 tablets per 30 days
SA Oncology	
Relugolix tablet 120 mg (ORGOVYX)	30 tablets per 30 days
Zokinvy	
lonafarnib capsule 50 mg (ZOKINVY)	120 capsules per 30 days
lonafarnib capsule 75 mg (ZOKINVY)	120 capsules per 30 days

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

### Utilization Management Program Changes

Effective **May 1, 2021**, the Diabetes (GLP-1 Receptor Agonists) Step Therapy (ST) program was updated to include generic drugs when available. This program applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.

Effective **July 1, 2021**, the target drug relugolix tablet 120 mg (ORGOVYX) was added to the Self-administered (SA) Oncology Specialty Prior Authorization (PA) program. This change applies to the Balanced, Performance and Performance Select Drug Lists.

- Effective **Oct. 1, 2021**, this change will apply to the Basic and Enhanced Drug Lists.

Effective **Oct. 1, 2021**, the following changes will be applied:

- Generic targets fenofibrate micronized capsule 130 mg (ANTARA), fenofibrate tablet 40 mg (FENOGLIDE) and fenofibrate tablet 120 mg (FENOGLIDE) will be added to the Fibrates ST program. This change applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.
- Targets butalbital-acetaminophen-caffeine solution 50-325-40 mg/15 mL (VANATOL LQ) and spironolactone suspension 25 mg/5 mL (CAROSPIR) will be removed from the Therapeutic Alternatives PA program and added to the Alternative Dosage Form PA program. This change applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.

Members were notified about the PA standard program changes listed in the tables below.

Drug categories added to current pharmacy PA standard programs, effective Oct. 1, 2021

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic and Enhanced Drug Lists</b>	
Eysuvis	Ioteprednol etabonate ophth susp 0.25% (Eysuvis)
Zokinvy	lonafarnib capsule 50 mg (ZOKINVY), lonafarnib capsule 75 mg (ZOKINVY)

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

Targeted drugs added to current pharmacy PA standard programs, effective Oct. 1, 2021

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists</b>	
Alternative Dosage Form	colesevelam hcl packet for suspension 3.75 gm (WELCHOL), diphenoxyate w/ atropine liquid 2.5-0.025 mg/5 mL (LOMOTIL)
Therapeutic Alternatives	mefenamic acid capsule (PONSTEL) 250 mg, oxycodone w/ acetaminophen solution 10-300 mg/5 mL (PROLATE), ursodiol capsule 200 mg (RELTONE), ursodiol capsule 400 mg (RELTONE)
<b>Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists</b>	
Lupus (formerly Benlysta)	voclosporin capsule (LUPKYNIS)

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

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. 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](http://bcbsmt.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or [MyPrime.com](http://MyPrime.com) for a variety of online resources.

**Reminder: Split Fill Program Available to Select Members**

BCBSMT offers its members and groups a Split Fill program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or “split,” prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our Provider website.

**Change in Benefit Coverage for Select High Cost Products**

Several high cost products with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSMT members who have prescription drug benefits administered by Prime Therapeutics. This change is part of an ongoing effort to make sure our members and employer groups have access to safe, cost-effective medications.

Based on claims data, members were notified about the following changes to be effective Oct. 1, 2021. Please talk to your patient about other products that may be available.

**Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.**



Product(s) No Longer Covered <sup>1*</sup>	Condition Used For	Covered Alternative(s) <sup>1, 2</sup>
ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 50-770-60 MG	MUSCLE PAIN	CYCLOBENZAPRINE 5 MG or 10 MG, ORPHENADRINE ER 100 MG

Other high cost products that either are new to market or have therapeutic equivalents available have also been excluded. Please note: Members were not notified of these changes because there is no utilization or the pharmacist can easily fill a member's prescription with the equivalent without needing a new prescription from the doctor. The following drugs are excluded on select drug lists:

Product(s) No Longer Covered <sup>1*</sup>	Condition Used For	Covered Alternative(s) <sup>1, 2</sup>
CLEMASTINE FUMARATE SYRUP 0.67 MG/5 ML	ALLERGIES	CLEMASTINE TAB, CYPROHEPTADINE SYRP
CLINDAGEL GEL 1%	ACNE	OTHER MANUFACTURERS
ivermectin cream 1%	ROSACEA	SOOLANTRA
Symbicort AG (BUDES/FORMOT AER 80; BUDES/FORMOT AER 16)	LUNG DISEASES	SYMBICORT

1. All brand names are the property of their respective owners.

2. This list is not all-inclusive. Other products may be available.

\* This chart applies to members on the Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists.

