



Blue ReviewSM

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

FIRST QUARTER 2022

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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

Blue Cross and Blue Shield of Montana

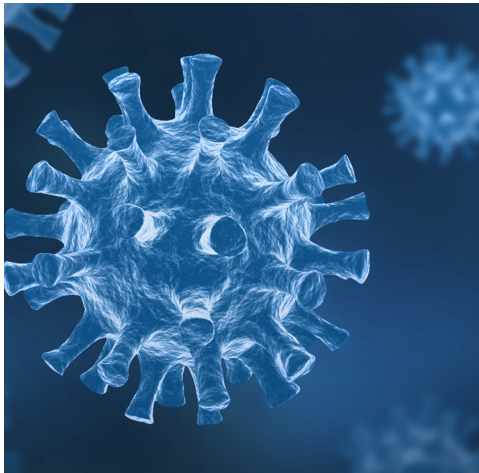
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COVID-19 Coverage

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](#).



ClaimsXten Quarterly Update Reminder

Blue Cross and Blue Shield of Montana will implement its first quarter code updates for the ClaimsXten auditing tool on or after April 11, 2022.

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.



Closing Gaps in Colon Care

Screening is the most effective way to reduce the risk of colorectal cancer, according to the Centers for Disease Control and Prevention (CDC). The CDC and the U.S. Preventive Services Task Force (USPSTF) recommend that everyone 45 to 75 years old get a screening. We encourage you to discuss screening and colon health with our members. We've created resources that may help.

Recommended Screening

USPSTF recommends screening with any of the following tests for adults 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. See our preventive care guidelines for more information about screening.

Closing Care Gaps

Colorectal Cancer Screening is a quality measure developed the National Committee for Quality Assurance (NCQA) that tracks appropriate screenings. We track data from quality measures to help assess and improve our members' care. To help close gaps in care, consider these tips:

- In our members' records, document the date a colorectal cancer screening is performed or include the pathology report indicating the type and date of screening.
- Encourage members to stay up-to-date on screening.
- Reach out to members who cancel screenings and help them reschedule.

Checking Eligibility and Benefits

For most of our members, preventive colorectal cancer screening is covered at no cost share. Note that family history or additional risk factors may impact the member's cost share. Check member eligibility and benefits using Availity® Essentials 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.

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.





Coding for Breast Augmentation and Removal for Gender Affirming Surgery

The American Medical Association (AMA) recently updated their guidance for the correct Current Procedural Terminology codes to use when filing claims for breast removal and breast augmentation as part of gender reassignment surgeries. BCBSMT has updated its system to align with AMA and American Academy of Professional Coders (AAPC) billing guidance, as summarized below.

What's New

For gender affirming breast reduction and/or removal for transgender male and non-binary members, the AMA and AAPC guidance is to **use CPT code 19318** for breast reduction/reduction mammoplasty. Claims should **not be coded with 19303** for complete mastectomy **+19350** for nipple/areola reconstruction.

