BlueCross BlueShield of Montana

Blue Review℠

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS **FIRST QUARTER 2021**

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News Room

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**.

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

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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 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.

Reminder: Single Access Point for EFT and ERA Enrollments

Starting **May 3, 2021**, Blue Cross and Blue Shield of Montana (BCBSMT) will offer a single access point for enrollment in Electronic Funds Transfer (835 EFT) and/or Electronic Remittance Advice (835 ERA) via the Availity® Provider Portal. As of this date, faxed or mailed EFT or ERA enrollment applications including change/cancel requests will be returned and redirected to the electronic option.

Electronic enrollment remains an opt-in arrangement. If you currently receive paper checks and/or provider claim summaries you can continue to do so. However, enrolling will increase efficiencies within your provider organization, allows for more convenience, and heightens security of patient and provider information.

Education and Training

While the electronic enrollment process is easily followed, BCBSMT is hosting complementary webinar trainings for you to learn how to enroll online via Availity. To register for a session, select your preferred date and time below:

- May 11, 2021 - 10 a.m. to 11 a.m.
- May 18, 2021 - 10 a.m. to 11 a.m.
- May 25, 2021 - 10 a.m. to 11 a.m.
- June 1, 2021 - 10 a.m. to 11 a.m.
- June 8, 2021 - 10 a.m. to 11 a.m.
- June 15, 2021 - 10 a.m. to 11 a.m.
- June 22, 2021 - 10 a.m. to 11 a.m.
- June 29, 2021 - 10 a.m. to 11 a.m.

If these dates and times are not convenient for your office, you may contact Electronic Commerce Services for training.

Already enrolled for 835 EFT and ERA delivery from BCBSMT?

- You do not need to enroll again.
- Availity's Transaction Enrollment tool should also be used to change and/or cancel your existing EFT or ERA delivery.

Refer to the EFT and ERA Enrollment User Guide for online enrollment assistance, which is located on the Claim Payment and Remittance page of our Provider website.

If your provider organization feels they should be exempt from the online enrollment process, email our Electronic Commerce Services.

Telemedicine 2021

In response to the COVID-19 pandemic, BCBSMT expanded access to telemedicine services to give our members greater access to care. The experience confirmed the importance of telemedicine in health care delivery. Members can access their medically necessary, covered benefits through providers who deliver services through telemedicine. Many of our members also have access to various telemedicine vendors, such as MDLIVE.

What's covered?

Coverage is **based on the terms of the member's benefit plan** and applicable law. As of Jan. 1, 2021, for our state regulated **fully insured HMO** and **PPO** members and our **self-funded employer group** members, we cover telemedicine codes consistent with the **permanent** code lists from:

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

By, permanent, we mean those codes that are not temporarily available for the duration of the public health emergency (PHE) declared by the Secretary of the Department of Health and Human Services (HHS) or the year of the PHE.

CMS and AMA periodically update their lists. **We will follow their updates**.

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

- Audiology
  - 92601
  - 92602
  - 92603
  - 92604
- Physical therapy
  - 97110
  - 97112
- Q3014 and additional codes required for Healthy Montana Kids only

Intensive Outpatient Program (IOP) - IOP services are not a Medicare covered benefit. However, IOP services are important for our members and can effectively be delivered by telemedicine. Therefore, **we will cover IOP services** delivered by telemedicine.

We will **not cover** the following codes:

- Codes that are not on the telemedicine code list provided by CMS or the AMA except for IOP services and those required by state statute
- CMS codes that are temporary for the PHE
- CMS Codes that are active for the year of the PHE only
- AMA codes listed as Private Payer

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

We **recommend** the following:

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

Eligible members

Providers can use telemedicine for members with the following types of benefit plans. Care must be consistent with the terms of the member's benefit plan.

- State-regulated fully insured HMO and PPO plans
- Blue Cross Medicare Advantage (excluding Part D) and Medicare Supplement (see Medicare info below)
- Self-funded employer group plans
- Healthy Montana Kids

We will continue to follow applicable state and federal requirements.

Submitting claims

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The provider submitting the claim is responsible for accurately coding the service performed. Submit claims for medically necessary services delivered via telemedicine **with the appropriate modifiers (95, GT, GQ, G0) and Place of Service (POS) 02**.

Acceptable modifiers:

- 95 – synchronous telemedicine (two-way live audio visual)
- GT – interactive audio and video telecommunication
- GQ –asynchronous
- G0 – telemedicine services for diagnosis, evaluation, or treatment of symptoms of an acute stroke; G0 must be billed with one of the approved telemedicine modifier (GT, GQ or 95)

Member cost share

As of Jan. 1, 2021, **copays, deductibles and coinsurance apply** to telemedicine visits for most members. The cost share varies according to the member's benefit plans. **Check eligibility and benefits** for each member for details.

Our self-funded employer group customers make decisions for their employee benefit plans and may choose to waive telemedicine cost share. Check eligibility and benefits for any variations in member benefit plans.

What's covered for Medicare Advantage and Medicare Supplement members

CMS identifies covered services for Medicare members. This means we will cover all the CMS telemedicine codes, including those available only during the PHE for Medicare Advantage and Medicare Supplement members.

For the duration of the PHE, we are waiving cost share for our Medicare Advantage members. This means these members will **not** owe any **copays, deductibles or coinsurance** for telemedicine visits. The cost share waiver does not apply to Medicare Supplement members.

Healthy Montana Kids

We will follow the applicable state and federal guidelines for Healthy Montana Kids members.

Referrals and prior authorizations

Some telemedicine care will require **referrals** and **prior authorizations** in accordance with the member's benefit plan. **Check eligibility and benefits** for each member for details.

Delivery methods

Available telemedicine visits with providers include:

- 2-way, live interactive telephone communication (audio only) and digital video consultations
- Asynchronous telecommunication via image and video not provided in real-time (a service is recorded as video or captured as an image; the provider evaluates it later)
- Other methods allowed by state and federal laws

Delivery methods for Medicare members

Providers should use an interactive audio and video telecommunications system that permits real-time interactive communication to conduct telemedicine services. CMS permits audio only in limited circumstances. See the CMS website for designated audio-only codes.

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

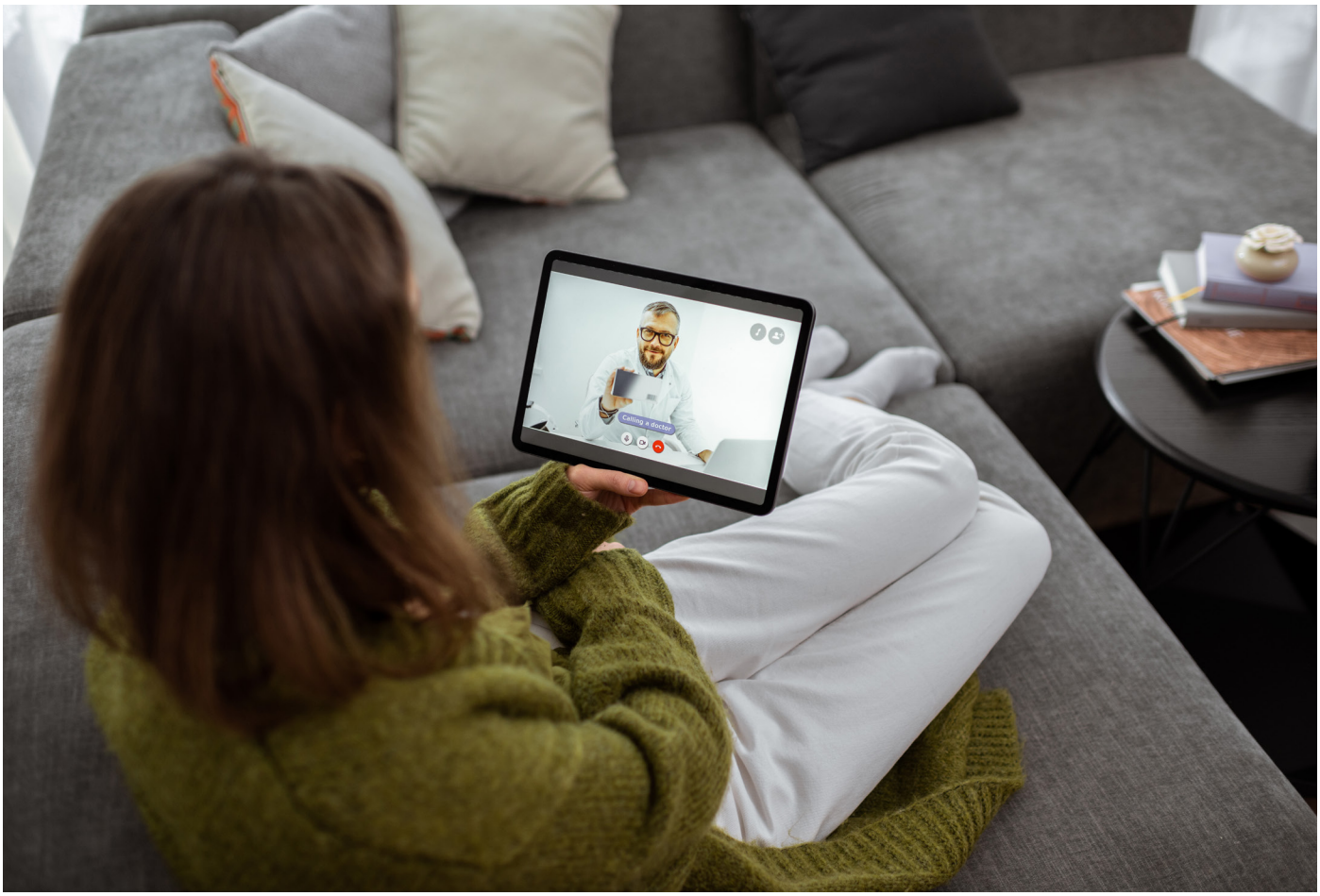
Telemedicine Vendors

For state-regulated fully insured members, providers are not required to use a vendor for telemedicine services. For self-funded members, providers may be required to use specific vendors as outlined in the member's benefit plan.