Effective May 21, 2021, the drugs listed below are no longer considered high cost products and may be covered on the member's drug list. If the drug is covered on the drug list, members will pay the applicable cost share, based on their benefit plan. If the drug is not covered on the drug list, members can submit a coverage exception.

- CHLORZOXAZONE TAB 500 MG
- PROAIR DIGIHALER

### Bowel Preparation Coverage Updates

Starting Aug. 1, 2021, BCBSMT will cover bowel preparation products at \$0 for members 45 years of age and older with an ACA-compliant plan. This change is based on the United States Preventive Services Task Force's recommendation to lower the age for colorectal cancer screening from 50 years of age to 45 years of age.

Currently, two generic products are covered under the Bowel Preparation ACA \$0 preventive benefit:

- PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM (NULYTELY)
- PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM (GOLYTELY)

**Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.**

# Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2021 – 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 Oct. 1, 2021 are outlined below.**

## Drug List Coverage Additions – As of Oct. 1, 2021

Preferred Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists</b>	
APTIOM (eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg)	Seizures
AYVAKIT (avapritinib tab 25 mg, 50 mg)	Cancer
COSENTYX (secukinumab subcutaneous soln prefilled syringe 75 mg/0.5 ml)	Plaque Psoriasis, Psoriatic Arthritis, Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis (nr-axSpA)
FORTEO (teriparatide (recombinant) soln pen-inj 620 mcg/2.48 ml)	Osteoporosis
LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg)	Irritable Bowel Syndrome, Chronic Idiopathic Constipation
MOVANTIK (naloxegol oxalate tab 12.5 mg, 25 mg (base equivalent))	Opioid-Induced Constipation
PYRAZINAMIDE (pyrazinamide tab 500 mg)	Bacterial Infections
SKYRIZI (risankizumab-rzaa soln auto-injector 150 mg/ml)	Plaque Psoriasis
SKYRIZI (risankizumab-rzaa soln prefilled syringe 150 mg/ml)	Plaque Psoriasis
TRIKAFTA (elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk)	Cystic Fibrosis
VERQUVO (vericiguat tab 2.5 mg, 5 mg, 10 mg)	Heart Failure
ZEGALOGUE (dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6 ml)	Hypoglycemia
ZEGALOGUE (dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6 ml)	Hypoglycemia
ZEJULA (niraparib tosylate cap 100 mg (base equivalent))	Cancer
<b>Enhanced and Multi-Tier Enhanced Drug Lists</b>	
ARANESP ALBUMIN FREE (darbepoetin alfa soln prefilled syringe 25 mcg/0.42 ml, 40 mcg/0.4 ml, 60 mcg/0.3 ml, 100 mcg/0.5 ml, 200 mcg/0.4 ml, 300 mcg/0.6 ml)	Anemia
INTRON A (interferon alfa-2b for inj 10000000 unit, 18000000 unit, 50000000 unit)	Cancer
INTRON A (interferon alfa-2b inj 6000000 unit/ml, 10000000 unit/ml)	Cancer