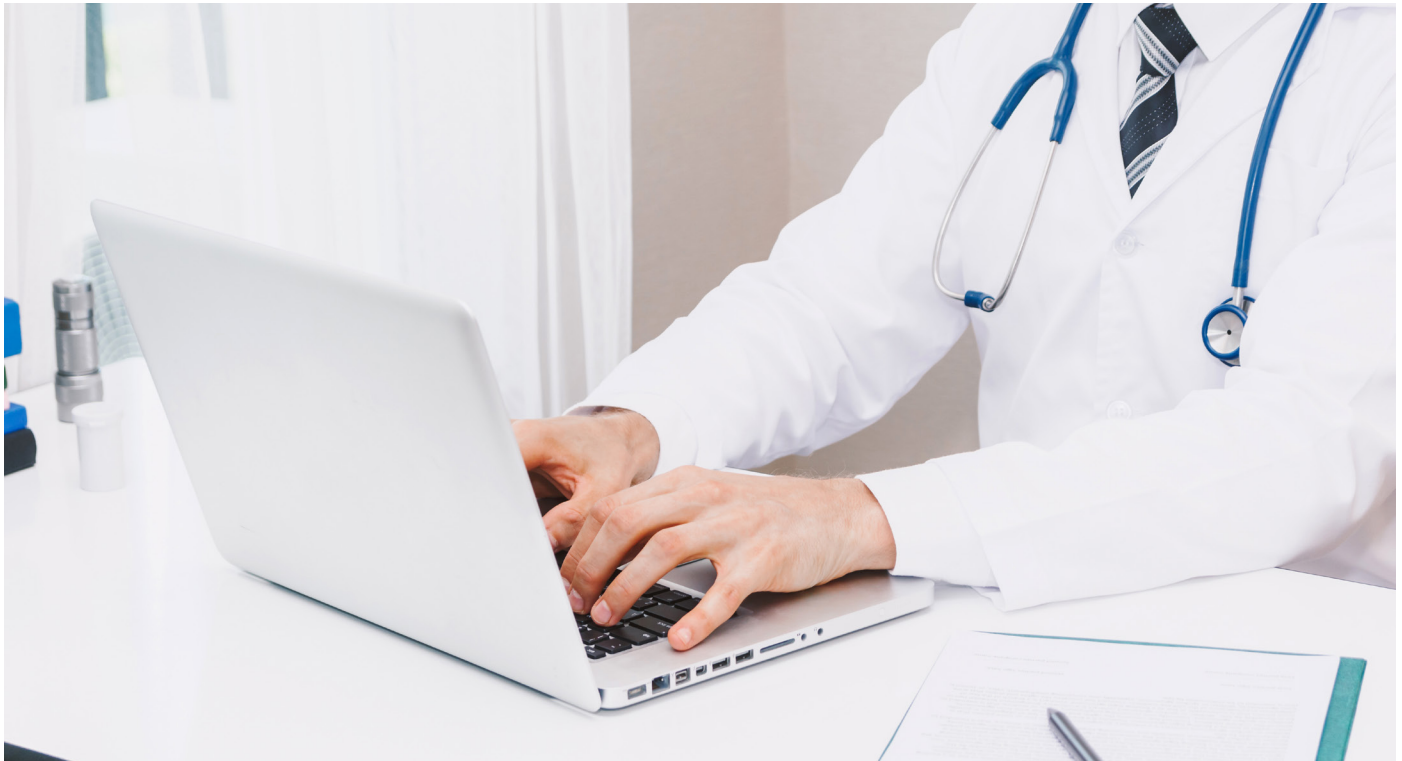
Background

The AMA recommends the use of **CPT code 19303** for the **treatment or prevention of breast cancer**. It recommends **CPT code 19318** for **reduction mammoplasty** when breast tissue is removed for breast-size reduction and **not for treatment or prevention of breast cancer**.

The AAPC **does not** recommend the use of **CPT code 19350** for nipple reconstruction in **transmasculine gender reassignment**. AAPC advises that **CPT code 19318** may be used to reflect reshaping of the nipple for cosmetic purposes.

BCBSMT Resources

Refer to [BCBSMT Medical Policy Gender Assignment Surgery and Gender Reassignment Surgery with Related Services SUR717.001](#) for more information.



Credentialing Requirement for Facility-Based Providers

The [Consolidated Appropriations Act \(CAA\) of 2021](#) requires that we list all contracted providers in our online directory, Provider Finder®. To be listed, contracted providers **must be credentialed with BCBSMT**, including providers based at facilities who haven't previously been credentialed.

To Become Credentialed

You must be registered with the Council for Affordable Quality Healthcare® (CAQH) and complete a free credentialing application online.

- **If you're a first-time CAQH user:** Register for free on [CAQH Proview](#) and complete your online credentialing application. If you've already registered with CAQH but haven't received an email or letter with your CAQH provider ID and application instructions, email us at CAQHCommunications@bcbstx.com.
- **If you're already registered and applied with CAQH through another health plan:** Log in to CAQH ProView and add BCBSMT as a health plan authorized to access your information.

Learn more on our [Network Participation page](#).

Verify Your Directory Information Every 90 Days

CAA requires that your directory information be verified every 90 days. Use the [Avality® Essentials](#) Provider Data Management feature to quickly verify your data for all health plans, or our [Demographic Change Form](#). Facilities may only use the Demographic Change Form to verify information. Learn more on our [Verify and Update Your Information page](#).



Delivering Quality Care: Supporting Healthy Hearts

Heart disease and stroke are among [the leading causes of death](#) in the U.S., according to the Centers for Disease Control and Prevention (CDC). We encourage you to talk with our members about reducing and managing risks. We've created [resources](#) that may help, including information on [high blood pressure](#) and [cholesterol](#).

Recommended Screenings

- The U.S. Preventive Services Task Force (USPSTF) recommends blood pressure checks for adults age 18 and older at every visit.
- The USPSTF recommends cholesterol screenings for adults ages 40 to 75. In addition, the American Heart Association recommends cholesterol screenings for adults ages 20 to 39 who have risk for coronary heart disease.

Closing Gaps in Care

We track data from quality measures to help assess and improve the quality of our members' care. [Controlling High Blood Pressure](#) and [Statin Therapy for Patients with Cardiovascular Disease](#) are Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the National Committee for Quality Assurance (NCQA).

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For **Controlling High Blood Pressure**, we measure the percentage of members ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled. NCQA defines controlling blood pressure as:

- Systolic blood pressure < 140 mmHg
- Diastolic blood pressure < 90 mmHg

Statin Therapy for Patients with Cardiovascular Disease tracks the percentage of male members ages 21 to 75 and female members ages 40 to 75 who:

- Have atherosclerotic cardiovascular disease, and
- Were dispensed at least one high- or moderate-intensity statin medication and remained on the medication for at least 80% of the treatment period

For more information, see our [preventive care](#) and [clinical practice guidelines](#).

Tips to Consider

- Talk with our members about taking medications as prescribed, smoking cessation, increasing physical activity and eating a low-sodium diet.
- Encourage members to return for follow-up visits. Reach out to those who cancel or miss appointments and help them reschedule as soon as possible.
- Build care gap alerts in your electronic medical records as reminders.





Imaging Studies for Low Back Pain

Low back pain (LBP) is common, affecting about 75 percent of Americans at some time in their lives. The preferred conservative treatment for uncomplicated LBP is prescription-strength analgesics and physical therapy, according to the [American Association of Neurological Surgeons](#).