Member benefit and eligibility assistance

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

- Verify general coverage by submitting an electronic 270 transaction through Availity® or your preferred vendor.
- Connect with a Customer Advocate to check eligibility and telemedicine benefits by calling our Provider Customer Service Center at **1-800-451-0287**.
- For Medicare Advantage members, call Blue Cross Medicare Advantage Network Management at **972-766-7100**.



Telemedicine Expansion for 2021

In support of our members and employer groups during the ongoing national public health emergency (PHE), and in line with the new administration's information that we expect the PHE to continue for the duration of 2021, we are **expanding the telemedicine services we'll cover through the end of 2021**. This means that we are no longer limiting coverage of telemedicine services to the Centers for Medicare and Medicaid Services (CMS) and American Medical Association (AMA) permanent lists.

Instead, during 2021, **we will cover telemedicine services beyond the CMS and AMA** telemedicine lists. This includes, but is not limited to:

- Applied behavior analysis (ABA) services
- Intensive outpatient program (IOP) services
- Partial hospitalization programs (PHP)
- Physical therapy (PT)
- Occupational therapy (OT)
- Speech therapy (ST)

The details: The change will be **retroactive to Jan. 1, 2021**. It applies to our **fully insured** and **self-funded group members**. Self-funded groups may opt out of the expanded coverage. Always check eligibility and benefits to determine each member's options. Member **cost-share will still apply**.

Claims from Jan. 1, 2021 to now: We are working as quickly as possible to process new claims according to the expanded coverage and to adjudicate telemedicine claims that may have been denied since Jan. 1, 2021.

The CAHPS Survey: We All Play a Role

Every year, the Centers for Medicare & Medicaid Services (CMS) sends our members the Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. This survey collects information about members' experiences with Medicare Advantage (MA) and/or their prescription drug plan (PDP).

The survey measures important aspects of members' health care experiences that cannot be assessed by other means. This includes how our members interact with you.

Please encourage your patients to respond to the CAHPS survey if they are selected to participate.

Who gets the CAHPS survey?

CMS sends the survey to a random sample of members who are:

- Enrolled in an MA or PDP plan for at least six months
- 18+ years of age

When do members receive the CAHPS survey?

The CAHPS survey is conducted from March through June. Members are asked to rate their last six months of care.

How are CAHPS results used?

CAHPS results affect CMS' Star Ratings. Star Ratings rank MA plans on a scale from one to five stars and are posted on CMS' Medicare website. We strive to achieve the highest possible Star rating for our MA plans.

How You Can Help Improve Member Experiences Year-Round

Provide needed care quickly and coordinate care with specialists

- Leave openings for sick visits and urgent appointments
- Discuss how to access telehealth services and after-hours care
- Follow up with members' specialists to ensure continuity of care

Communicate clearly

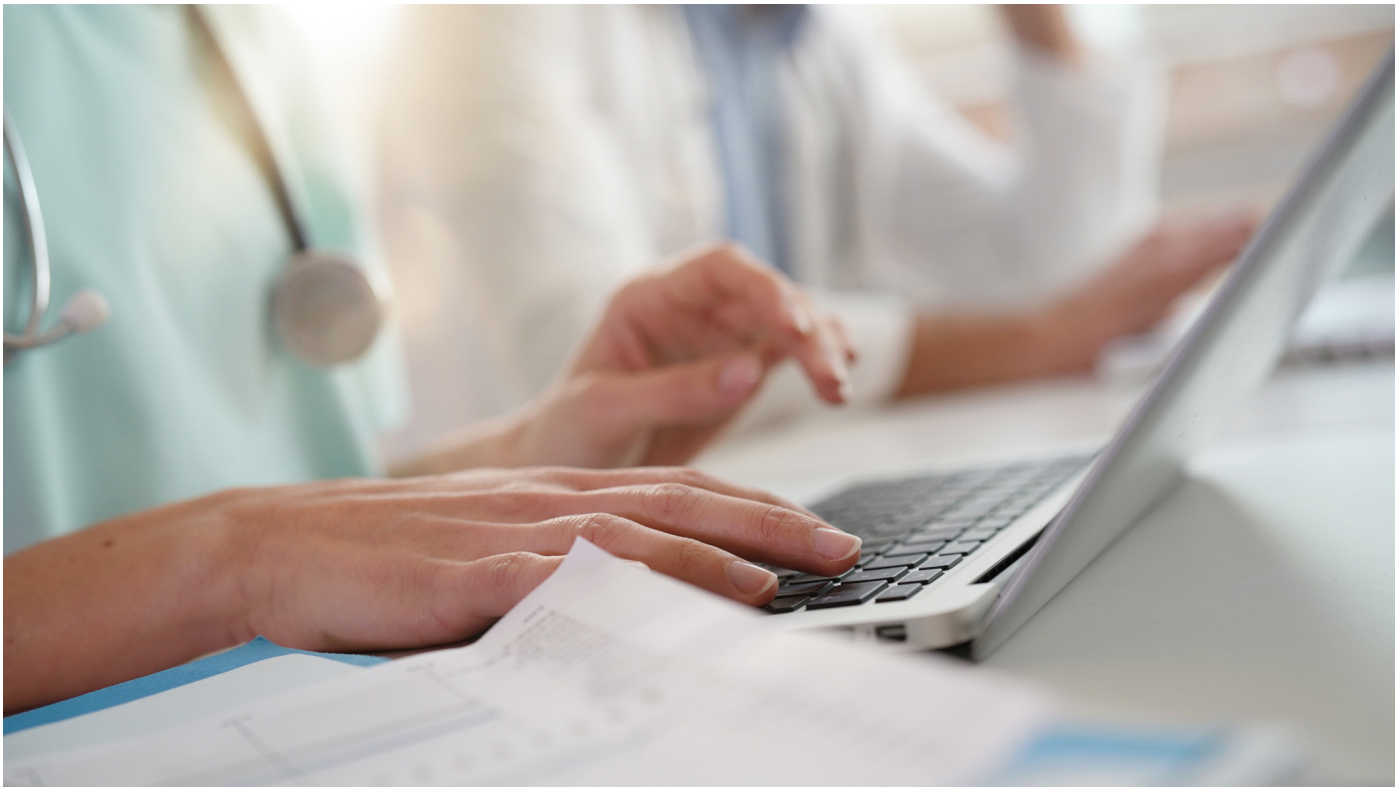
- Ask members about their top health concerns
- Keep conversations clear and simple
- Follow up after urgent or emergency care

Keep members healthy

- Recommend and/or administer the flu shot during flu season
- Educate members on preventive services, chronic conditions and ongoing care
- Let members know whether you offer telehealth services that allow them to access care from home
- Discuss the COVID-19 vaccine
- Screen members for risk factors, like tobacco use, and recommend appropriate lifestyle changes
- Complete and document any health assessments
- Identify and follow up with members who haven't visited in the past year

Learn more about the CAHPS survey on the CMS website.

This information is for informational purposes only and is not a substitute for the sound medical judgment of a provider. Members are encouraged to talk to their provider if they have any questions or concerns regarding their health.



Remember to Complete a Required CAQH Profile When Onboarding New Providers to the Network

We are updating the Join Our Network onboarding process beginning Feb. 1, 2021 to improve the processing time for contracting and credentialing new providers.

We have always required a current and complete credentialing application through CAQH to begin the credentialing portion of onboarding. We are now conducting a parallel review of contracting and credentialing to help onboard providers into our network more quickly. **It is important that you ensure the CAQH is completed and up to date within the 45-day period or the application will be withdrawn, and you will have to start the process from the beginning.**

What is changing

A missing, incomplete or outdated CAQH profile, or failure to release the profile to BCBSMT, will result in the discontinuation of the onboarding process if not completed or released within 45 days. If your request is discontinued for this reason, you will be required to re-start the Join Our Network onboarding process.

More information is available on the Network Participation section of our provider website:

- CAQH FAQ
- Easy Steps to Join the BCBSMT Network

What is CAQH?

The Council for Affordable Quality Healthcare, Inc. (CAQH) collects the data required for our credentialing and recredentialing process. CAQH uses an electronic database, entitled ProView, to collect the data. This online credentialing application process supports our administrative simplification and paper reduction efforts. This solution also supports quality initiatives and helps to ensure the accuracy and integrity of our provider database.

CPT Category II Codes Can Help Close Care Gaps

Using the proper **Current Procedural Terminology (CPT®) Category II codes** when filing claims can help streamline your administrative processes and ensure gaps in care are closed.

Why it matters

CPT II codes are tracked for certain performance measures, including Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the National Committee for Quality Assurance (NCQA). We use these measures to monitor and improve the quality of care our members receive.

