



Blue ReviewSM

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

FOURTH QUARTER 2022

Inside This Issue

COVID-19 Coverage	2	Statin Therapy for Patients with Cardiovascular Disease and Diabetes	10
Based on Your Claims History You May Not Have to Request Prior Authorization for Some ABA Assessment CPT Codes.....	3	Submitting Unlisted or Miscellaneous Codes: Billing Guidelines and Reminders	11
Contacting Blue Cross and Blue Shield of Montana Customer Service.....	4	Downcoding Explanations for NSA Claims Submitted by Nonparticipating Providers	12
Diabetes Screening for People Using Antipsychotic Medications	5	Predetermination is now Recommended Clinical Review.....	13
Inflation Reduction Act to Impact Insulin and Vaccine Costs for Medicare Members	6	Help Close Gaps in Care for Group Medicare Advantage Members.....	14
ClaimsXten™ Quarterly Update Effective April 17, 2023 .	7	Upcoming MAPD Risk Adjustment Medical Records Request.....	15
Prior Authorization Codes Updated for Commercial Members, Effective January 1	8	Pharmacy Program Quarterly Update – Changes Effective Jan. 1, 2023 – Part 1.....	16
State of Montana Transitioning to BCBSMT	9		

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

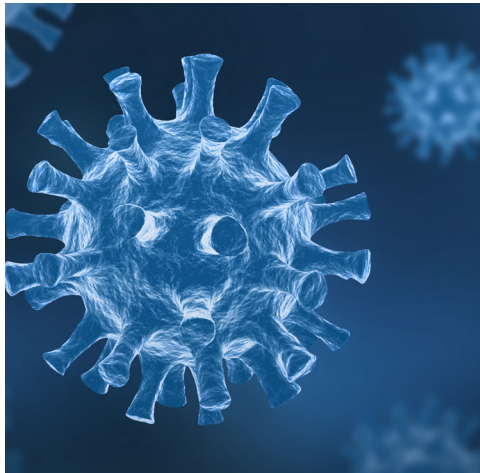
Attn: Kiley Gage

P.O. Box 4309

Helena, MT 59604

Email: Kiley_Gage@bcbsmt.com

Website: [bcbsmt.com/provider](https://www.bcbsmt.com/provider)



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](#).

Based on Your Claims History You May Not Have to Request Prior Authorization for Some ABA Assessment CPT Codes

We're Reducing Prior Authorization Requirements for Certain Applied Behavioral Analysis (ABA) Codes for Some Commercial Members, in some instances.

Blue Cross and Blue Shield of Montana is using claims data to improve access to care for our members and make the prior authorization process easier for you. Effective Sept. 1, 2022, we eliminated the prior authorization requirement for certain ABA assessments for some **commercial** members, in some instances.

What's Changing

Based on your specific claim history going forward you may not have to request prior authorization for Current Procedural Terminology (CPT®) codes 97151 and 97152.* Prior authorization for these two codes **still may be required, however**, when:

- The member's benefit plan specifically requires prior authorization of these codes.
- Use of these codes isn't consistent with the presenting clinical issue, related medical policy or benefit plan design (in these cases, we'll ask for more information).
- Claim analysis shows billing patterns that vary significantly from your peers.

Prior Authorization Verification

Providers can determine if they require prior authorization for codes 97151 and 97152 for their patient by calling the customer service number on the member ID card. Ask to speak to a behavioral health customer advocate.

We hope this change helps reduce the administrative burden of your office in submitting prior authorization requests.

For additional information about ABA criteria, or claims processes, please reference the BCBSMT Medical Policy [Applied Behavior Analysis \(ABA\) for Autism Spectrum Disorder \(ASD\) Diagnosis](#) and the BCBSMT [Applied Behavioral Analysis Payment and Coding Policy](#).

Contacting BCBSMT Customer Service

BCBSMT has implemented an Interactive Voice Response (IVR) automated phone system for providers to verify the patient's eligibility and benefit details, submit and/or check status for prior authorization requests, and request claim adjustments.

The IVR provides you quick access to needed information without waiting to speak with a Customer Advocate. You also have the option to use your touch tone keypad to enter alpha-numeric characters and receive a faxed confirmation of the IVR quote.

Obtaining Eligibility and Benefits and Requesting Claim Adjustments

- Eligibility and benefit quotes include membership verification, coverage status and other important information, such as applicable copayment, coinsurance, deductible amounts, and code-specific prior authorization requirements.
- To request a **commercial** claim adjustment, the document control number (claim number) is required when calling the IVR to connect with a Customer Advocate for assistance. General claim status is not available in the IVR, but can be quickly obtained online using the [Availity® Claim Status Tool](#), or the web vendor of your choice.

The IVR phone system is accessible by calling **800-447-7828** Monday through Friday, 5 a.m. to 10:30 p.m., MT, and Saturday, 5 a.m. to 5 p.m., MT.

Requesting Prior Authorization

When BCBSMT requires the service to be preauthorized, you can initiate the request and/or check the status by calling the prior authorization IVR phone system at **855-313-8914** Monday through Friday, 5 a.m. to 10:30 p.m., MT, and Saturday, 5 a.m. to 5 p.m., MT.

Resources and Assistance

Caller Guides are available on our provider website, which provide step-by-step instructions and helpful navigation tips. To view the Caller Guides and more helpful information please visit the BCBSMT provider website. [Interactive Voice Response \(IVR\) System](#)

If you need further assistance, email our Provider Education Consultants.