Evidence doesn't support imaging for LBP within the first 28 days of diagnosis, according to the [National Committee for Quality Assurance](#) (NCQA). When not indicated, imaging may expose members unnecessarily to radiation and additional treatment. LBP improves for most people within two weeks of onset.

Supporting Quality Care

The Healthcare Effectiveness Data and Information Set (HEDIS®) from NCQA measures the appropriate use of diagnostic imaging studies, including X-rays, for LBP. We track data from HEDIS measures to help assess and improve our members' care.

[The LBP measure](#) captures **members ages 18 to 75 with a principal diagnosis of LBP who did not have an imaging study** (plain X-ray, MRI or CT scan) within 28 days of the LBP diagnosis in the following care settings:

- Office visits, outpatient evaluations, telemedicine/telehealth visits, emergency department visits and observation level of care
- Physical therapy and/or osteopathic and/or chiropractic manipulative treatment

A higher score indicates better performance.

Exclusions for Other Medical Concerns

Imaging within 28 days of diagnosis may be necessary if a member has other medical conditions, such as:

- Cancer
- Human immunodeficiency virus (HIV)
- Recent trauma
- Spinal infection
- IV drug use
- Major organ transplant
- Neurologic impairment
- Prolonged use of corticosteroids



It's Time — Verify Your Directory Details

In [November](#), we told you about the Consolidated Appropriations Act (CAA) requirement that certain provider directory information be verified every 90 days. This requirement is effective as of Jan. 1, 2022.

What This Means for You

As of Jan. 1, you must:

- Verify your name, address, phone, specialty and digital contact information (website) for our [Provider Finder](#) every 90 days
- Update your information when it changes, including if you come in or go out of a network

Under CAA, **we are required to remove providers from Provider Finder** whose data we are unable to verify. In addition, if you leave a network, you should update your directory information immediately. If you are incorrectly identified as an in-network provider, it may limit member cost-sharing to in-network levels.

How to Verify and Update

We recommend you use the [Availity® Provider Data Management](#) feature to quickly verify and update your information with us and other insurers every 90 days. If you are unable to use Availity, you may submit a [Demographic Change Form](#).

Note: **Facilities** should only **use the [Demographic Change Form](#)** to verify and update their data.

We won't accept demographic changes by email, phone or fax to enable us to meet the two-day update requirement defined by CAA. Any demographic updates requested through these channels will be rejected and closed.

To apply to join our networks or add a provider to your current group, see [How to Join](#).

Medicare Physician Fee Schedule Updates

Below are updates to the Centers for Medicare and Medicaid Services' (CMS) [2022 Medicare Physician Fee Schedule](#) that may impact Medicare providers contracted with Blue Cross and Blue Shield of State. See the [CMS Fact Sheet](#) for more information.

Critical Care Services

As of Jan. 1, 2022, providers should use the Current Procedural Terminology Codebook billing rules for critical care services. These replace the billing rules for critical care services in the Medicare Claims Processing Manual.

CPT codes for critical care provided by a single provider include:

- **99291:** First 30 to 74 minutes of critical care services provided to a patient on a given date. Providers may use this code only once per date.
- **99292:** Additional 30-minute time increments

Providers may aggregate non-continuous time for medically necessary critical care services.

Evaluation and Management (E/M) Shared Facility Visits

CMS is transitioning its billing rules for E/M shared, or split, services provided in facilities by a physician and a non-physician practitioner (NPP) in the same group:

- **As of Jan. 1, 2022:** The provider who provides more than half the total time – or who performs the history, exam or medical decision-making – can bill for the visit. An exception is critical care visits, when only the provider who provides more than half the total time can bill, rather than the provider who performed the history, exam or medical decision-making.
- **Starting Jan. 1, 2023:** The provider who provides more than half the total time can bill for the visit.

Physician Assistant (PA) Services

As of Jan. 1, 2022, PAs may bill Medicare for professional services they furnish under Part B.

If you have billing questions, call the number on the member's ID card. You can access fee schedules in [Availity](#) and through our fee schedule request forms. Learn more under [Claims and Eligibility](#) and [Standards and Requirements](#).



New Laboratory Management Program to Begin on May 1, 2022

You may have seen [the communication](#) that we delayed the launch of our new Laboratory Benefit Management program with Avalon Health Solutions. We delayed this launch because we required additional time to make improvements to the program.

Effective May 1, 2022, BCBSMT will implement its new program with Avalon Healthcare Solutions for claims for certain outpatient laboratory services provided to many of our **commercial members**.

This program does not apply to government programs.

The new program will:

- Help ensure our members have access to the right care at the right time and in the right setting
- Better prepare you to submit claims that support and reflect high quality, affordable care delivery to our members

See next page for key points to help you prepare.

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Policy Updates

Watch for new and revised [Clinical Payment and Coding Policies](#) effective on **May 1, 2022**, related to certain laboratory services, tests and procedures.

Affected Claims

Our new program may include the following outpatient laboratory claims:

Dates-of-service on or after **May 1, 2022**

Performed in an outpatient setting (typically office, hospital outpatient or independent laboratory)

Note: Laboratory services provided in an emergency room, hospital observation or hospital inpatient settings are **excluded** from this program. Member coverage terms still apply.