How CPT II Codes Can Help

CPT II codes are more specific than CPT I codes. When submitted for services performed during office, lab or facility visits, CPT II codes can help:

- Provide more accurate medical data and decrease requests for members' records for review
- Identify and close gaps in care more accurately and quickly; this drives HEDIS measures and quality improvement initiatives
- Track member screenings to help you monitor care and avoid sending unnecessary reminders

How to Submit CPT II Codes

CPT II codes may be submitted on claims with other applicable codes. Category II CPT codes are reviewed and revised annually by the CPT/Health Care Professional Advisory Committee with input from NCQA for the HEDIS measures. See our Claims and Eligibility webpage for claims filing tips.

Here are examples of 2021 measurement year HEDIS measures and applicable codes.

CPT II Coding Quick Reference

HEDIS Measure	Description	Applicable Codes
Controlling High Blood Pressure (CBP)	Members ages 18-85 with a diagnosis of hypertension (HTN) and BP adequately controlled at 139/89 mmHg or less during the measurement year A diagnosis of Essential Hypertension should be documented in the medical record. Last blood pressure reading in 2021	**Hypertension Diagnosis** **ICD-10-CM**: I10, I11.9, I12.9, I13.10 (Essential Hypertension) **CPT II**: 3074F (systolic <130 mmHg) 3075F (systolic =130-139 mmHg) 3077F (systolic >140 mmHg) 3078F (diastolic <80 mmHg) 3079F (diastolic =80-89 mmHg) 3080F (diastolic > 90 mmHg)
Comprehensive Diabetes Care (CDC)	Members ages 18-75 diagnosed with diabetes who have documentation in their medical record indicating the date and result of a Hemoglobin A1c test in the measurement year Last A1c result in 2021	**HbA1c level less than 7.0** **ICD-10-CM**: E10.10-E13.9, O24.011-O24.33, O24.811-O24.83 **CPT II**: 3044F **HbA1c level Between 7.0–7.9** **ICD-10-CM**: E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83 **CPT II**: 3051F
Prenatal and Postpartum Care (PPC)	Pregnant members who delivered live births on or between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year and received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the health plan.	**Prenatal Visits** **ICD-10-CM**: Use appropriate code from "O" family; Z03.71-Z03.75, Z03.79, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36 **CPT II**: 0500F, 0501F, 0502F

Delivering Quality Care: Caring for The Colon

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

Colorectal cancer is the third most common cancer in the U.S., and the third leading cause of cancer deaths. Nearly one-third of adults ages 50 to 75 don't get recommended colorectal screenings, according to the Centers for Disease Control and Prevention (CDC). Discuss the importance of colorectal cancer screenings with your patients and encourage them to ask questions about colon health and cancer prevention.

Why is colorectal cancer screening important?

Colon cancer usually has no symptoms in its early stage. Screening before symptoms present themselves can catch the disease when treatment is most effective. The five-year survival rate for treatment of the earliest stage of colorectal cancer is about 90%.

Closing care gaps

Colorectal cancer screening is a Health Effectiveness Data Information Set (HEDIS®) measure developed by the National Committee for Quality Assurance (NCQA). The NCQA recommends screening adults ages 50 to 75 with any of the following tests:

- Annual fecal occult blood test (FOBT)
- Stool DNA (FIT-DNA or Cologuard®) every three years
- Flexible sigmoidoscopy every five years
- Computed tomography (CT) colonography every five years
- Colonoscopy every 10 years

View our preventive care guidelines on colorectal cancer screenings.

Best practices

- In your patients' records, document the date a colorectal cancer screening is performed or include the pathology report indicating the type and date of screening.
- Discuss with patients why it's important to return for follow-up visits.
- Reach out to patients who cancel appointments and help them reschedule as soon as possible.
- Use the proper codes when filing claims. Proper coding can help identify gaps in care, provide accurate data and streamline your administrative processes.

Checking eligibility and benefits

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

Delivering Quality Care: Cervical Cancer Screening May Save a Life

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

Cervical cancer was once one of the most common causes of cancer deaths for women in the U.S. It is now the most preventable gynecological cancer, and the only one with both screening tests and a vaccine. Encourage our members to talk with you about having human papillomavirus (HPV) or Pap tests to screen for cervical cancer.

Why is cervical cancer screening important?

Cervical cancer is a slow-growing cancer that usually starts without symptoms. It is mainly caused by HPV. Regular screenings can detect cancer early, even before symptoms start. When cervical cancer is detected at an early stage, the five-year survival rate is over 90%. Learn more from the Centers for Disease Control and Prevention (CDC).

Closing care gaps

The U.S. Preventive Services Task Force recommends screening all women starting at age 21. Cervical cancer screening is a Health Effectiveness Data Information Set (HEDIS®) measure developed by the National Committee for Quality Assurance (NCQA). The NCQA uses the following criteria for screenings:

- Women ages 21 to 64 who had cervical cytology performed within the last 3 years
- Women ages 30 to 64 who had either:
  - cervical high-risk human papillomavirus (hrHPV) testing within the last 5 years or
  - cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years

View our preventive care guidelines on cervical cancer screenings.

Best practices

Share member-friendly resources, and talk with members about risk reduction and prevention such as:

- Having regular screenings starting at age 21
- Considering the HPV vaccine through age 45
- Limiting sexual partners
- Using condoms during sex
- Stopping smoking

Best practices also include using the proper codes when filing claims. Proper coding can help identify gaps in care, provide accurate data and streamline your administrative processes.

Documentation and Coding Guidance: Atrial Fibrillation

High quality documentation and complete, accurate coding can help capture our members' health status and promote continuity of care. Below are resources for documenting and coding atrial fibrillation (AF). This information is from the ICD-10-CM Official Guidelines for Coding and Reporting and the sources listed below*.

Codes for AF Types

According to ICD-10-CM guidelines, these four unique codes describe the types of AF:

- **Persistent AF (I48.11)** describes AF that does not terminate within seven days, or that requires repeat pharmacological or electrical cardioversion.
- **Permanent AF (I48.21)** is persistent or longstanding persistent AF where cardioversion cannot or will not be performed, or is not indicated.
- **Chronic AF, unspecified (I48.20)** may refer to any persistent, longstanding persistent or permanent AF.
- **Chronic persistent AF** has no widely accepted clinical definition or meaning. Code **I48.19,Other persistent** atrial fibrillation, should be assigned.

ICD-10-CM AF Codes	
Paroxysmal Atrial Fibrillation	I48.0
Persistent Atrial Fibrillation	I48.1x
Chronic Atrial Fibrillation	I48.2x
Typical Atrial Flutter	I48.3
Atypical Atrial Flutter	I48.4
Unspecified Atrial Fibrillation	I48.91
Unspecified Atrial Flutter	I48.92

Active AF vs. "History of" AF

- In coding, "history of" indicates a condition is no longer active.
- Document in the note any current associated physical exam findings (such as irregular heart rhythm or increased heart rate) and related diagnostic testing results.
- Only one code may be assigned for a specific type of AF. The type of AF(paroxysmal, persistent, permanent or history of) should be documented consistently throughout the note to avoid unspecified codes that don't fully define the member's condition.

Best Practices

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

*For more details, see:

- 2021 ICD-10-CM (Chapter 9: Diseases of the Circulatory System)
- AHA Coding Clinic, Q2, Q4 2019
- Centers for Medicare & Medicaid Services Risk Adjustment Data Validation (RADV) Medical Record Checklist and Guidance
- BCBSMT Medicare Advantage Annual Wellness Visit Guide

Questions? Contact BCBSMT Network Management.

Documentation and Coding Guidance: Diabetes Mellitus

High quality documentation and complete, accurate coding can help capture our members' health status and promote continuity of care. Below are resources for documenting and coding diabetes mellitus (DM). This information is from the ICD-10-CM Official Guidelines for Coding and Reporting and the sources listed below*.

Codes for DM Types

DM types are divided into five categories:

- **E08** DM due to underlying condition
- **E09** Drug or chemical induced DM
- **E10** Type 1 DM
- **E11** Type 2 DM
- **E13** Other specified DM

Sample ICD-10-CM DM Codes	
Type 1 DM without complications	E10.9
Type 2 DM without complications	E11.9
Type 1 DM with diabetic chronic kidney disease (CKD) • Use additional code to identify CKD stage (N18.1-N18.6)	E10.22
Type 2 DM with CKD • Use additional code to identify CKD stage (N18.1-N18.6)	E11.22

ICD-10-CM requires **documentation to specify DM with hyper- or hypoglycemia**, instead of controlled or uncontrolled. Without this documentation, **DM unspecified** will be coded.

Specificity Matters

These categories are further divided into subcategories of four, five or six characters. They include the DM type, the body system affected and the complications affecting that body system.

Best Practices

- Include patient demographics, such as name and date of birth, and date of service in all progress notes.
- Document legibly, clearly and concisely.
- Ensure documents are signed and dated by a credentialed provider.
- Document each diagnosis as having been monitored, evaluated, assessed and/or treated on the date of service.
- Note complications with an appropriate treatment plan.
- Assign as many codes as needed to describe all disease complications. This includes combination codes (such as E11.621 Type 2 DM with foot ulcer) and additional codes (such as CKD stage and ulcer site).
- Assign codes appropriate for the patient's condition.
- Take advantage of the Annual Health Assessment (AHA) or other yearly preventative exam to capture all conditions impacting member care.