Exceptions

- For out-of-state Blue Cross and Blue Shield members, call the BlueCard® Eligibility Line at **800-676-BLUE** (2583). [Learn more about BlueCard.](#)
- Federal Employee Program® (FEP®) eligibility and benefits can be obtained by calling **800-634-3569**, and for services requiring prior authorization call **877-885-3751**.
- Healthy Montana Kids eligibility and benefits can be obtained by calling **855-258-3489**, and for services requiring prior authorization call **855-699-9907**.
- For government programs member information, eligibility verification, as well as prior authorization can be obtained by calling Blue Cross Medicare AdvantageSM – Individual: **877-774-8592** and Group: **877-299-1008**.

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 and the terms of the member's certificate of coverage applicable on the date services were rendered.



Diabetes Screening for People Using Antipsychotic Medications

People with serious mental illness who use antipsychotic medications are at increased risk of diabetes, according to the [National Committee for Quality Assurance \(NCQA\)](#). **Regular screening for diabetes is important** for detecting, monitoring and in the treatment of the disease.

The NCQA quality measure [Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications \(SSD\)](#) tracks the number of people 18 to 64 years old who had an **annual diabetes screening**. We track SSD and other Healthcare Effectiveness Data and Information Set (HEDIS®) measures to help assess and improve our members' care.

Tips to Help Close Gaps in Care

- Order an annual diabetes screening test, such as a **glucose or HgbA1c test**, for our members with schizophrenia or bipolar disorder who are using antipsychotic medications.
- Build **care gap alerts** for screening tests in your electronic medical records. Reach out to our members who cancel appointments and help them reschedule as soon as possible.
- Encourage **shared decision-making** by educating our members and caregivers about:
 - Increased risk of diabetes with antipsychotics
 - Importance of screening for diabetes
 - Diabetes symptoms

We've created [resources for members about diabetes](#) that may help.

- **Coordinate care** between behavioral health and primary care physicians (PCPs) by requesting test results, communicating about test results, or scheduling an appointment for testing.
- For members who don't have regular contact with their PCP, behavioral health practitioners may order diabetes screening tests and communicate the results to the PCP.



Inflation Reduction Act to Impact Insulin and Vaccine Costs for Medicare Members

Starting Jan. 1, 2023, the [Inflation Reduction Act](#) (IRA) of 2022 will affect the costs of insulin and adult vaccines for Medicare members. The act requires:

- The cost of a covered insulin to be capped at \$35 for a month's supply for those enrolled in a Medicare prescription drug plan.
- No out-of-pocket costs for adult vaccines covered under Medicare Part D.

In January 2023, some Medicare members may be charged more than \$35 per month for a covered insulin. If that happens, we will reimburse members for any amount paid over \$35. Reimbursement checks would be mailed by Jan. 31, 2023.

Here are some frequently asked questions about the changes:

What insulin products are included in the \$35 per month cap?

Included in the cap are insulin products covered under Medicare prescription drug plans and dispensed at a network retail or mail order pharmacy, according to the Centers for Medicare & Medicaid Services.

What vaccines are covered by Medicare Part D at a \$0 copay?

There is no cost sharing for adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC). This includes the shingles and Tetanus-Diphtheria-Whooping Cough vaccines. ACIP is a group of medical and public health experts that is part of the CDC.

Do the insulins or vaccines need to be included in the plan's formulary to be eligible for the cost reductions?

Insulins and vaccines that are included on the formulary are eligible. Any vaccine or insulin that is approved in transition or due to a formulary coverage exception request is also eligible.

What if a Medicare member has a coverage determination for a non-formulary product?

If a Medicare member has requested a formulary exception for insulin or vaccine and has received an approval, those products are subject to the \$35 cap (insulins) or the \$0 copay (vaccines).

For more information, you can read the [CMS fact sheet](#).



ClaimsXten Quarterly Update Effective April 17, 2023

BCBSMT will implement its first quarter code update for the ClaimsXten auditing tool on or after April 17, 2023.

- 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 monthly 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/Provider Tools section of our provider website for more information on C3 and ClaimsXten. It includes a user guide, rule descriptions and other details.



Prior Authorization Codes Updated for Commercial Members, Effective January 1

What's Changing

BCBSMT is changing prior authorization requirements that may apply to some commercial members, to reflect new, replaced or removed codes. These changes are based on updates from Utilization Management prior authorization assessment, Current Procedural Terminology (CPT®) code changes released by the American Medical Association or Healthcare Common Procedure Coding System (HCPCS) code changes from the Centers for Medicaid & Medicare Services. A summary of changes is included below.

Important Reminder

Always check eligibility and benefits first through the Availity Provider Portal or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

Changes include:

- **Jan. 1, 2023** – Removal of a Specialty Pharmacy code previously reviewed by BCBSMT, that will continue to be reviewed by AIM
- **Jan. 1, 2023** – Replacement of a Specialty Pharmacy code reviewed by AIM

More Information

For a revised list of codes go to the [Predetermination and Preauthorization section](#) of our provider website.



State of Montana Transitioning to BCBSMT

BCBSMT has been working closely with the State of Montana as it moves its employees to our health plan. Here are a few important items to be aware of as the transition begins.

- **ID Cards** – ID cards were sent to members in December.
- **Online Eligibility** – Eligibility will be visible online the first or second week of December.
- **Prior Authorizations** – BCBSMT is working with the current carrier to obtain a list of current authorizations to add to our system. The first list will be provided in November and the second in December.