Provider Resources

Self-service Trial Claim Advice Tool via Availity available 24/7

Beginning on **April 1, 2022**, you can get free access to **Avalon's Trial Claim Advice Tool** by registering at [Availity.com](#), which will allow you to input laboratory procedure and diagnosis codes to see, before submitting a claim, the potential outcome of your claim.

- The Trial Claim Advice Tool does not guarantee approval, coverage, or reimbursement for health care services
- Potential claim outcomes provided by Avalon's Trial Claim Advice Tool consider information entered into the tool for the date of service entered, historical claims finalized through the prior business day and may link to applicable policies and/or guidelines

Reminder: Claim Editing Enhancements Coming

As we recently announced, BCBSMT will enhance our claims editing and review process with Cotiviti, INC. for some of our commercial members to help ensure accurate coding of services and that services are properly reimbursed.

What This Means For You

The enhancements require you to continue to follow generally accepted claim payment policies. With your help, the enhanced claims review process will help our members get the right care at the right time and in the right setting.

Note: Inaccurately coded claims will result in denied or delayed payment.

What's Changing

Components of the editing and review enhancements include:

Effective Jan. 10, 2022

Coding for services within the global surgical period – The global surgery package payment policies include all necessary services normally provided by the surgeon before, during and after a surgical procedure, and applies only to primary surgeons and co-surgeons. The global surgery package applies only to surgical procedures that have post-operative periods of 0, 10 and 90 days, as defined by CMS.

Effective April 1, 2022

Anatomical Modifiers – CMS-defined anatomical modifiers validate the area or part of the body on which a procedure is performed. Procedure codes that do not specify right or left require an anatomical modifier. This includes procedures on fingers, toes, eyelids and coronary arteries which have specific CMS-defined modifiers.

Effective April 1, 2022

Diagnosis Code Guidelines – Use of correct ICD-10 codes will be verified. ICD-10 clinical modification (CM) diagnosis coding guidelines, include reporting of inappropriate code pairs, as well as correct coding of secondary, manifestation, sequelae, chemotherapy administration, external causes and factors influencing health status diagnoses. These guidelines are contained in the ICD-10-CM Diagnosis Codes Manual.

More Information

View our previous announcement on the [Global Surgical Period](#) edit scheduled for Jan. 10, 2022 and the announcement of the [Anatomical Modifiers and Diagnosis Code Guidelines](#) edits that will take effect on April 1, 2022.

Watch [News and Updates](#) for future updates.



Surprise Billing Provisions of No Surprises Act

Requirement of the Consolidated Appropriations Act (plan years on or after Jan. 1, 2022)

The No Surprises Act (NSA) is part of the Consolidated Appropriations Act (CAA). Under NSA, most out-of-network providers will no longer be allowed to balance bill patients for:

- Emergency services
- Out-of-network care during a visit to an in-network facility
- Out-of-network air ambulance services, if patients' benefit plan covers in-network air ambulance services

For items and services subject to NSA requirements, member cost-share will be calculated based on the lesser of a new **qualified payment amount** or the provider's billed charge. The qualified payment amount is a new median contract rate calculation set forth by the NSA and related interim rules.

Generally, **if a non-participating provider isn't satisfied with a payment** on items or services subject to NSA, they can **first initiate a negotiation** with the plan and, if the negotiation fails, **pursue binding independent dispute resolution (IDR)**. Through this process, the parties submit their respective offers and other required information, and the IDR entity selects one of the parties' offers as the outcome, which determines whether any additional amount will be paid to the provider.

The NSA and related interim rules state that some of its provisions such as member cost-share requirements, claim payment deadlines and availability of the federal IDR process, do not apply if a **state law** provides a method for determining the total amount payable to the provider for that item or service.

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To Request a Claim Review and Initiate a Negotiation

Claims for the following services may be eligible for payment review under NSA if you don't have a contract with us:

- Emergency services or stabilization for an emergency
- Services provided by non-participating providers at a contracted facility
- Air ambulance services

To initiate the process:

- Log on to [Availity](#) to check a claim for NSA-eligible services. Eligible services will also be noted on your Provider Claims Summary.
- If you want to dispute the payment amount, you may open negotiations through Availity within 30 business days of the date the claim is finalized.
- IDR may be pursued within four business days after the negotiation period ends.

CAA expands the current definition of emergency services. Emergency services continue to be defined by the prudent layperson standard. If a plan covers services in an emergency department or independent freestanding emergency room, the following services will be included as emergency services under NSA:

- Screening and ancillary services necessary to evaluate the emergency condition (participating and non-participating)
- Services to stabilize the patient (participating and non-participating)
- Post-stabilization outpatient observation or an inpatient or outpatient stay, if the plan would cover the services (non-participating only)

To Learn More

- U.S. Department of [Labor No Surprises Act](#)
- Centers for Medicare and Medicaid Services [Overview of Rules and Fact Sheets](#)

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2022 – Part 1

Important Pharmacy Benefit Reminders

Jan. 1, 2022 is the start of a new year and renewed or new health insurance benefits for most BCBSMT members. As you see your patients, please consider the following reminders:

- Members' benefits may be based on a new drug list when their plans renew in 2022.
- Discuss your patients' benefits during an office visit or confirm their benefits by calling the number on their member ID cards.
- Review the prescription drug list before prescribing medications.
- If your patients need a coverage exception or prior authorization request in order to take a medicine that may be excluded from coverage or included in a utilization management program, please visit the Prior Authorization/Step Therapy Programs section of our provider website at bcbsmt.com/provider/ for the form and more information.