*For more details, see:

- 2020 ICD-10-CM Official Guidelines for Coding and Reporting, Chapter 4: Endocrine, Nutritional and Metabolic Diseases (E08-E13)
- Centers for Medicare & Medicaid Services Risk Adjustment Data Validation (RADV) Medical Record Checklist and Guidance
- BCBSMT Medicare Advantage Annual Wellness Visit Guide

Questions? Contact BCBSMT Network Management.

Documentation and Coding Guidance: Major Depressive Disorder

Depression is the most common mental disorder. It carries a high cost in terms of relationship problems, family suffering and lost work productivity, according to the American Psychiatry Association. Accurately and completely documenting and coding Major Depressive Disorder (MDD) can **help our members access needed resources**. Below is information from the ICD-10-CM Official Guidelines for Coding and Reporting.

Coding for MDD

When coding and documenting for MDD, **it's critical to capture the episode and severity** with the most accurate diagnosis codes.

Documentation should include:

- **Episode:** single or recurrent
- **Severity:** mild, moderate, severe without psychotic features or severe with psychotic features
- **Clinical status of the current episode:** in partial or full remission

The fourth and fifth characters in the ICD-10-CM codes capture the severity and clinical status of the episode.

F32.9 MDD, single episode, unspecified, is equivalent to Depression Not Otherwise Specified (NOS), Depressive Disorder NOS and Major Depression NOS. This code should rarely be used and only when nothing else, such as the severity or episode, is known about the disorder.

Best Practices

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

For more details, see:

- ICD-10-CM Official Guidelines for Coding and Reporting (Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01-F99)

ISample ICD-10-CM Codes for Single MDD Episode	
F32.0	Single episode, mild
F32.1	Single episode, moderate
F32.2	Single episode, severe without psychotic features
F32.3	Single episode, severe with psychotic feature
F32.4	Single episode, in partial remission
F32.5	Single episode, in full remission
F32.8x	Other depressive disorders
F32.9	Single episode, unspecified

ISample ICD-10-CM Codes for Recurrent MDD Episodes	
F33.0	Recurrent, mild
F33.1	Recurrent, moderate
F33.2	Recurrent, severe without psychotic features
F33.3	Recurrent, severe with psychotic symptoms
F33.4x	Recurrent, in remission
F33.8	Other recurrent depressive disorders
F33.9	Recurrent, unspecified
F32.9	Single episode, unspecified

Health Care Quality: Blood Pressure Control - Speaking Out About The 'Silent Killer'

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

High blood pressure, or hypertension, is known as a "silent killer" because it usually has no warning signs. Nearly half of adults in the U.S. have hypertension, according to the Centers for Disease Control and Prevention (CDC), and only about 1 in 4 of them have the condition under control. Encourage our members to talk with you about their blood pressure and heart health.

Why Is Blood Pressure Control Important?

Controlling high blood pressure can prevent heart disease and stroke, which are among the leading causes of death in the U.S. According to the American Heart Association, blood pressure control can also reduce the risk of kidney disease, vision loss, peripheral artery disease and sexual dysfunction.

Closing Care Gaps

Controlling high blood pressure is a Health Effectiveness Data Information Set (HEDIS®) measure developed by the National Committee for Quality Assurance (NCQA). The NCQA recommends controlling both the systolic blood pressure (SBP) and diastolic blood pressure (DBP) in adults as follows:

- SBP < 140 mmHg
- DBP < 90 mmHg

View our clinical practice guidelines on hypertension here.

Best Practices

- Best practices include talking with members about:
- Taking medications as prescribed
- Smoking cessation
- Increased physical activity
- Maintaining a healthy weight
- Limiting alcohol intake
- Eating a low-sodium diet
- Returning for follow-up visits. Reach out to members who cancel or miss appointments and assist them with rescheduling as soon as possible.

Best practices also include using the proper codes when filing claims. Proper coding can help identify gaps in care, provide accurate data and streamline your administrative processes.

The above 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 certificate of coverage 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.

Healthy Montana Kids Adopts Bright Futures Screening Tools

The Healthy Montana Kids program has adopted the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care and wants to remind providers of the importance and availability of these screening tools.

What is it?

Bright Futures is a set of principles, strategies, and tools that are theory based, evidence driven, and systems oriented that can be used to improve the health and well-being of all children through culturally appropriate interventions that address their current and emerging health promotion needs at the family, clinical practice, community, health system, and policy levels.

How are the screenings used?

At selected visits, Bright Futures recommends universal screening for issues such as child development, maternal or adolescent depression, substance use, or oral health. These screens, provided at specific periods throughout a child's growth, help identify and take care of health problems early in a child's growth. Each screen includes a comprehensive health and developmental history; a comprehensive, unclothed physical exam; age-appropriate immunizations and laboratory tests (including blood lead levels); and health education.

Where can I find more information?

Learn more at https://brightfutures.aap.org. Click on the Clinical Practice Tab and choose the Get to Know the Bright Futures Guidelines and Core Tools option. The following PDF provides a list of links to tools for use at specific Bright Futures visits as well as screening and assessment tools for use at the discretion of the health care professional. Healthcare, diagnostic services, treatments, and other measures that would correct or improve defects or physical or mental illnesses or conditions are available based on medical necessity.

For billing guidance, you may visit the following website, https://www.aap.org/en-us/Documents/coding_preventive_care.pdf, or contact Blue Cross Blue Shield of Montana at **855-258-3489**.

New Applied Behavior Analysis (ABA) Service Request Forms

As of March 2021, we've updated our ABA service request forms to streamline data required for review.

To request services:

- Download and fill out the appropriate form:
  - Initial Assessment Request
  - Clinical Service Request for initial and concurrent treatment requests
- Be sure to include the contact information and signature of the **rendering Qualified Healthcare Provider (QHP)** who is providing treatment.
- Fax the completed form to **855-649-9681** **at least two weeks before the requested start date**.

If we don't receive the form within 30 days of the start date, you will need to submit claims through your normal process.

Questions? Call us at **855-313-8909**.

Find other forms under Education and Reference.

Overpayment Recovery for Multiple Surgical Procedures

On **June 1, 2021**, BCBSMT will begin additional reviews of claims after payment to make sure they adhere to our reimbursement policy for multiple surgical procedures.

Key Point: Our payment policy states that when multiple procedures are performed by the same physician or physician group on the same patient in the same operative session, only the **primary procedure** will **pay 100%** of the allowed amount. **Secondary or subsequent procedures will pay at 50%**.

If you submit claims with multiple billable units of the **same procedure**, for the **same member**, on the **same date of servic**e, at the **same location**, you may be paid 100% for each procedure, despite our current payment policy. However, claims with dates of service on and after **June 1, 2021**, will be processed consistent with our payment policy. Some procedures may be exempt from this policy and pay 100% of the allowed amount.

What this means: If we overpay you, we'll **recoup** the amount overpaid against future claims. This could also **impact member cost-share**, so you may need to reimburse members.

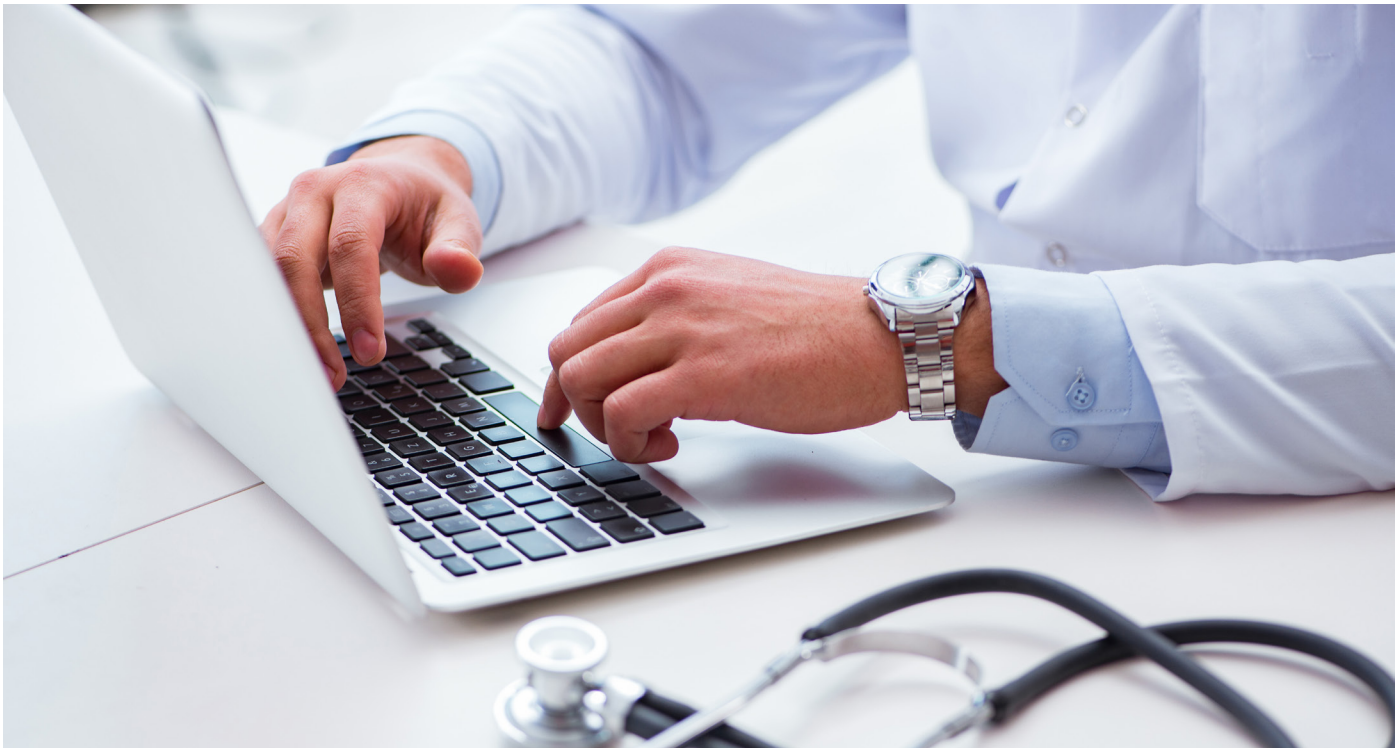
Multiple Surgical Procedure Guidelines

- **Primary procedure:** The surgical procedure with the **highest allowed amount** is the primary procedure. If two procedures have the same allowed amount, **only one** will be considered primary. Other procedures are secondary or subsequent. The primary procedure will be reimbursed 100% of the allowed amount.
- **Secondary procedures:** Secondary procedures will be **reimbursed 50%** of the allowed amount.
- **Bilateral procedures:** If the surgical procedure for either side is the highest allowed amount, then one procedure will pay at 100% and the second at 50%, all other secondary procedures will also be reimbursed at 50%. If at least one other surgical procedure is the highest allowed amount, then the bilateral procedure (both sides combined) will be reimbursed at 75% and all other secondary procedures will be reimbursed at 50%.