For member customer service, call **888-901-4989**. To reach provider customer service, call **800-447-7828, option 2**. State of Montana information will be available January 1, 2023. Use the alpha prefix U5S and the PPO network.

Statin Therapy for Patients with Cardiovascular Disease and Diabetes

Cardiovascular disease is the **leading global cause of death**, according to the World Health Organization. It accounts for 17.9 million deaths per year. **Statin therapy is recommended:**

- To prevent cardiovascular disease in adults with diabetes, according to the [American Diabetes Association](#)
- To treat cardiovascular disease in adults with established clinical atherosclerotic cardiovascular disease (ASCVD), according to the [American Heart Association](#)
- To prevent cardiovascular disease in adults with certain risk factors, according to the [U.S. Preventive Services Task Force](#)

Statin Therapy Quality Measures

To help monitor and improve our members' care, we track the quality measures [Statin Therapy for Patients with Cardiovascular Disease \(SPC\)](#) and [Statin Therapy for Patients with Diabetes \(SPD\)](#). You can help ensure quality care by following these guidelines from the National Committee for Quality Assurance (NCQA):

- Men age 21-75 and women 40-75 with clinical ASCVD should be dispensed at least one high-or moderate-intensity statin medication.
- Adults age 40-75 with diabetes who do not have clinical ASCVD should be dispensed at least one statin medication of any intensity.
- All patients prescribed statin therapy should remain on prescribed statin medications for at least 80% of their treatment period.

Tips to Close Gaps in Care

- Discuss lifestyle changes with our members to **lower serum cholesterol**. These can include exercise, adequate sleep and good nutrition, as well as stopping smoking and substance use. We've created [resources that may help](#). When diet and exercise aren't enough, statins may be needed to achieve lower cholesterol levels and reduce the risk of heart disease.
- Emphasize to our members the **importance of staying on statin medication**. Educate them on the proper dose and frequency. Consider converting their medication to a 90-day supply through mail order or a retail pharmacy to encourage adherence.
- Discuss **common side effects** of statin use and what to do if our member has problems with the medication. Remind our members to contact you if they think they are experiencing side effects.
- Review our member's medication profile to confirm statin use history at follow-ups. **Clearly document** any diagnosis indicating an intolerance to statin therapy and any drug interactions with current medications.

Submitting Unlisted or Miscellaneous Codes: Billing Guidelines and Reminders

When billing with unlisted or miscellaneous codes on claims submitted to Blue Cross and Blue Shield of Montana, you may avoid additional documentation requests by describing the specific drug, service, supply or procedure provided. This will help avoid processing delays or denials, and unnecessary requests for medical records and/or supporting documentation.

What are Unlisted or Miscellaneous Codes?

These are codes labeled as Non-Specified, Not Listed, Not Elsewhere Specified (NEC), Not Otherwise Classified (NOC), Not Otherwise Specified (NOS), Unclassified, Unlisted, or Unspecified.

Pre-service Review

Some unlisted or miscellaneous codes could require prior authorization to determine coverage and benefits. Be sure to check eligibility and benefits via [Avality Essentials](#) or your preferred vendor to confirm prior authorization requirements and vendors, if applicable. If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

If you submit a prior authorization or predetermination request that includes an **unlisted** or **miscellaneous code**, be sure to **include a detailed description** of the service, along with any documentation to support your request. This step helps avoid the need for post-service medical necessity review.

Refer to our [Utilization Management](#) section for more information, such as how to submit electronic requests for prior authorization.

Claim Filing

Claims submitted with an unlisted or miscellaneous code without a description are typically denied for lack of supporting documentation. Get your claims processed faster by submitting a pre-service request as noted above and/or including a description of the specific drug, service, supply or procedure, along with supporting documentation on your claim.

When using unlisted or miscellaneous codes on claims for all Blue Cross and Blue Shield of Montana members:

- **Use the most specific unlisted or miscellaneous code that's available if a code doesn't exist that accurately describes the drug, service, supply or procedure.**
- **Describe the service and include documentation when submitting claims with codes that are identified as "unlisted" or "miscellaneous."**

More Information

Learn more about filing claims in the [Claims and Eligibility](#) section of our provider website.



Downcoding Explanations for NSA Claims Submitted by Nonparticipating Providers

As part of ensuring we're appropriately reimbursing for our members' care, there are some situations in which we may recode a claim. We notify you when we do this on your provider claim summary. Under the U.S. Departments of Health and Human Services, Labor and the Treasury Requirements Related to Surprise Billing: Final Rules, we are in the process of **updating that notice** for items and services subject to the No Surprises Act (NSA) requirements.

On NSA-eligible claims, we will provide:

- Information when we change a code you submitted to a code associated with a lower Qualifying Payment Amount (QPA). The Final Rules refers to this as "downcoding."
- An explanation of why we recoded and applied a different QPA.
- The QPA of the code you submitted and the one we paid. The NSA and related rules provide how the QPA is calculated, generally reflecting our median contracted rate for an item or service in the geographic area.

While we work on the updates, we want you to know about common situations in which we may change a code. Sample situations where downcoding may apply include when a provider submits:

- New-patient procedure codes for an established patient
- Two or more procedure codes when a single, comprehensive procedure code more accurately captures the service
- Procedure codes inconsistent with a member's age, based on dates of birth and service

Learn more: The NSA is part of the Consolidated Appropriations Act (CAA) of 2021. More information is on our Provider website.



Predetermination is now Recommended Clinical Review

Effective Jan. 1, 2023, BCBSMT is changing the name of its longstanding preservice review, previously called predetermination, to recommended clinical review (RCR).