Treatment decisions are *always* between you and your patients. Coverage is subject to the terms and limits of your patients' benefit plans. Please advise them to review their benefit materials for details.

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 April 1, 2022 are outlined below.**

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

Drug List Updates (Revisions/Exclusions) – As of April 1, 2022

Non-Preferred Brand ¹	Drug Class/Condition Used for	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions			
INTELENCE (etravirine tab 100 mg, 200 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
KALETRA (lopinavir-ritonavir tab 100-25 mg, 200-50 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SUTENT (sunitinib malate cap 12.5 mg, 25 mg, 37.5 mg, 50 mg (base equivalent))	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Drug ¹	Drug Class/Condition Used for	Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Balanced, Performance and Performance Select Drug List Revisions			
ALREX (loteprednol etabonate ophth susp 0.2%)	Allergic Conjunctivitis	Prednisolone acetate ophthalmic suspension	
BENAZEPRIL HCL/ HYDROCHLOROTHIAZIDE (benazepril & hydrochlorothiazide tab 5-6.25 mg)	Hypertension	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

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CARBIDOPA/LEVODOPA ODT (carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg)	Parkinson's Disease	carbidopa/levodopa tablets	
LITHIUM CARBONATE (lithium carbonate cap 300 mg)	Bipolar Disorder	lithium carbonate tablets	
METHYLDOPA (methyldopa tab 250 mg, 500 mg)	Hypertension	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
PEG-PREP (bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit)	Bowel Prep	peg-3350/Nacl/Na Bicarbonate/Kcl	
Balanced and Performance Select Drug List Revisions			
CARBIDOPA/LEVODOPA ODT (carbidopa & levodopa orally disintegrating tab	Parkinson's Disease	carbidopa/levodopa tablets	
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 10 mg, 12hr 15 mg, 12hr 20 mg, 12hr 30 mg, 12hr 40 mg, 12hr 50 mg)	Pain	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Balanced Drug List Revisions			
DAPSONE (dapson gel 7.5%)	Acne	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
PREDNISOLONE SODIUM PHOSPHATE ODT (prednisolone sod phos orally disintegr tab 10 mg, 15 mg, 30 mg (base eq))	Inflammatory Conditions	prednisone tablets	
Balanced, Performance and Performance Select Drug List Exclusions			
BROVANA (arformoterol tartrate soln nebu 15 mcg/2 ml (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
EPANED (enalapril maleate oral soln 1 mg/ml)	Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
FOLBIC (folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg)	Dietary Supplement	Members should talk to their doctor or pharmacist about other medication(s) available for their condition. An over-the-counter equivalent or alternative medication may be available.	
INTELENCE (etravirine tab 100 mg, 200 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
NIVA-FOL (folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg)	Dietary Supplement	Members should talk to their doctor or pharmacist about other medication(s) available for their condition. An over-the-counter equivalent or alternative medication may be available.	
ISUTENT (sunitinib malate cap 12.5 mg, 25 mg, 37.5 mg, 50 mg (base equivalent))	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			
calcipotriene oint 0.005%	Plaque Psoriasis	calcipotriene cream 0.005%	
isosorbide dinitrate tab 40 mg	Angina	isosorbide dinitrate 20 mg tablets	

MYTESI (crofelemer tab delayed release 125 mg)	HIV/ AIDS-associated Diarrhea	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
zolpidem tartrate sl tab 1.75 mg, 3.5 mg	Insomnia	zaleplon tablets, zolpidem tablets	
Balanced and Performance Select Drug List Exclusions			
BYSTOLIC (nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg (base equivalent))	Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Performance Select Drug List Exclusions			
brinzolamide ophth susp 1%	Glaucoma, Ocular Hypertension	dorzolamide 2% solution	
imiquimod cream 3.75%	Actinic Keratosis	imiquimod 5% cream	
pimecrolimus cream 1%	Atopic Dermatitis	tacrolimus cream	

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 Jan. 1, 2022

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Balanced, Performance and Performance Select Drug Lists	
Accrufer	
Accrufer 30 mg (ferric maltol)*	60 tablets per 30 days
Antifungal Agents - Brexafemme, Cresemba, Noxafil, Tolsura, Vfend	
Brexafemme 150 mg (ibrexafungerp)*	4 tablets per 90 days
Elagolix/Relagolix	
Myfembree (relugolix, estradiol hemihydrate, norethindrone acetate)*	30 tablets per 30 days
Kerendia	
Kerendia 10 mg (finerenone)*	30 tablets per 30 days
Kerendia 20 mg (finerenone)*	30 tablets 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 April 1, 2022