Exclusions: Claims for members with the following benefit plans are excluded from this policy:

- BCBSMT is the secondary payer
- Medicare Supplement
- Medicaid

More information: If you have any questions, please call the number on the back of the member's ID card or contact your BCBSMT Provider Network Representative.



Provider Satisfaction Survey 2021

Building a strong network of providers and working with you to serve our members is important to us. To support this effort we survey a random sample of providers each year. The **Provider Satisfaction Survey** measures your satisfaction with BCBSMT and identifies areas where we can improve.

How it works:

SPH Analytics (SPH) will administer this year's survey between **May and August**. If selected to participate, **SPH will contact you via email, mail and phone**.

- SPH will send out **email survey invitations** to selected providers with email addresses. These invitations will be followed by a **printed survey**.
- The survey will also be available online at the web address provided on the mailed survey.
- If no response from email or mail, SPH will reach out by phone.
- The physician, nurse, office manager or other qualifying staff may complete the survey.

We look forward to your feedback.

Select Medication List to be Updated June 1, 2021

The viscosupplement products on the Select Medication List will be updated effective June 1, 2021.

Euflexxa® will be removed from the Select Medication List and be replaced by Orthovisc®. Synvisc-One® will remain on the list.

Please note reimbursement may change to reflect these product changes.

The current Select Medication List can be found on the Specialty Pharmacy section of our Provider website.

COVID-19 Reported as the Third-leading Cause of Death Last Year

The Department of Public Health and Human Services (DPHHS) issued a new report today stating the death rate among Montana residents increased by 14% in 2020 compared with the previous 5-year average.

State health officials point to COVID-19 pandemic as the main reason for the increase.

The new report is available here.

"The COVID-19 pandemic has had a profound impact on the health and daily lives of Montanans," said DPHHS Director Adam Meier. "Our hearts go out to all those who have lost a loved one over the past year as we approach the anniversary of the state's first COVID-19 related death. This report illustrates how this has impacted Montanans all across the state."

Meier stressed that as the state moves through the vaccine allocation process, Governor Gianforte has been focused on preventing more hospitalizations and deaths by prioritizing the state's COVID-19 vaccine allocation plan to protect those most vulnerable.

Nearly 75% of COVID-19 deaths in Montana are those age 70 and older and nearly 70% of COVID-19 deaths had at least one underlying medical condition. Also, Native Americans make up about 7% of Montana's population, but represent 18% of reported COVID-19-related deaths in the state.

COVID-19 was the 3rd leading cause of death in 2020 with 1,104 deaths. The first COVID-19 death in Montana occurred March 26, 2020.

The report notes there were 12,018 deaths reported to DPHHS in 2020 compared to the average of 10,086 deaths from 2015-19.

Provisional data on vital events, such as births and deaths, indicate that 2020 was the first year since records started in 1908 in which the number of deaths exceeded the number of births, including 12,018 deaths and 10,791 births.

Heart disease and cancer were the first and second leading causes of death in 2020 and 2015–2019, accounting for approximately 40% of all deaths. Deaths due to chronic liver disease and homicide were significantly higher in 2020 compared with 2015–2019.

Meanwhile, deaths from chronic lower respiratory disease and influenza and pneumonia were significantly lower in 2020 compared with 2015–2019. The report credits this due to decreased influenza activity in the US and elsewhere in 2020—which coincided with COVID-19 mitigation.

The cause of death recorded on a death certificate is determined by a physician, advanced practice nurse, or coroner and is reported to DPHHS. Information on deaths occurring in a calendar year are usually not finalized until mid-year the following year. Less than 2 percent of death certificates have incomplete information, which may impact the categorization of a small number of deaths.

Montana Public Health Training Center Celebrates First Anniversary

The Montana Public Health Training Center (MPHTC) celebrated its first anniversary in January, having offered 26 trainings to over 400 participants across the state and region. MPHTC continues to strive to become the go-to place for public health and healthcare workforce resources, trainings, and opportunities. The Center has expanded its offerings to help ease the stresses of COVID-19, launching a full wellness program that includes meditation sessions and health coaching. What else can MPHTC do for you?

- Personalized trainings created to meet your particular needs
- E-learning consultations and assistance
- Workforce assessments
- Evaluation services
- Workforce development plans
- Trainings that offer Continuing Education Credits/Units

MPHTC's services keep expanding to evolve with the quickly changing landscape of public health in Montana. MPHTC is excited to work with you on all your workforce development projects. Please reach out!

Website: https://health.umt.edu/mphtc/

Email: emily1.weiler@umontana.edu

Focused Updates to the Guidelines for the Diagnosis and Management of Asthma

The Montana Asthma Control Program (MACP) is pleased to announce that the National Asthma Education and Prevention Program (NAEPP) and the National Heart, Lung, and Blood Institute recently released focused updates to the Guidelines for the Diagnosis and Management of Asthma, now titled, Expert Panel Report-4 (EPR-4).

The EPR-4 guidelines serve as the gold standard of clinical care in the United States for people with asthma. The report includes guidance on diagnosing asthma, pharmaceutical therapy, how to reduce triggers and much more. The guideline updates focus on six topics for clinical management of individuals aged 12 years and older with asthma: new approaches to inhaled corticosteroid (ICS) use, add-on long-acting muscarinic antagonists, indoor allergen mitigation strategies, immunotherapy for allergic asthma, use of fractional exhaled nitric oxide and bronchial thermoplasty surgery. The recommendations vary by age and disease severity.

The MACP has been committed to addressing asthma comprehensively in Montana since 2007 and is responsible for Montana's asthma surveillance system, as well as creating and assisting in statewide asthma interventions. Funding to support clinical quality improvement projects is available for clinics and emergency departments interested in proving better care for their patients with asthma.

Contact Jennifer.VanSyckle@mt.gov for more information or to fill out an application.

2020 MONTANA

CORPORATE SOCIAL RESPONSIBILITY REPORT HIGHLIGHTS

COMMUNITY ENGAGEMENT

4,058
employee volunteer hours

$110,398
cash equivalent of 2020 Volunteer Hours

99
nonprofits served

$34,025
Matching Dollars awarded to 26 community partners for direct volunteer hours

**One hour of volunteering has a $27.20 cash equivalent, as calculated by Independent Sector from data provided by the U.S. Bureau of Labor Statistics (2020)

COVID-19 COMMUNITY COLLABORATION FUND

Blue Cross and Blue Shield of Montana distributed $1 million to support community action and health care access across the state. This includes delivering $400,000 to organizations that provide community-based social services, $300,000 to groups that bolster health care providers and access to care, $100,000 to organizations that address food insecurity, $100,000 to non-profits that support child care, and $100,000 to the Montana Area Agencies on Aging.

A $200,000 grant to the Montana Medical Association enabled providers to cover payroll expenses during the shutdown of their offices. In addition, it supported providers in buying PPE, hand sanitizer, UV lights, air purifiers and other cleaning supplies and assisted with establishing telemedicine rooms and advertising for telemedicine services.

GOVERNOR'S CUP

The annual Governor's Cup presented by BCBSMT was canceled because of the pandemic. But nearly 500 runners participated in the Governor's Cup 12 Days of Christmas Virtual 5K, raising more than $12,000 for the Caring Foundation of Montana®. The Caring Foundation supports the Care Van® program.

Healthy Kids, Healthy Families Grant Application Window Open Through May 31

The Healthy Kids, Healthy Families (HKHF) initiative is a centerpiece of BCBSMT's charitable giving, and the 2020 grant application process is open through May 31. Entering its eighth year, the HKHF initiative has already contributed more than $1.2 million to programs benefiting the state's youth and families.

BCBSMT will again award four $50,000 grants — one in each of the following Montana regions: western, north central, south central, and eastern — to nonprofit organizations that offer sustainable, measurable programs to reach children and their families in one or more of these five focus areas:

- Nutrition
- Physical activity
- Disease prevention and management
- Substance abuse prevention
- Mental health and suicide prevention

"We care deeply about the future of Montana, and to ensure a strong future, we recognize the important role we can play by supporting the organizations engaged in efforts to support children and their families," said John Doran, vice president of external affairs at BCBSMT. "Through this program and many others at BCBSMT, we can make a real difference in the health and well-being of Montana children."