— CONTINUED ON THE NEXT PAGE

Balanced, Performance and Performance Select Drug Lists	
arformoterol tartrate soln nebu 15 mcg/2 ml (base equiv) (authorized generic for BROVANA)	Chronic Obstructive Pulmonary Disease (COPD)
calcitonin (salmon) inj 200 unit/ml (generic for MIACALCIN)	Hypercalcemia
COSENTYX (secukinumab subcutaneous soln prefilled syringe 75 mg/0.5 ml)	Plaque Psoriasis, Psoriatic Arthritis, Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis (nr-axSpA)
CYCLOPHOSPHAMIDE (cyclophosphamide tab 25 mg, 50 mg)	Cancer
etravirine tab 100 mg, 200 mg (generic for INTELENCE)	Viral Infections
FORTEO (teriparatide (recombinant) soln pen-inj 620 mcg/2.48 ml)	Osteoporosis
FOTIVDA (tivozanib hcl cap 890 mcg, 1340 mcg (base equivalent))	Cancer
HETLIOZ LQ (tasimelteon oral susp 4 mg/ml)	Non-24 hour Sleep-Wake Disorder
INGREZZA (valbenazine tosylate cap 60 mg (base equiv))	Tardive Dyskinesia
isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (generic for ABSORICA)	Acne
ketoconazole tab 200 mg	Fungal Infections
lopinavir-ritonavir tab 100-25 mg, 200-50 mg (generic for KALETRA)	Viral Infections
LUPKYNIS (voclosporin cap 7.9 mg)	Lupus Nephritis
MOVANTIK (naloxegol oxalate tab 12.5 mg, 25 mg (base equivalent))	Opioid-Induced Constipation
NOVOLOG FLEXPEN RELION (insulin aspart soln pen-injector 100 unit/ml)	Diabetes
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	Diabetes
NOVOLOG MIX 70/30 RELION (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	Diabetes
NOVOLOG RELION (insulin aspart inj 100 unit/ml)	Diabetes
NULIBRY (fosdenopterin hydrobromide for iv soln 9.5 mg)	Molybdenum Cofactor Deficiency (MoCD) Type A
rufinamide tab 200 mg, 400 mg (generic for BANZEL)	Seizures
SKYRIZI (risankizumab-rzaa soln prefilled syringe 150 mg/ml)	Plaque Psoriasis
SKYRIZI PEN (risankizumab-rzaa soln auto-injector 150 mg/ml)	Plaque Psoriasis
sodium fluoride rinse 0.2% (generic for PREVIDENT RINSE)	Dental Fluoride
TEPMETKO (tepotinib hcl tab 225 mg)	Cancer
tiopronin tab 100 mg (generic for THIOLA)	Homozygous Cystinuria
TRIKAFTA (elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk)	Cystic Fibrosis
UKONIQ (umbralisib tosylate tab 200 mg)	Cancer
VERQUVO (vericiguat tab 2.5 mg, 5 mg, 10 mg)	Heart Failure
XCOPRI (cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose))	Seizures
XPOVIO (selinexor tab therapy pack 40 mg (40 mg once weekly))	Cancer
XPOVIO (selinexor tab therapy pack 40 mg (40 mg twice weekly))	Cancer
XPOVIO (selinexor tab therapy pack 40 mg (80 mg once weekly))	Cancer
XPOVIO (selinexor tab therapy pack 50 mg (100 mg once weekly))	Cancer

XPOVIO (selinexor tab therapy pack 60 mg (60 mg once weekly))	Cancer
ZEGALOGUE (dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6 ml)	Hypoglycemia
ZEGALOGUE (dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6 ml)	Hypoglycemia
<b>Balanced and Performance Select Drug Lists</b>	
brinzolamide ophth susp 1% (generic for AZOPT)	Glaucoma, Ocular Hypertension
colchicine tab 0.6 mg	Gout
KLISYRI (tirbanibulin ointment 1%)	Actinic Keratosis
LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg)	Irritable Bowel Syndrome, Chronic Idiopathic Constipation
<b>Performance and Performance Select Drug Lists</b>	
calcium acetate (phosphate binder) tab 667 mg	Hyperphosphatemia
fluocinonide cream 0.1%	Inflammatory Conditions
<b>Balanced Drug List</b>	
ABILIFY MYCITE MAINTENANCE KIT (aripiprazole tab 2 mg with sensor&strips (for pod) maint pak)	Schizophrenia, Bipolar Disorder
ABILIFY MYCITE MAINTENANCE KIT (aripiprazole tab 5 mg with sensor&strips (for pod) maint pak)	Schizophrenia, Bipolar Disorder
ABILIFY MYCITE MAINTENANCE KIT (aripiprazole tab 10 mg with sensor&strips (for pod) maint pak)	Schizophrenia, Bipolar Disorder
ABILIFY MYCITE MAINTENANCE KIT (aripiprazole tab 15 mg with sensor&strips (for pod) maint pak)	Schizophrenia, Bipolar Disorder
ABILIFY MYCITE MAINTENANCE KIT (aripiprazole tab 20 mg with sensor&strips (for pod) maint pak)	Schizophrenia, Bipolar Disorder
ABILIFY MYCITE MAINTENANCE KIT (aripiprazole tab 30 mg with sensor&strips (for pod) maint pak)	Schizophrenia, Bipolar Disorder
ABILIFY MYCITE STARTER KIT (aripiprazole tab 2 mg with sensor, strips & pod starter pak)	Schizophrenia, Bipolar Disorder
ABILIFY MYCITE STARTER KIT (aripiprazole tab 5 mg with sensor, strips & pod starter pak)	Schizophrenia, Bipolar Disorder
ABILIFY MYCITE STARTER KIT (aripiprazole tab 10 mg with sensor, strips & pod starter pak)	Schizophrenia, Bipolar Disorder
ABILIFY MYCITE STARTER KIT (aripiprazole tab 15 mg with sensor, strips & pod starter pak)	Schizophrenia, Bipolar Disorder
ABILIFY MYCITE STARTER KIT (aripiprazole tab 20 mg with sensor, strips & pod starter pak)	Schizophrenia, Bipolar Disorder
ABILIFY MYCITE STARTER KIT (aripiprazole tab 30 mg with sensor, strips & pod starter pak)	Schizophrenia, Bipolar Disorder
bepotastine besilate ophth soln 1.5% (generic for BEPREVE)	Allergic Conjunctivitis
BRONCHITOL (mannitol inhal cap 40 mg)	Cystic Fibrosis
BRONCHITOL TOLERANCE TEST (mannitol inhal cap 40 mg)	Cystic Fibrosis
CLEMASTINE FUMARATE (clemastine fumarate syrup 0.67 mg/5 ml (0.5 mg/5 ml base eq))	Allergic Conditions
ROSZET (ezetimibe-rosuvastatin calcium tab 10-5 mg, 10-10 mg, 10-20 mg, 10-40 mg)	Hypercholesterolemia