Here are a few things to know:

- Recommended clinical review is not a different process, and it will not generate a different result than a predetermination.
- Recommended clinical reviews are optional medical necessity reviews conducted before services are provided. Submitting a request prior to rendering services informs you of situations where a service may not be covered.
- There is no penalty if you do not submit a recommended clinical review, but the service will be subject to post-service review.
- Submitting a recommended clinical review evaluates the medical necessity of a service but does not guarantee the service will be covered under the members' benefit plans. The terms of the member's plan control the available benefits.

[Download our Recommended Clinical Review \(Predetermination\) Form](#)

Use our recommended clinical review (predetermination) form after Jan. 1, 2023. The form is located [here](#), under Forms and Documents in the Education and Reference area of our provider website.

[For More Information](#)

Learn more about our utilization management process, including prior authorization and recommended clinical review (predetermination) in the [Utilization Management](#) section of our provider website. Follow our [News and Updates](#) page for future updates.



Help Close Gaps in Care for Group Medicare Advantage Members

If we need medical records for **Blue Cross Group Medicare Advantage (PPO)SM** members, you will receive requests from BCBSMT or our vendor, Change Healthcare, as part of the Blue Cross and Blue Shield (BCBS) **National Coordination of Care** program. Please respond quickly to our requests, including requests related to risk adjustment gaps and Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures.

[Learn more.](#)

In addition, you may receive requests from EXL Health for select inpatient, diagnosis-related claims.

[Learn more.](#)

Upcoming MAPD Risk Adjustment Medical Records Request

Recently you may have received a request for medical records from **Change Healthcare** for Medicare Advantage members who used your facility or were treated by your clinical staff during 2021 and 2022.

Change Healthcare, which conducts records retrieval for Blue Cross and Blue Shield of Montana, is gathering medical records for a **Centers for Medicare & Medicaid mandated risk adjustment** review.

How Do I Submit Medical Records?

Submit your records to Change Healthcare using any of the methods below:

- Secure email: documentationreceipt@changehealthcare.com
- Fax: **866-667-5557** or **866-686-7771**
- FedEx: Call **855-767-2650** or email CRCR_providerrelations@changehealthcare.com for help
- Mail paper charts to Change Healthcare, P.O. Box 52122, Phoenix, AZ 85072-2122
- VPN EMR download: Communicate this preference to Change Healthcare upon receipt of the request letter.
- Onsite scanning by a Change Healthcare medical record technician

Didn't I Already Provide These Records?

Possibly, because we request medical records throughout the year for different purposes, including:

- **Risk Adjustment** – Chart reviews, focusing on accuracy of risk-adjustable codes submitted to CMS
- **Risk Adjustment Data Validation (RADV)** – Targeted, plan-specific CMS-mandated chart reviews that ensure payment integrity and accuracy in the risk adjustment program
- **Healthcare Effectiveness Data and Information Set (HEDIS) measures** – Record requests are used to illustrate the completion of specific National Committee for Quality Assurance (NCQA) quality measures

You also may receive medical record requests from Change Healthcare or BCBSMT as part of the Blue Cross and Blue Shield [National Coordination of Care program](#) to help close gaps in care for Blue Cross Group Medicare Advantage (PPO) members.

Please note: if your office is enrolled in the Epic Payer Platform, the tax identification numbers associated with that enrollment should not receive records requests. However, there may be outliers where Change Healthcare will need to retrieve any documents we cannot obtain from the Epic Payer Platform.

Pharmacy Program Quarterly Update – Changes Effective Jan. 1, 2023 – Part 1

Reminder

The Quarterly Pharmacy Changes awareness article is published in two parts. This part 1 article includes changes that require member notification – drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. Our intention is to alert you of these changes as our members are receiving letters on changes to their drug list and/or pharmacy benefit. The part 2 article will be published closer to the January 1 effective date.

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, effective on or after Jan. 1, 2023. **Changes by drug list are listed on the charts below.**

You can view a preview of the January drug lists on our [member website](#). The final lists will be available closer to the January 1 effective date.

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			
NEXAVAR (sorafenib tosylate tab 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VIMPAT (lacosamide oral solution 10 mg/ml)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
Drug ¹	Drug Class/ Condition Used for	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Balanced, Performance and Performance Select Drug Lists Revisions			
ALENDRONATE SODIUM (alendronate sodium oral soln 70 mg/75 ml)	Osteoporosis	alendronate tablets, ibandronate tablets	
CLOMID (clomiphene citrate tab 50 mg)	Ovulation Induction	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
CLOMIPHENE CITRATE (clomiphene citrate tab 50 mg)	Ovulation Induction	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
HYDROCODONE/ IBUPROFEN (hydrocodone-ibuprofen tab 10-200 mg)	Pain/Inflammation	hydrocodone/acetaminophen tablets	
Health Insurance Marketplace (HIM) Revisions			
CLOMID - clomiphene citrate tab 50 mg	Infertility	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
CLOMIPHENE - clomiphene citrate tab 50 mg	Infertility	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
HYDROCODONE-IBUPROFEN - hydrocodone/ibuprofen TAB 10-200 MG	Pain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
PHENELZINE - phenelzine sulfate tab 15 mg	Depression	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	