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
Anti-Influenza Agents	
Tamiflu (oseltamivir) 6 mg/mL suspension	300 mL per 120 days
Therapeutic Alternatives	
Ecoza 1% foam (econazole nitrate)	70 grams per 30 days
Ertaczo 2% Cream (sertaconazole nitrate)	60 grams per 30 days
Exelderm 1% Cream (sulconazole nitrate)	60 grams per 30 days
Exelderm 1% Solution (sulconazole nitrate)	30 mL per 30 days
Luzu 1% cream (luliconazole)	60 grams per 30 days
naftifine cream 1%	60 grams per 30 days
Naftin 2% cream (naftifine)	60 grams per 30 days
Oxistat 1% cream (oxiconazole)	120 grams per 30 days
Oxistat 1% lotion (oxiconazole)	120 mL per 30 days
Basic and Enhanced Drug Lists	
Accrufer	
Accrufer 30 mg (ferric maltol)	60 tablets per 30 days
Antifungal Agents - Brexafemme, Cresemba, Noxafil, Tolsura, Vfend	
Brexafemme 150 mg (ibrexafungerp)	4 tablets per 90 days
Elagolix/Relagolix	
Myfembree (relugolix, estradiol hemihydrate, norethindrone acetate)	30 tablets per 30 days
Kerendia	
Kerendia 10 mg (finerenone)	30 tablets per 30 days
Kerendia 20 mg (finerenone)	30 tablets per 30 days

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

Utilization Management Program Changes

Effective **April 1, 2022**, the Deferasirox Specialty PA program will change its name to Iron Chelation. The program includes the same targeted medication, Exjade and Jadenu, and a new one, Ferriprox. This program applies to the Basic, Enhanced, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance and Performance Select Drug Lists.

Please see the tables below for additional changes to the standard PA programs

Effective Date	PA Program	Description of Change	Target Drug	Drug Lists	PA or Specialty PA
4/1/2022	Cholestasis Pruritis	Adding new target drug to existing program	Livmarli	2021 HIM, 2022 HIM, Balanced, Performance and Performance Select	Specialty PA
4/1/2022	Opzelura	New program	Opzelura	2021 HIM, 2022 HIM, Balanced, Performance and Performance Select	PA
4/1/2022	Tavneos	New program	Tavneos	2021 HIM, 2022 HIM, Balanced, Performance and Performance Select	Specialty PA
4/1/2022	Tyrvaya	New program	Tyrvaya	2021 HIM, 2022 HIM, Balanced, Performance and Performance Select	PA

Effective Date	PA Program	Description of Change	Drug Lists	PA or Specialty PA
4/1/2022	Multiple Sclerosis	New criteria requirements	Basic, Enhanced, 2022 HIM, Balanced, Performance and Performance Select	Specialty PA
4/1/2022	Ocaliva	New criteria requirements	Basic, Enhanced, 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select	Specialty PA

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

Drug categories added to current pharmacy PA standard programs, effective April 1, 2022

Drug Category	Targeted Medication(s) ¹
Basic and Enhanced Drug Lists	
Accrufer	Accrufer 30 mg (ferric maltol)*
Kerendia	Kerendia 10 mg (finerenone)*, Kerendia 20 mg (finerenone)*

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* Not all members may have been notified due to limited utilization.

Targeted drugs added to current pharmacy PA standard programs, effective April 1, 2022

Drug Category	Targeted Medication(s) ¹
Basic, Enhanced and Balanced Drug Lists	
Therapeutic Alternatives	Denavir Cream 1% (penciclovir)*, econazole nitrate 1% foam*, Ertaczo 2% Cream (sertaconazole nitrate)*, Exelderm 1% Cream (sulconazole nitrate)*, Exelderm 1% Solution (sulconazole nitrate)*, Luzu 1% cream (luliconazole)*, naftifine 1% cream*, Naftin 2% Cream (naftifine)*, Naftin 2% Gel (naftifine)*, Treximet 85-500 mg tablet (sumatriptan-naproxen sodium)*, Zovirax Cream 5% (acyclovir)*
Basic and Enhanced Drug Lists	
Antifungal Agents - Brexafemme, Cresemba, Noxafil, Tolsura, Vfend	Brexafemme 150 mg (ibrexafungerp)*
Elagolix/Relagolix	Myfembree (relugolix, estradiol hemihydrate, norethindrone acetate)*
Therapeutic Alternatives	Naftin 1% Gel (naftifine)*

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

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 and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2022 – Part 2

Important Pharmacy Benefit Reminders

Jan. 1, 2022 is the start of a new year and renewed or new health insurance benefits for most Blue Cross and Blue Shield of Montana members. As you see your patients, please consider the following reminders:

- Members’ benefits may be based on a new drug list when their plans renew in 2022.
- Discuss your patients’ benefits during an office visit or confirm their benefits by calling the number on their member ID cards.
- Review the prescription drug list before prescribing medications.
- If your patients need a coverage exception or prior authorization request in order to take a medicine that may be excluded from coverage or included in a utilization management program, please visit the Prior Authorization/Step Therapy Programs section of our provider website at bcbsmt.com/provider/ for the form and more information.

Treatment decisions are *always* between you and your patients. Coverage is subject to the terms and limits of your patients’ benefit plans. Please advise them to review their benefit materials for details.

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 Sept. 19, 2021 – April 1, 2022 are outlined below.