In addition to aligning with one or more of the five areas of focus, the following criteria are required for all HKHF grant proposals:

- The organization must hold a 501(c)(3) tax status
- The grant must primarily target individuals in Montana
- The program must be measurable and demonstrate how the goals will be met as defined in the grant proposal
- To learn more about the application progress, or to apply for a grant, visit us online.

For more information or for questions on applications, contact Randi Heigh at **406-437-5304** or via email at Randi_Heigh@bcbsmt.com.

Helping Vaccinate Montana's Homeless Against COVID-19

With Ryan Lehman leading the way, the Caring Foundation of Montana and its Care Van® program have been stopping by parking lots, campgrounds and shelters to offer COVID-19 vaccines to people experiencing homelessness in the Helena area, as well as the region's transient population.

Lehman, outreach coordinator for Helena's Good Samaritan Ministries, goes trailer to trailer and tent to tent with the Care Van team to find his clients and explain the importance getting vaccinated. So far, about 50 people have been inoculated as a result of the partnership, he says.

"This is part of what I do," says Lehman, whose nonprofit organization provides services to low-income residents and families. "People feel comfortable with me, and we were able to meet the needs of some clients. I really appreciate the Care Van team reaching out to help."

In Montana, nearly 1,600 people are experiencing homelessness and at higher risk for COVID-19 infection. They tend to suffer chronic health conditions, including diabetes, heart disease, and HIV, which increase their risks of developing severe illness or dying from COVID-19. Yet, homeless services often are provided in congregate settings like shelters, which could accelerate infection spread.

Blue Cross and Blue Shield of Montana (BCBSMT) is part of a vaccination coordination team that's working to make sure Montanans at highest risk of life-threatening COVID-19 infections have access to the vaccines. Montana is one of just two states that the Centers of Disease Control and Prevention recently recognized for providing equitable vaccine coverage.

More than 29% of all Montanans were fully vaccinated as of April 23, and all residents at least age 16 have become eligible. However, the state still has several areas with high community transmission rates.

The Care Van program, sponsored by BCBSMT, began partnering with the Lewis and Clark County COVID-19 Vaccination Group earlier this year to help inoculate residents. Since 2014, it has provided access to more than 22,000 free or reduced-cost vaccinations. BCBSMT in 2018 launched its nonprofit Caring Foundation of Montana to improve vaccination rates and offer other health services to rural and underserved Montana populations.

Care Van Coordinator Nathan Wellington says the collaboration with Good Samaritan and Lehman to help vaccinate people experiencing homelessness has been a success.

"Ryan (Lehman) has a lot of connections with these populations and our big focus was to provide equal access to vaccines and knock down barriers to access," Wellington says. "Ryan has been invaluable on that front."

Governor's Cup Announces In-Person Plans For 2021

Annual race to add modifications, safety measures to safely host event in Helena in June

Governor's Cup race officials announced today changes to the annual event geared toward being able to safely host runners in person on June 12, 2021. Presented by BCBSMT, race staff has been working with local health officials and BCBSMT leadership to create a plan for a return this year after COVID-19 caused the cancellation of 2020's race weekend.

Changes to this year's Governor's Cup include:

- The following in-person races will be held, with participation caps:
  - **Marathon** – Capped at 375 runners. Start time at 6 a.m. Race caps may be adjusted, and race could be started in two smaller waves, depending on local health department restrictions.
  - **Half Marathon** – Capped at 375 runners. Start time at 7 a.m. Race caps may be adjusted, and race could be started in two smaller waves, depending on local health department restrictions.
  - **5K** – Capped at 1,200 runners. Three waves of 400. Start times at 9:30, 10 and 10:30 a.m.
- The 10K, Marathon Relay, Mile Fun Run, and Kids Marathon Final Mile will not be held in 2021.
- The Kids Marathon training program will not be held in 2021.
- Virtual options remain for 5K, 10K, half marathon and marathon.
- Spectators will be discouraged at the start or finish lines, and there will not be an awards ceremony.
- Runners will be asked to wear masks, and all race officials and volunteers will wear masks. Runners will not need to wear their mask after they start their race. Runners will be asked to put their masks back on when they cross the finish line.
- There will be hand sanitizing stations, changes to the flow of packet pickup and additional safety protocols.

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These modifications were made to provide everyone involved with race weekend, from runners to volunteers, the opportunity to return to running in person in a safe environment.

"First of all, I want to thank Lewis and Clark Public Health and Jefferson County Public Health, as well as all health care workers, for everything they have done and continue doing during the pandemic," said Bryan Haines, Governor's Cup race director. "With more people getting vaccinated, combined with reasonable limitations on the size of the race fields and safety protocols, we feel we are on a path to welcome runners in person this June."

Race officials made the decision to cap the number of runners in the marathon and half marathon, as well as have three waves of the 5K, to limit congestion at the start and finish lines. Additionally, the three 5K waves will cut down on congestion throughout the course during the event's most popular race.

The decision to remove the 10K and marathon relay from this year's event menu was made to avoid overcrowding at several points, including placing runners on buses, the starting and finish lines, and throughout the course. By not holding these races in 2021, it also reduces the number of volunteers and race staff needed, which will potentially limit interactions between people.

The popular Kids Marathon program will not be offered in 2021. Race staff understands the logistics required to host the training sessions in schools across Helena and the surrounding area would be too difficult. By not hosting the Friday night Fun Run, it allows for flexibility if changes need to be made to the race.

"Since we opened registration last November, our goal has been to safely hold an in-person event," Haines said. "There is still work to do by everyone to help get us to the starting line on June 12. This year's race will look a little different, but what will remain the same is the feeling of accomplishment when crossing the finish line."

BCBSMT understands the important role it has in promoting physical and mental health. The race's mission has always been to encourage health and wellness in a family-friendly environment. Not only that, BCBSMT leadership knows that while great progress has been made in fighting the COVID-19 pandemic, now is not the time to completely relax and no longer take safety precautions.

"COVID-19 cases and hospitalizations continue trending downward across the state and in Helena," said Dr. David Lechner, BCBSMT chief medical officer. "Combine that encouraging news with COVID-19 immunization rates increasing not only in Montana, but across the country, and that is allowing for the Governor's Cup to return as an in-person event this year with safety measures in place. It is important, however, that everyone continue doing the things that have helped get us to this point, and that includes wearing masks, washing hands, and staying home when sick."

Governor's Cup officials will continue working with health officials as race weekend gets closer. Although Lewis and Clark Public Health recently lifted all COVID-19 restrictions besides masks, those restrictions may be reinstated if cases increase. Adjustments to race weekend, including the potential of moving races from in-person to virtual, may still need to occur depending on the COVID-19 pandemic.

For more information on the Governor's Cup, including registration and COVID-19 updates, please go to govcupmt.com.

Kali Wicks Named Volunteer of the Year for Efforts to Strengthen Community

Kali Wicks said her parents raised her with a strong background in public service, so it's no wonder why BCBSMT's 2020 Volunteer of the Year is deeply involved in her community.

"Both of my parents were very, very committed to that, and I learned very early that your community is only as good as the people in it," Wicks said after being surprised with the honor. "Because of that, if you want a strong community, whether that be your workplace or your city or town, we all have to contribute to make that happen.

"... One thing I have always felt is true about volunteering is that you're always going to feel better coming out of it than you are going into it. It is going to give you that sense of purpose and fulfillment we all need as people."

Wicks contributed more than 100 hours of service to a variety of nonprofits and educational organizations in the Helena community. She continually inspires her colleagues through her diverse volunteer efforts and tireless efforts in her role as BCBSMT's government relations manager.

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"I love volunteering, I love being a part of things, I love helping organizations," she added. "I think this year with COVID, it's been extremely important for lots of nonprofits to change up their style, be very nimble and work on different mechanisms for fundraising. It's been really challenging, but I do feel that volunteering and all the hours I have put into this has really helped some of these nonprofits continue to thrive and survive through the pandemic."

Wicks works closely with Divisional Vice President of External Affairs John Doran and a variety of teams, including communications, community relations, sales, marketing and provider relations.

"Kali is one of the most hard-working, dedicated people I know," Doran said. "Not only is she committed to representing our business interests at the Capitol, she is also committed to serving her community. She truly embodies the 'service above self' character that defines our purpose."

When she's not at work, Wicks is busy raising her 1-year-old son with her husband, Andrew, and contributing to her community in a variety of ways through advocacy and volunteerism. Especially close to her heart is her contribution as president of the Women's Foundation of Montana.

"They work to bring more equity into Montana for women and girls, particularly financial equity, working with women on how to save, how to spend, how to make a budget, and to create a Montana that has more opportunities for women and girls," Wicks said.

She is also vice president of the Career Training Institute in Helena, is the Montana Chapter vice president of the Health Occupations Students of America organizations (HOSA), serves on the University of Montana MPA Alumni Advisory Committee, and is on the development, nominating and event planning committees of the Helena Symphony. She additionally volunteers with the Women's NEW Leadership program, a bipartisan program at the University of Montana Mansfield center designed to train college-age women as leaders in politics and public service.

Through the first three quarters of 2020, 108 BCBSMT employees have volunteered nearly 2,987 hours of community service to 89 nonprofits, a cash equivalent of $81,240. That's despite fewer available opportunities throughout much of the year as a result of COVID.