Performance Select Drug List	
brinzolamide ophth susp 1%	Glaucoma, Ocular Hypertension
imiquimod cream 3.75% (generic for ZYCLARA)	Actinic Keratosis
JORNAY PM (methylphenidate hcl cap delayed er 24hr 20 mg, 40 mg, 60 mg, 80 mg, 100 mg (pm))	Attention-Deficit Hyperactivity Disorder (ADHD)
WINLEVI (clascoterone cream 1%)	Acne
Balanced Drug List	
BRIVIACT (brivaracetam oral soln 10 mg/ml)	Seizures
BRIVIACT (brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg)	Seizures

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

### Drug List Updates (Coverage Tier Changes) – As of Oct. 1, 2021

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists		
APTIOM (eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg)	Preferred Brand	Seizures
carbinoxamine maleate tab 4 mg	Non-Preferred Generic	Allergic Conditions
COMBIVENT RESPIMAT (ipratropium-albuterol inhal aerosol soln 20-100 mcg/act)	Preferred Brand	Chronic Obstructive Pulmonary Disease (COPD)
diazepam oral soln 1 mg/ml	Non-Preferred Generic	Seizures
paromomycin sulfate cap 250 mg (generic for HUMATIN)	Non-Preferred Generic	Parasitic Infections
PYRAZINAMIDE (pyrazinamide tab 500 mg)	Preferred Brand	Bacterial Infections
SOOLANTRA (ivermectin cream 1%)	Non-Preferred Generic	Rosacea
ZEJULA (niraparib tosylate cap 100 mg (base equivalent))	Preferred Brand	Cancer
Balanced Drug List		
cimetidine hcl soln 300 mg/5 ml	Non-Preferred Generic	Ulcers, Acid Reflux

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

### Utilization Management Program Changes

Effective **May 17, 2021**, the Xolair Specialty PA program and target drug Xolair was added to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.

Effective **July 1, 2021**, the target drug Zeposia was removed from the Multiple Sclerosis Specialty PA program and added to the Zeposia Specialty PA program, which applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.

Effective **Sept. 1, 2021**, the Verquvo PA program and target drug Verquvo was added to the Balanced, Performance and Performance Select Drug Lists.

Effective **Oct. 1, 2021**, the following changes will be applied:

- The Constipation Agents PA program will no longer apply to the Performance Drug List.
- The Empaveli Specialty PA program and target drug Empaveli will be added to the Balanced, Performance and Performance Select Drug Lists.

- The Osteoporosis Specialty PA program will change its name to Parathyroid Hormone Analog Osteoporosis. The program includes the same targeted medication.

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](http://bcbsmt.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or [MyPrime.com](http://MyPrime.com) for a variety of online resources.

### **Reminder: Split Fill Program Available to Select Members**

BCBSMT offers its members and groups a Split Fill program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or “split,” prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our Provider website.

**Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.**

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Checking eligibility and/or benefit information and/or obtaining prior authorization 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, including, but not limited to, exclusions and limitations applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

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