Balanced, Performance and Performance Select Drug Lists Exclusions			
AKTEN (lidocaine hcl ophth gel 3.5%)	Anesthesia- Ophthalmic	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
ARTISS (fibrin sealant component solution)	Fibrin Sealant	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
clopidogrel bisulfate tab	Idiopathic Pulmonary Fibrosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
PRADAXA (dabigatran etexilate mesylate cap	Acute Coronary Syndrome	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
proparacaine hcl ophth soln 0.5%	Anesthesia- Ophthalmic	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
RADIOGARDASE (prussian blue insoluble cap 0.5 gm)	Cesium or Thallium Contamination	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
RECOTHROM (thrombin (recombinant) for soln 20000 unit, 5000 unit)	Parkinson's Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
RECOTHROM SPRAY KIT (thrombin (recombinant) for soln 20000 unit)	Pseudoaneurysms	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
RECOTHROM/SPRAY APPLICATOR KIT (thrombin (recombinant) for soln 20000 unit)	Pseudoaneurysms	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
THROMBIN-JMI DILUENT (thrombin for soln 20000 unit, 5000 unit)	Pseudoaneurysms	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
THROMBIN-JMI EPISTAXIS (thrombin for soln kit 5000 unit)	Pseudoaneurysms	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
THROMBIN-JMI SYRINGE SPRAY KIT (thrombin for soln kit 5000 unit, 20000 unit)	Pseudoaneurysms	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
THROMBIN-JMI W/DIL SPRAY PUMP ACTUATOR (thrombin for soln kit 20000 unit)	Pseudoaneurysms	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TISSEEL (fibrin sealant component kit 2 ml, 4 ml, 10 ml)	Fibrin Sealant	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TISSEEL (fibrin sealant component solution)	Fibrin Sealant	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VAGIFEM (estradiol vaginal tab 10 mcg)	Vulvovaginal Atrophy	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VIIBRYD (vilazodone hcl tab 10 mg, 20 mg, 40 mg)	Depression	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VIMPAT (lacosamide oral solution 10 mg/ml)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
Performance and Performance Select Drug Lists Exclusions			
amiodarone hcl tab 400 mg	Arrhythmia	amiodarone tablet 200 mg	
bromfenac sodium ophth soln 0.09% (base equivalent) (once-daily)	Inflammation- Ophthalmic	diclofenac ophth soln 0.1%, ketorolac tromethamine ophth soln 0.5%	

CETRALAX (ciprofloxacin hcl otic soln 0.2% (base equivalent))	Infections- Otic		Ciprofloxacin otic soln 0.2%
cholestyramine light powder packets 4 gm	Hypercholesterolemia	cholestyramine light powder pak 4 gm	
cholestyramine powder packets 4 gm	Hypercholesterolemia	cholestyramine powder pak 4 gm	
ciclopirox olamine susp 0.77% (base equivalent)	Fungal Infections-Topical	ciclopirox gel 0.77%, ciclopirox cream 0.77%	
diltiazem hcl coated beads tab er 24hr 240 mg	Angina, Hypertension, Atrial Fibrillation/Flutter	diltiazem hcl coated beads capsule er 24 hr 240 mg	
diltiazem hcl coated beads cap er 24hr 180 mg, 360 mg	Angina, Hypertension, Atrial Fibrillation/Flutter	diltiazem hcl coated beads capsule er 24 hr 180 mg	
diltiazem hcl coated beads tab er 24hr 300 mg	Angina, Hypertension, Atrial Fibrillation/Flutter	diltiazem hcl coated beads capsule er 24 hr 300 mg	
diltiazem hcl coated beads tab sr 24 hr 180 mg, 360 mg	Angina, Hypertension, Atrial Fibrillation/Flutter	diltiazem hcl coated beads capsule er 24 hr 180 mg	
diltiazem hcl coated beads tab sr 24hr 240 mg	Angina, Hypertension, Atrial Fibrillation/Flutter	diltiazem hcl coated beads capsule er 24 hr 240 mg	
diltiazem hcl coated beads tab sr 24 hr 300 mg	Angina, Hypertension, Atrial Fibrillation/Flutter	diltiazem hcl coated beads capsule er 24 hr 300 mg	
leucovorin calcium tab 10 mg	High Dose Methotrexate or Methotrexate Overdose	leucovorin calcium tablet 5 mg	
megestrol acetate susp 625 mg/5 ml	Anorexia, Cachexia	megestrol acetate suspension 40 mg/ml	
oxycodone hcl cap 5 mg	Pain	oxycodone hcl tablet 5 mg	
PREDNISONE INTENSOL (prednisone conc 5 mg/ml)	Inflammatory Conditions		Prednisone solution 5 mg/5 ml
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg	Migraine	zolmitriptan tablet, rizatriptan orally disintegrating tablet	

Balanced and Performance Select Drug List Exclusions

NEXAVAR (sorafenib tosylate tab 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
PENNSAID (diclofenac sodium soln 2%)	Inflammation- Topical	diclofenac sodium solution 1.5%	
PICATO (ingenol mebutate gel 0.015%, 0.05%)	Actinic Keratosis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
SPIRO PD (respiratory therapy supplies - devices)	Respiratory supplies/ devices	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
THRESHOLD PEP (respiratory therapy supplies - devices)	Respiratory supplies/ devices	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	