"When I first came to Blue Cross and Blue Shield of Montana about seven years ago, one of the things I really loved about the company was the sense of community and how they foster volunteering," Wicks said. "It's not just a line in a book or something that your supervisor tells you. They actually mean it. They are willing to let you go out and volunteer, and really are so supportive of those efforts."

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2021 – Part 1

Drug List Changes

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the Blue Cross and Blue Shield of Montana drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. Changes effective April 1, 2021 are outlined below. **Changes effective April 1, 2021 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, 2021

Non-Preferred Brand[1]	Drug Class/Condition Used for	Generic Preferred Alternative(s)[2]	Preferred Brand Alternative(s)[1,2]
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions			
COPAXONE (glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml)	Relapsing Multiple Sclerosis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SYMFI (efavirenz-lamivudine-tenofovir df tab 600-300-300 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SYMFI LO (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Basic and Multi-Tier Basic Drug List Revisions			
CIPRODEX (ciprofloxacin-dexamethasone otic susp 0.3-0.1%)	Otic Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Balanced, Performance and Performance Select Drug List Revisions			
ISONIAZID (isoniazid tab 100 mg)	Infections	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Balanced, Performance Select Drug List Revisions			
NIZATIDINE (nizatidine cap 300 mg)	Gastroesophageal Reflux Disease (GERD), Ulcers	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Balanced Drug List Revisions			
DAPSONE (dapsone gel 7.5%)	Gastroesophageal Reflux Disease (GERD), Ulcers	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
DEXAMETHASONE 10-DAY DOSE PACK (dexamethasone tab therapy pack 1.5 mg (35))	Inflammatory Conditions	dexamethasone tablet	
DEXAMETHASONE 13-DAY DOSE PACK (dexamethasone tab therapy pack 1.5 mg (51))	Inflammatory Conditions	dexamethasone tablet	

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Non-Preferred Brand[1]	Drug Class/Condition Used for	Generic Preferred Alternative(s)[2]	Preferred Brand Alternative(s)[1,2]
Balanced, Performance and Performance Select Drug List Exclusions			
CIPRODEX (ciprofloxacin-dexamethasone otic susp 0.3-0.1%)	Otic Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
COPAXONE (glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml)	Relapsing Multiple Sclerosis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
EMTRIVA (emtricitabine cap 200 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
JADENU SPRINKLE (deferasirox granules packet 90 mg, 180 mg, 360 mg)	Chronic Iron Overload	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
LAMICTAL ODT (lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit)	Seizures	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SYMFI (efavirenz-lamivudine-tenofovir df tab 600-300-300 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SYMFI LO (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	HIV	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			
CONDYLOX (podofilox gel 0.5%)	Warts	imiquimod 5% cream, podofilox 0.5% solution	
TIMOPTIC-XE (timolol maleate ophth gel forming soln 0.25%, 0.5%)	Glaucoma, Ocular Hypertension	timolol solution	
VEREGEN (sinecatechins oint 15%)	Warts	imiquimod 5% cream, podofilox 0.5% solution	
Performance Select Drug List Exclusions			
butalbital-acetaminophen-caffeine cap 50-300-40 mg	Pain	butalbital-acetaminophen-caffeine 50-325-40 mg tablet	
Performance Drug List Exclusions			
butalbital/acetaminophen/caffeine 50-300-40 mg	Pain	butalbital/ acetaminophen/caffeine 50-325-40 mg tablet	
Balanced and Performance Select Drug List Exclusions			
PROTONIX (pantoprazole sodium for delayed release susp packet 40 mg)	Gastroesophageal Reflux Disease (GERD)	esomeprazole powder packet, omeprazole capsule, pantoprazole tablet	
Balanced Drug List Exclusions			
DEMSER (metyrosine cap 250 mg)	Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
DESONATE (desonide gel 0.05%)	Atopic Dermatitis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

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NORGESIC FORTE (orphenadrine w/ aspirin & caffeine tab 50-770-60 mg)	Pain/Muscle Spasm	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their 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.

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 April 1, 2021:

Drug Class and Medication(s) [1]	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
SA Oncology	
Alunbrig 30 mg	120 tablets per 30 days
Bosulif 100 mg	90 tablets per 30 days
Lonsurf 15-6.14 mg	60 tablets per 28 days
Therapeutic Alternatives	
Doral (quazepam) tablet 15 mg	30 tablets per 30 days
Extina (ketoconazole) 2% aerosolized foam*	100 grams per 30 days
Migranal (dihydroergotamine) 4 mg/mL nasal spray*	8 mL per 30 days
Sorilux (calcipotriene) foam 0.005%	120 grams per 30 days
Xolegel (ketoconazole) 2% gel*	45 grams per 30 days
Basic and Enhanced Drug Lists	
Fintepla	
Fintepla 2.2 mg/mL	360 mL per 30 days
Balanced and Performance Select Drug Lists	
Therapeutic Alternatives	
Allzital 25 mg/ 325 mg tablet	360 tablets per 30 days
Alphagan-P 0.15% ophthalmic solution	5 mL per 20 days
Amrix 15 mg capsule	30 capsules per 30 days
Amrix 30 mg capsule	30 capsules per 30 days
Ativan 0.5 mg tablet	150 tablets per 30 days
Ativan 1 mg tablet	150 tablets per 30 days
Ativan 2 mg tablet	150 tablets per 30 days
Azelex 20% cream	30 grams per 30 days
Bethkis (tobramycin) 300 mg/4 mL*	224 mL per 56 days

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Bupap 50-300 mg tablet	180 tablets per 30 days
Butalbital-acetaminophen-caffeine solution 50-325-40 mg/15 mL	1000 mL per 30 days
Carospir 25 mg/ 5 mL oral suspension	450 mL per 30 days
Chlorzoxazone 250 mg tablet	120 tablets per 30 days
Cuprimine (penicillamine) 250 mg capsule	480 capsules per 30 days
Dexpak 6 Day 1.5 mg tablet, therapy pack	1 pack per 90 days
Dexpak 10 Day 1.5 mg tablet, therapy pack	1 pack per 90 days
Dexpak 13 Day 1.5 mg tablet, therapy pack	1 pack per 90 days
Diflorasone/ Psorcon 0.05% cream*	180 grams per 90 days
Diflorasone 0.05% ointment*	180 grams per 90 days
Durlaza 162.5 mg capsule	30 capsules per 30 days
Dxevo 1.5 mg tablet, therapy pack	39 tablets per 90 days
Fenoprofen 200 mg capsule	180 capsules per 30 days
Fenoprofen 400 mg capsule	120 capsules per 30 days
Fexmid 7.5 mg tablet	90 tablets per 30 days
Kenalog 0.147 mg/ gram spray	189 grams per 90 days
Ketoprofen ER 200 mg capsule	30 capsules per 30 days
Levorphanol 2 mg tablet	120 tablets per 30 days
Levorphanol 3 mg tablet	120 tablets per 30 days
Librax 5 mg/ 2.5 mg capsule	240 capsules per 30 days
Lorzone 375 mg tablet	120 tablets per 30 days
Lorzone 750 mg tablet	120 tablets per 30 days
Mupirocin 2% cream*	120 grams per 90 days
Nalfon (fenoprofen) 600 mg tablet	150 tablets per 30 days
Naprelan 375 mg tablet	60 tablets per 30 days
Naprelan 500 mg tablet	60 tablets per 30 days
Naprelan 750 mg tablet	60 tablets per 30 days
Noritate 1% cream	60 grams per 30 days
Oxistat 1% cream	180 grams per 30 days
Pandel 0.1% cream	80 grams per 90 days
Sitavig 50 mg tablet	2 tablets per 180 days
Sorilux (calcipotriene) foam 0.005%	120 grams per 30 days
Spritam 250 mg tablet	60 tablets per 30 days
Spritam 500 mg tablet	60 tablets per 30 days
Spritam 750 mg tablet	120 tablets per 30 days
Spritam 1000 mg tablet	60 tablets per 30 days
Taperdex 6-day 1.5 mg tablet, therapy pack	1 pack per 90 days
Taperdex 7-day 1.5 mg tablet, therapy pack	1 pack per 90 days

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Taperdex 12-day 1.5 mg tablet, therapy pack	1 pack per 90 days
Tivorbex 20 mg capsule	90 capsules per 30 days
Tivorbex 40 mg capsule	90 capsules per 30 days
TOBI/ Kitabis (tobramycin) 300 mg/5 mL inhalation solution*	280 mL per 56 days
Vanos 0.1% cream	60 grams per Rx
120 grams per 180 days	
Vivlodex 5 mg capsule	30 capsules per 30 days
Vivlodex 10 mg capsule	30 capsules per 30 days
Zcort 7-day 1.5 mg tablet, therapy pack	1 pack per 90 days
Zegerid (omeprazole/ sodium bicarbonate) 20/1100 mg capsule*	60 capsules per 90 days
Zegerid (omeprazole/ sodium bicarbonate) 20/1680 mg packets*	60 packets per 30 days
Zegerid (omeprazole/ sodium bicarbonate) 40/1100 mg capsule*	60 capsules per 30 days
Zegerid (omeprazole/ sodium bicarbonate) 40/1680 mg packets*	60 packets per 30 days
Zipsor 25 mg capsule	120 capsules per 30 days
Zorvolex 18 mg capsule	90 capsules per 30 days
Zorvolex 35 mg capsule	90 capsules per 30 days
Zyflo 600 mg tablet	120 tablets per 30 days
Zyflo CR 600 mg tablet	120 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.