Drug List Coverage Additions – As of Sept. 19, 2021

Drug ¹	Drug Class/Condition Used for
Balanced Drug List	
THALITONE (chlorthalidone tab 15 mg)	Hypertension, Edema

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

Drug List Coverage Additions – As of Oct. 3, 2021

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
everolimus tab 10 mg (generic for AFINITOR)	Cancer

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

Drug List Coverage Additions – As of Oct. 10, 2021

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
everolimus tab 10 mg (generic for AFINITOR)	Cancer
Balanced Drug List	
EZETIMIBE/ROSUVASTATIN (ezetimibe-rosuvastatin calcium tab 10-5 mg, 10-10 mg, 10-20 mg, 10-40 mg)	Hypercholesterolemia

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

Drug List Coverage Additions – As of Oct. 17, 2021

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
azathioprine tab 75 mg, 100 mg	Renal Transplant Rejection, Rheumatoid Arthritis

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

Drug List Coverage Additions – As of Oct. 29, 2021

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
PFIZER-BIONTECH COVID-19 VACCINE/5-11Y (covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.2 ml)	Covid-19 Prophylaxis
PFIZER-BIONTECH COVID-19 VACCINE/ADULT RTU (covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3 ml)	Covid-19 Prophylaxis

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

Drug List Coverage Additions – As of Oct. 31, 2021

Drug ¹	Drug Class/Condition Used for
Balanced Drug List	
FENOFIBRATE MICRONIZED (fenofibrate micronized cap 30 mg, 90 mg)	Hypercholesterolemia

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

Drug List Coverage Additions – As of Nov. 14, 2021

Drug ¹	Drug Class/Condition Used for
Balanced Drug List	
diclofenac potassium tab 25 mg	Pain/Inflammation

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

Drug List Coverage Additions – As of Nov. 21, 2021

Drug ¹	Drug Class/Condition Used for
Balanced Drug List	
EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg)	Hypertension

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

Drug List Coverage Additions – As of Nov. 28, 2021

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
everolimus tab 1 mg (generic for ZORTRESS)	Cancer

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

Drug List Coverage Additions – As of Dec. 5, 2021

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
atropine sulfate ophth soln 1% (generic for ATROPINE SULFATE)	Cycloplegic Refraction, Uveitis
BIKTARVY (bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg)	HIV
carglumic acid soluble tab 200 mg (generic for CARBAGLU)	Hyperammonemia
GVOKE KIT (glucagon subcutaneous soln 1 mg/0.2 ml)	Hypoglycemia
Balanced and Performance Select Drug Lists	
adapalene-benzoyl peroxide gel 0.3-2.5% (generic for EPIDUO FORTE)	Acne
Balanced Drug List	
EULEXIN (flutamide cap 125 mg)	Cancer
FLUORIMAX 5000 SENSITIVE (sodium fluoride-potassium nitrate paste 1.1-5%)	Dental Caries Prophylaxis
naftifine hcl cream 2%	Antifungal (Topical)
OXYCODONE AND ACETAMINOPHEN (oxycodone w/ acetaminophen tab 7.5-300 mg)	Pain

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

Drug List Coverage Additions – As of Dec. 12, 2021

Drug ¹	Drug Class/Condition Used for
Balanced Drug List	
IMITREX STATDOSE REFILL (sumatriptan succinate solution cartridge 6 mg/0.5 ml)	Migraine

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

Drug List Coverage Additions – As of Jan. 1, 2022

Drug ¹	Drug Class/Condition Used for
Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Balanced, Performance and Performance Select Drug Lists	
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 100 mg/0.67 ml)	Atopic Dermatitis, Eosinophilic Asthma, Nasal Polyps
MYFEMBREE (relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg)	Menorrhagia
Balanced, Performance and Performance Select Drug Lists	
SEMGLEE 2 (insulin glargine-yfgn inj 100 unit/ml)	Diabetes
SEMGLEE 2 (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Diabetes

Balanced and Performance Select Drug Lists	
GEMTESA (vibegron tab 75 mg)	Overactive Bladder
Balanced Drug List	
NOCDURNA (desmopressin acetate sublingual tab 55.3 mcg)	Nocturnal Polyuria
zolmitriptan nasal spray 5 mg/spray unit	Migraine
Performance Drug List	
INSULIN GLARGINE 3 (insulin glargine-yfgn inj 100 unit/ml)	Diabetes
INSULIN GLARGINE 3 (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Diabetes

1. Third-party brand names are the property of their respective owner.
2. SEMGLEE listed as a coverage addition is a correction to the information included in the previously published January Quarterly Pharmacy Changes Part 2 article. That article incorrectly noted SEMGLEE as a coverage tier change.
3. INSULIN GLARGINE listed as a coverage addition is a correction to the information included in the previously published January Quarterly Pharmacy Changes Part 2 article. That article incorrectly noted INSULIN GLARGINE as a coverage tier change.

Drug List Coverage Additions – As of March 1, 2022

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
REZUROCK (belumosudil mesylate tab 200 mg)	Graft-versus-host-disease
Balanced and Performance Select Drug Lists	
BYLVAY (odevixibat cap 400 mcg, 1200 mcg)	Cholestatic Pruritus
BYLVAY (PELLETS) (odevixibat pellets cap sprinkle 200 mcg, 600 mcg)	Cholestatic Pruritus

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

Drug List Coverage Additions – As of March 15, 2022

Drug ¹	Drug Class/Condition Used for
Performance Drug List	
BYLVAY (odevixibat cap 400 mcg, 1200 mcg)	Cholestatic Pruritus
BYLVAY (PELLETS) (odevixibat pellets cap sprinkle 200 mcg, 600 mcg)	Cholestatic Pruritus