Balanced Drug List Exclusions			
BUPROPION HYDROCHLORIDE E R (XL) (bupropion hcl tab er 24hr 450 mg)	Depression	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	Plaque Psoriasis		Enstilar, Duobrii, Tazorac
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	Plaque Psoriasis		Enstilar, Duobrii, Tazorac
EXFORGE HCT (amlodipine-valsartan- hydrochlorothiazide tab 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg)	Hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
FORFIVO XL (bupropion hcl tab er 24 hr 450 mg)	Depression	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
LIDOCAINE HCL JELLY (lidocaine hcl urethral/mucosal gel 2%)	Anesthesia- Urethral/ Mucosal	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
NALFON (fenoprofen calcium cap 400 mg)	Pain/Inflammation	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
PENTASA (mesalamine cap er 500 mg)	Ulcerative Colitis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
Performance Select Drug List Exclusions			
diclofenac sodium soln 2%	Inflammation- Topical	diclofenac sodium solution 1.5%	
penicillamine cap 250 mg	Cystinuria, Rheumatoid Arthritis, Wilson's Disease	penicillamine tablet 250 mg	
Health Insurance Marketplace (HIM) Drug List Exclusions			
cholestyramine powder packets 4 gm	Hypercholesterolemia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
cholestyramine light powder packets 4 gm	Hypercholesterolemia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
ciclopirox olamine susp 0.77% (BASE EQUIV)	Fungal Skin Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition	
diltiazem hcl coated beads tab ER 24HR 180mg, 240 mg	Hypertension/Angina	Please talk to your doctor or pharmacist about other medication(s) available for your condition	
leucovorin calcium tabs 10 mg	Cancer	Please talk to your doctor or pharmacist about other medication(s) available for your condition	
lidocaine hcl urethral/mucosal gel 2%	Anesthesia	Please talk to your doctor or pharmacist about other medication(s) available for your condition	
NEXAVAR - sorafenib tosylate tab 200 mg (base equivalent)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
PRADAXA - dabigatran etexilate mesylate cap 75 mg (etexilate base equivalent)	Anticoagulation	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
proparacaine hcl ophth soln 0.5%	Anesthesia	Please talk to your doctor or pharmacist about other medication(s) available for your condition	

VIIBRYD - vilazodone hcl tab 10 mg, 20 mg, 40 mg	Depression	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg	Migraine	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

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.

Effective June 15, 2022

Drug Class and Medication(s) ¹	Dispensing Limit(s)
2021 Health Insurance Marketplace (HIM), 2022 HIM, Performance and Performance Select Drug Lists	
Oxbryta	
Oxbryta (voxelotor)*	90 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.

Review Drug List Updates (Coverage Tier 1 to Tier 2 Changes) – As of Jan. 1, 2023

The generic drug changes listed below apply to members with a pharmacy benefit plan that includes a cost share differential for generic drugs (e.g. 5-tier or higher plan design with preferred generic and non-preferred generic lower tiers). The following drugs are moving from a preferred generic (tier 1) to a non-preferred generic (tier 2), effective Jan. 1, 2023. Members may pay more for these drugs.

Drug ¹	Drug Class/Condition Used For
Multi-Tier Basic, Multi-Tier Enhanced and Performance Drug Lists	
amantadine hcl soln 50 mg/5 ml	Parkinson's Disease
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 10-6.25 mg	Hypertension
carbidopa & levodopa tab 25-100 mg	Parkinson's Disease
diltiazem hcl coated beads cap er 24hr 240 mg	Angina, Hypertension, Atrial Fibrillation/Flutter
haloperidol tab 2 mg	Psychosis, Tourette Syndrome, Behavioral Disorders
hydrocodone-acetaminophen tab 10-325 mg	Pain
hydroxyzine hcl syrup 10 mg/5 ml	Anxiety, Pruritus/Urticaria, Sedation, Nausea/Vomiting
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, 40-25 mg	Hypertension
oxcarbazepine tab 150 mg	Seizures
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Bowel Prep
rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg (base equivalent)	Migraine
thyroid tab 30 mg (1/2 grain)	Hypothyroidism
Multi-Tier Basic and Multi-Tier Enhanced Drug Lists	
stannous fluoride conc 0.63%	Dental Caries Prophylaxis

Performance Drug List	
diltiazem hcl coated beads cap sr 24hr 240 mg	Angina, Hypertension, Atrial Fibrillation/Flutter
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Urinary Tract Infection

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

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 following charts.**

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, 2023

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select and Health Insurance Marketplace (HIM) Drug Lists	
Alternative Dosage Form PAQL	
Fleqsuvy (baclofen) suspension 25 mg/ 5 mL	600 mL per 30 days
Meloxicam suspension 7.5 mg/5 mL	300 mL per 30 days
Basic and Enhanced Drug Lists	
Vijoice PAQL	
Vijoice (alpelisib) Pak 250mg daily dose (200 mg & 50 mg)	56 tablets per 28 days
Vijoice (alpelisib) tab therapy Pack 50 mg, 125 mg daily dose	28 tablets per 28 days

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

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

Utilization Management Program Changes

Please Note: As a reminder, the PA programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard PA programs may apply, based on the member's current drug list. A list of PA programs per drug list is posted on the member pharmacy programs section of bcbsmt.com.

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

Drug categories added to current pharmacy PA standard programs, effective Jan. 1, 2023

Drug Category	Targeted Medication(s) ¹
Basic, Basic Multi-tier, Enhanced and Enhanced Multi-tier Drug Lists	
GLP-1 (Glucagon-like peptide-1) Agonists	Adlyxin (lixisenatide) injection, Bydureon (exenatide) injection, Byetta (exanatide) injection, Mounjaro (tirzepatide) injection, Ozempic (semaglutide) injection, Rybelsus (semaglutide) tablet, Trulicity (dulaglutide) injection, Victoza (liraglutide) injection

Basic, Basic Multi-tier, Enhanced, Enhanced Multi-tier, Balanced, Performance, Performance Select and Health Insurance Marketplace (HIM) Drug Lists	
Alternative Dosage Form	Fleqsuvy (baclofen) suspension 25 mg/ 5 mL*, Meloxicam suspension 7.5 mg/5 mL*
Vtama	VTAMA (tapinarof) 1% CREAM*
Basic, Basic Multi-tier, Enhanced and Enhanced Multi-tier Drug Lists	
Vioice	Vioice (alpelisib) tablets

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

Other program changes being applied to pharmacy PA or Step Therapy (ST) standard programs include:

Effective Date	Program Name	Description of Change	Drug Lists	Program Type
Dec. 1, 2022	Vioice	New PA program with target Vioice (alpelisib) tablets*	Balanced, Performance, Performance Annual, Performance Select, Health Insurance Marketplace (HIM) 2022, HIM 2023	Specialty PA
Jan. 1, 2023	GLP-1 (Glucagon-like peptide-1) Agonists	New PA program with various target drugs. This was a ST program that was retired, changed to a PA program and now apply to these additional drug lists.* New drug therapy starts will require PA review. Grandfathering is in place and members with a drug regimen history will not be impacted, except for those using the target drugs Adlyxin, Byetta and Mounjaro.	Balanced, Performance, Performance Annual, Performance Select	PA
Jan. 1, 2023	Vtama	New PA program with target VTAMA (tapinarof) 1% CREAM* The target was part of the Therapeutics Alternatives PA program effective 10/1/22 and will now be a standalone program. Most members were lettered prior to that change.	Basic, Basic Annual, Enhanced, Enhanced Annual, HIM 2022, HIM 2023, Balanced, Performance, Performance Annual, Performance Select	PA
Jan. 1, 2023	Camzyos	New PA program with target drug Camzyos. (mavacamten)*	Basic, Basic Annual, Enhanced, Enhanced Annual, HIM 2022, HIM 2023, Balanced, Performance, Performance Annual, Performance Select	Specialty PA
Jan. 1, 2023	Factor VIII and von Willebrand Factor PAQL	Name change (formerly Hemophilia VIII)	Basic, Basic Annual, Enhanced, Enhanced Annual, HIM 2022, HIM 2023, Balanced, Performance, Performance Annual, Performance Select	Specialty PA

Jan. 1, 2023	Ophthalmic Prostaglandins	Name change (formerly Glaucoma)	Basic, Basic Annual, Enhanced, Enhanced Annual, HIM 2022, HIM 2023	ST
Jan. 1, 2023	Atypical Antipsychotics – Extended Maintenance Agents	ST program retiring	Basic, Basic Annual, Enhanced, Enhanced Annual, HIM 2022, HIM 2023	ST

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

Targeted mailings were sent to members affected by drug list revisions and/or exclusions, prior authorization program and dispensing limit changes per our usual process of notifying members prior to the effective date.

View the most up-to-date drug list and list of drug dispensing limits on <https://www.bcbsmt.com/rx-drugs/drug-lists/drug-lists>.

Change in Benefit Coverage for Select High Cost Products

Several high cost product 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.

Please note: Members were not notified of this change 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 ^{1*}	Condition Used For	Covered Alternative(s) ^{1,2}
RELAFEN DS TAB 1000MG	INFLAMMATION AND PAIN	RELAFEN 500 MG OR 750 MG TABS
FLUTICASONE FUROATE-VILANTEROL ELLIPTA INH 100 MCG-25 MCG, 200 MCG-25 MCG	ASTHMA	BREO ELLIPTA
FLUTICASONE PROPIONATE HFA AER 44 MCG, 110 MCG, 220 MCG	ASTHMA	FLOVENT HFA
INSULIN GLARGINE (WINTHROP)	DIABETES	INSULIN GLARGINE-YFGN, SEMGLEE-YFGN
INSULIN GLARGINE SOLOSTAR (WINTHROP)	DIABETES	INSULIN GLARGINE-YFGN, SEMGLEE-YFGN

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.

Updates to HDHP-HAS Preventive Drug Program

The HDHP-HSA Preventive Drug Program allows members of select High Deductible Health Plans (HDHP) to be eligible for a reduced or \$0 cost-share on certain preventive drugs. See below for the categories that will apply upon the applicable effective date.¹

State/Market Segment	Effective Date	Description of Change	Categories
ASO/Custom Fully Insured Groups			
MT	1/1/2023	The Standard categories remain the same for 2023 as 2022 with minor product differences.	Anticoagulants/antiplatelets, Bowel preparation, Breast cancer primary prevention, Contraceptives, Depression, Diabetes medications, Diabetes supplies, Fluoride, High blood pressure, High cholesterol, Osteoporosis, Respiratory, Tobacco Cessation, Vaccines
ASO Groups			
MT	1/1/2023	Custom categories moving to Extended category list	Anti-anginal, transplant, pre-natal vitamins
Blue Balance Funded Plans			
MT	1/1/2023	The categories remain the same for 2023 as 2022 with minor product differences.	Anticoagulants/antiplatelets, Depression, Diabetes medications, Diabetes supplies, High blood pressure, High cholesterol, Osteoporosis, Respiratory
Individual and Family Market Plans			
QHP/Metallic – MT Blue Preferred Bronze PPO SM 502 plan	1/1/2023	The Quality Health Plan (QHP) categories remain the same for 2023 as 2022 with minor product differences.	Anticoagulants/antiplatelets, Depression, Diabetes medications, Diabetes supplies, High blood pressure, High cholesterol, Osteoporosis
Small Group (SG) Plans			
QHP/Metallic SG – MT Blue Preferred Gold PPO SM 135 Blue Preferred Gold PPO 123 Blue Preferred Gold PPO 101 Blue Preferred Silver PPO SM 136 Blue Preferred Silver PPO 127 Blue Preferred Silver PPO 122 Blue Preferred Silver PPO 101 Blue Preferred Bronze PPO 134 Blue Focus Gold POS SM 101 Blue Focus Silver POS SM 101 Blue Focus Silver POS 003 Blue Focus Bronze POS SM 002	1/1/2023	The Quality Health Plan (QHP) categories remain the same for 2023 as 2022 with minor product differences.	Anticoagulants/antiplatelets, Depression, Diabetes medications, Diabetes supplies, High blood pressure, High cholesterol, Osteoporosis

1. Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan. **Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

Please note: PDF publication lists are created annually for the Standard categories and the Standard + Extended Categories. Custom publications that reference other optional categories selected by the group may be available upon request.

Reminder: New to Market Clinical Review Program

What's new: Effective Oct. 1, 2022, the FastPath prior authorization (PA) program was replaced with a New to Market clinical review program. The new program applies to previous targets in the FastPath program and FDA-approved drugs launched into the market on or after Oct. 1, 2022.

Why the change: The FastPath program, available for Basic or Enhanced drug lists, implemented interim PA criteria on targeted, new to market drugs within one week of receiving FDA-approved product labeling. This acted as a bridge to cover gaps between drug launch and approval of any drug-specific PA criteria.

With this new program, new-to-market drug products are not left unmanaged until coverage evaluation decisions can be determined. The clinical evaluation processes can be standardized and implemented sooner. Once the final clinical evaluation criteria is implemented, members that started drug therapy and have approval are not disrupted.

New Proactive Utilization Management Approval Renewal Program: SmartRenew™

Reminder: Certain prescription drugs require utilization management (UM) program approval year over year. This can include prior authorization approval, step therapy exception requests and dispensing/quantity limits override requests. To help avoid having to submit the request each year, a new proactive UM renewal program, **SmartRenew™**, was launched on Oct. 1, 2022.

This program helps save both the member and their doctor time and effort in needing to submit a new request, reduces frustration and potential coverage delays from not having an updated approval and provides a better overall experience.

Program Details:

- Applies to a pre-determined and regularly updated list of prescription drugs covered under the pharmacy benefit. These drugs are typically used for maintenance and have a high authorization renewal approval rate.
- Members and their doctors do not need to do anything for targeted SmartRenew authorizations. Authorization approvals are automatically extended for 12 months, based on set program criteria.
- Members are sent a notification of the drug's automatic approval confirmation and new expiration date.

Updates to the Member Pay the Difference (MPTD) Program

What's new: In 2023, some operational changes will be made to the MPTD program in efforts to standardize the program and help drive generic utilization.

Background: MPTD requires members who fill a brand name prescription, for which there is an exact generic equivalent, to pay the applicable copay or coinsurance plus the difference in cost between the brand and generic drug. Currently, the MPTD program is being managed differently depending on the line of business, the prescription drug list and state/plan.

Member notices: Impacted members will receive a letter at least 60 days prior to the effective date.

Split Fill Program Category Expansion

2023 change: The Split Fill Program will be expanded to include additional categories beyond oral oncology medications, such as multiple sclerosis and iron toxicity.

Background: The Split Fill Program provides a partial, or "split" fill, of a member's monthly prescription for select medications for up to three months of therapy. This helps minimize waste and reduces health plan costs by identifying drugs associated with early discontinuation or dose modifications.

Reminder: There are no changes as to how the Split Fill Program works. Groups cannot pick and choose the categories that will now apply.

If you have any questions regarding these changes, contact your BCBSMT representative.

The material presented here is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their member contract or member guide for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

By clicking this [link](#), you will go to a new website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSMT. BCBSMT makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Change Healthcare is an independent company that provides administrative services to BCBSMT. Epic is a Health Data Exchange Platform for improved data sharing between BCBSMT members and providers. BCBSMT makes no endorsement, representations or warranties regarding any products or services provided by third party vendors and the products and services they offer. ClaimsXten and Clear Claim Connection are trademarks of Change Healthcare, an independent company providing coding software to BCBSMT. Change Healthcare is solely responsible for the software and all the contents.

*Only CPT codes 97151 and 97152 are subject to this new ABA assessment prior authorization process.

CPT Copyright 2021 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their member contract or member guide for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider

EXL Health and EquiClaim, a Change Healthcare Solution, are independent companies that have contracted with BCBSMT to provide medical claim audits for members with coverage through BCBSMT. BCBSMT makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

HEDIS is a registered trademark of NCQA.

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

The Council for Affordable Quality Healthcare, Inc. (CAQH) is a not-for-profit collaborative alliance of the nation's leading health plans and networks. The mission of CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs. CAQH is solely responsible for its products and services, including ProView and VeriFide.

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.

AIM Specialty Health (AIM) is an independent company that has contracted with BCBSMT to provide utilization management services for members with coverage through BCBSMT.

This material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their member contract or member guide for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

This material is for educational purposes only and is not intended to be a definitive source for coding claims. Health care providers are instructed to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. Checking eligibility and/or benefit information and/or obtaining prior authorization or pre-notification 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 contract, 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.

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSMT to provide pharmacy benefit management and related other services. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

BCBSMT makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.