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

Drug List Coverage Additions – As of April 1, 2022

Drug ¹	Drug Class/Condition Used for
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists	
BIKTARVY (bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg)	HIV
DIFICID (fidaxomicin for susp 40 mg/ml)	Clostridium difficile
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile
DOPTELET (avatrombopag maleate tab 20 mg (base equiv))	Chronic Thrombocytopenia
Balanced, Performance and Performance Select Drug Lists	
EXKIVITY (mobocertinib succinate cap 40 mg)	Cancer
LIVMARLI (maralixibat chloride oral soln 9.5 mg/ml)	Cholestatic Pruritus associated with Alagille Syndrome
WELIREG (belzutifan tab 40 mg)	Von Hippel-Lindau Syndrome

Balanced Drug List	
HYDROXYCHLOROQUINE SULFATE (hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg)	Lupus, Malaria
ibuprofen-famotidine tab 800-26.6 mg (generic for DUEXIS)	Rheumatoid Arthritis, Osteoarthritis
LOREEV XR (lorazepam cap er 24hr sprinkle 1 mg, 2 mg, 3 mg)	Anxiety
SERTRALINE HYDROCHLORIDE (sertraline hcl cap 150 mg, 200 mg)	Depression

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

Drug List Updates (Coverage Tier Changes) – As of Nov. 7, 2021

Drug ¹	New Lower Tier	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists		
propranolol hcl oral soln 20 mg/5 ml	Non-Preferred Generic	Hypertension

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

Drug List Updates (Coverage Tier Changes) – As of April 1, 2022

Drug ¹	New Lower Tier	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists		
DIFICID (fidaxomicin for susp 40 mg/ml)	Preferred Brand	Clostridium difficile
DIFICID (fidaxomicin tab 200 mg)	Preferred Brand	Clostridium difficile

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

Utilization Management Program Changes

Clarifications to the Standard Utilization Management (UM) Programs

- The April Quarterly Pharmacy Changes Part 1 article incorrectly stated the Deferasirox Specialty Prior Authorization (PA) program will change its name to Iron Chelation and add a new target drug, Ferriprox, effective April 1, 2022. **The name change and target drug addition will be effective July 1, 2022.**
- The January Quarterly Pharmacy Changes Part 2 article mistakenly mentioned the following:
 - The Enzyme Deficiency Specialty PA program changed its name to Phenylketonuria, effective Jan. 1, 2022. **The correct effective date was Feb. 1, 2022.**
 - The standard Insulin Agents PA program changed its name to Rapid to Immediate Acting Insulin, effective Jan. 1, 2022. The correct name change is: **Rapid to Intermediate Acting Insulin.**
- Cholestasis Pruritus Specialty PA program was misspelled in the January Quarterly Pharmacy Changes Part 2 and April Quarterly Pharmacy Changes Part 1 articles.

Effective **Jan. 1, 2022**, the Antifungal Agents – Onychomycosis PA program changed its name to Onychomycosis. The program includes the same targeted medication.

Effective **March 15, 2022**, the Cystic Fibrosis Specialty PA program changed its name to Cystic Fibrosis Transmembrane Conductance Regulator (CFTR). 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 and log in to BAM or MyPrime.com for a variety of online resources.

Diabetic Test Strips at a Reduced Cost-share

As a reminder, effective Jan. 1, 2022 (regardless of renewal), select diabetic test strips moved to a lower member payment tier from a preferred brand tier to either a non-preferred generic or generic tier, based on plan benefits.

Details: This applies across all drug lists for our group BCBSMT members.

- This benefit change applies at retail and home delivery pharmacies.
- Dispensing/quantity limits still apply.
- Any additional charges for using a non-value or out-of-network pharmacy still apply. Note: Some members' benefit plans may include a Value Pharmacy Network, which offers reduced out-of-pocket expenses if members use a value pharmacy instead.
- The drug list publications do not show the distinction in tier change.

If your patients have questions, please advise them to call the number on their ID card to verify coverage and confirm if their pharmacy of choice offers the diabetic test strips at a reduced cost-share.

Insulin Copay Maximum Added to Pharmacy Benefit Plans

As a reminder, a \$25 copay cap for a 30-day supply of a preferred insulin drug was applied to BCBSMT pharmacy benefit plans starting Jan. 1, 2022, regardless of renewal.

Details: Members can get preferred insulin medication at a \$25 copay cap for a 30-day supply at a value or home delivery pharmacy.

- Dispensing/quantity limits still apply.
- For plans on the Value Pharmacy Network, members pay the reduced cost-share at a value pharmacy only. Members who use other pharmacies pay the applicable cost-share for that pharmacy based on their plan. The cost-share is not capped at \$25.
- For plans that do not have the Value Pharmacy Network, members pay the reduced cost-share at any in-network pharmacy based on their plan.
- For a High Deductible Health Plan (HDHP) that does not have preventive benefit coverage for insulin, members must meet their deductible first before the insulin cost-share cap would apply.
- The drug list publications do not show which insulins are eligible for the copay cap. Members can get pricing estimates if completing a medication search on MyPrime.com.

If your patients have questions, please advise them to call the number on their ID card to verify coverage and confirm if their pharmacy of choice offers the preferred insulin at a reduced cost-share.

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