Utilization Management Program Changes

Effective **Feb. 1, 2021**, the Enspryng Specialty Prior Authorization (PA) program was added for standard pharmacy benefit plans on the Basic and Enhanced Drug Lists. This program includes the newly FDA-approved target drug Enspryng.

- Effective **April 1, 2021**, this Specialty PA program will be added for standard pharmacy benefit plans on the Balanced, Performance and Performance Select Drug Lists.

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

- The Multiple Sclerosis Specialty Step Therapy (ST) program is moving to a standard Specialty PA program effective April 1, 2021. Note: Continuation of Therapy (or grandfathering) will apply. Members who may have had a prior authorization approval currently in place from the ST program will not be impacted until their current PA approval expires in 2021.
  - Please note: Only members on the Basic and Enhanced Drug Lists with recent prescription history for the target drugs Copaxone and Tecfidera will be notified of the change. However, Continuation of Therapy (or grandfathering) will not apply to these two program targets only, and members on all drug lists (Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists) will need a prior authorization approval for coverage consideration.

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  - The new Multiple Sclerosis Specialty PA program also applies to the Balanced, Performance and Performance Select Drug Lists.
  - The Preferred target drugs in this Specialty PA program are: Aubagio, Avonex, Betaseron, Gilenya, Mavenclad, Mayzent, Plegridy, Rebif and Zeposia.
  - The Non-Preferred target drugs in this Specialty PA program are: Bafiertam, Copaxone, Extavia, Glatopa, Kesimpta, Tecfidera and Vumerity.
- The Supplemental Therapeutic Alternatives PA program will be added to the Basic, Enhanced and Performance Drug Lists. This program includes the following target drugs: Absorica, Absorica LD, Cambia, Daraprim and Rytary. Members were not notified of this change because these drugs were targeted in the Therapeutic Alternatives PA program prior to April 1, 2021.
- Targretin Gel will be added as a target to the Self-Administered Oncology Specialty PA program, which applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists. Auto – Continuation of Therapy (or auto – grandfathering) is in place.

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, 2021

Drug Category	Targeted Medication(s)[1]
Basic and Enhanced Drug Lists	
Dojolvi	Dojolvi*
Fintepla	Fintepla*
Multiple Sclerosis	Copaxone, Tecfidera
Basic and Enhanced Drug Lists	
Therapeutic Alternatives	Allzital (butalbital/acetaminophen) 25 mg/ 325 mg, Alphagan-P 0.15% sol, Amrix (cyclobenzaprine SR) 15 mg capsule, Amrix (cyclobenzaprine SR) 30 mg capsule, Aplenzin 174 mg, Aplenzin 348 mg, Aplenzin 522 mg, Ativan 0.5 mg tablet, Ativan 1 mg tablet, Ativan 2 mg tablet, Auvi-Q, Azelex 20% cream, Bethkis neb 300 mg/4 mL, Bupap 50-300 mg tablet, Butalbital-acetaminophen-caffeine solution 50-325-40 mg/15 mL, Cardizem CD 120 mg capsule, Cardizem CD 180 mg capsule, Cardizem CD 240 mg capsule, Cardizem CD 300 mg capsule, Cardizem CD 360 mg capsule, Carospir 25 mg/ 5 mL oral suspension, Chlorzoxazone 250 mg tablet, Cuprimine (penicillamine) 250 mg capsule, Dexpak 6 Day 1.5 mg tablet, therapy pack, Dexpak 10 Day 1.5 mg tablet, therapy pack, Dexpak 13 Day 1.5 mg tablet, therapy pack, diflorasone 0.05% cream, diflorasone 0.05% ointment, Doral (quazepam) tablet 15 mg, Durlaza 162.5 mg capsule, Dutoprol 25 mg /12.5 mg tablet, Dutoprol 50 mg /12.5 mg tablet, Dutoprol 100 mg /12.5 mg tablet, Dxevo 1.5 mg tablet, therapy pack, Extina (ketoconazole) 2% foam, Fexmid 7.5 mg tablet, Kenalog 0.147 mg/ gram spray, Ketoprofen capsule 200 mg ER, Kitabis pak neb 300 mg/5 mL, Levorphanol 2 mg tablet, Levorphanol 3 mg tablet, Librax 5 mg/ 2.5 mg capsule, Lorzone 375 mg tablet, Lorzone 750 mg tablet, Migranal (dihydroergotamine) spr 4 mg/mL, mupirocin 2% cream, Nalfon/fenoprofen 200 mg capsule, Nalfon/fenoprofen 400 mg capsule, Nalfon/fenoprofen 600 mg tablet, Naprelan 375 mg tablet, Naprelan 500 mg tablet, Naprelan 750 mg tablet, Noritate 1% cream, Oxiconazole cream 1%, Oxistat lotion 1%, Pandel 0.1% cream, Sitavig 50 mg tablet, Sorilux (calcipotriene) aer 0.005% foam, Spritam 250 mg tablet, Spritam 500 mg tablet, Spritam 750 mg tablet, Spritam 1000 mg tablet, Taperdex 6-day 1.5 mg tablet, therapy pack, Taperdex 7-day 1.5 mg tablet, therapy pack, Taperdex 12-day 1.5 mg tablet, therapy pack, Tivorbex 20 mg capsule, Tivorbex 40 mg capsule, Tobi neb 300 mg/5 mL, Vanos 0.1% cream, Vivlodex 5 mg capsule, Vivlodex 10 mg capsule, Wellbutrin XL 150 mg tablet, Wellbutrin XL 300 mg tablet, Xolegel (ketoconazole) 2% gel, Zcort 7-day 1.5 mg tablet, therapy pack, Zegerid 20/1100 mg capsule, Zegerid 20/1680 mg packet, Zegerid 40/1100 mg capsule, Zegerid 40/1680 mg packet, Zipsor 25 mg capsule, Zorvolex 18 mg capsule, Zorvolex 35 mg capsule, Zyflo 600 mg tablet, Zyflo CR 600 mg tablet

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

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

Drug Category	Targeted Medication(s)[1]
Basic, Enhanced and Performance Drug Lists	
Actinic Keratosis	fluorouracil cream 0.5%
Therapeutic Alternatives	Doral (quazepam) tablet 15 mg, Extina 2% foam, Migranal (dihydroergotamine) spr 4 mg/mL, Sorilux (calcipotriene) aer 0.005% foam, Xolegel (ketoconazole) 2% gel
Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists	
Alternative Dosage Form	Sprix
Basic and Enhanced Drug Lists	
Elagolix	Oriahnn

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

Weight Loss PA Program Available as a Non-Standard PA Program for Select Plans

The Weight Loss PA program will be available for select benefit plans only. Effective April 1, 2021, this program may apply for members whose benefit plan includes coverage of these weight loss products and has this program added to their benefit design.

Medications included in the program are listed in the table below. Impacted members were notified of this change.

Drug Category	Targeted Medication(s)[1]
Basic and Enhanced Drug Lists	
Weight Loss	Adipex-P (phentermine) 37.5 mg capsule, Adipex-P (phentermine) 37.5 mg tablet, Belviq (lorcaserin) 10 mg tablet, Belviq XR (lorcaserin) 20 mg tablet, Contrave (naltrexone/bupropion) 8 mg / 90 mg tablet, Didrex (benzphetamine) 50 mg tablet, Diethylpropion 25 mg tablet, Diethylpropion 75 mg extended-release tablet, Lomaira (phentermine) 8 mg tablet, phendimetrazine 35 mg tablet, phendimetrazine 105 mg extended-release capsule, phentermine 15 mg capsule, phentermine 30 mg capsule, Qsymia (phentermine/topiramate) 3.75 mg / 23 mg capsule, Qsymia (phentermine/topiramate) 7.5 mg / 46 mg capsule, Qsymia (phentermine/topiramate) 11.25 mg / 69 mg capsule, Qsymia (phentermine/topiramate) 15 mg / 92 mg capsule, Regimex (benzphetamine) 25 mg tablet, Saxenda (liraglutide) 6 mg / mL, Xenical (orlistat) 120 mg capsule

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

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

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 Members℠ (BAM℠) or **MyPrime.com** for a variety of online resources.

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Reminder: Split Fill Program Available to Select Members

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

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. The specific list of drugs is subject to change at any time. You can view the current list of drugs in the Split Fill Program on the Specialty Program section of our Provider website.

Members must use an in-network specialty pharmacy. Members will pay a prorated cost share (if applicable) for the duration of the program. Once the member can tolerate the medication, the member will pay the applicable cost share amount for a full supply. All member share costs are determined by the member's pharmacy benefit plan.

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

Change in Benefit Coverage for Select High Cost Products

Starting Jan. 1, 2021, several high cost products with 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.

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

Members will be notified about these excluded high cost products with lower cost alternatives listed in the table below. Please talk to your patient about other products that may be available.

Product(s) No Longer Covered[1*]	Condition Used For	Covered Alternative(s)[1, 2]
DEXCHLORPHENIRAMINE SOLN 2 MG/5 ML	ALLERGIES	RYCLORA
ESOMEPRAZOLE CAP 49.3 MG	ACID REFLUX	ESOMEPRAZOLE 40 MG
FENOPROFEN CAP 400 MG	INFLAMMATION AND PAIN	OTHER MANUFACTURERS
GLYCOPYRROLATE TAB 1.5 MG	PEPTIC ULCER DISEASE	OTHER MANUFACTURERS
JENLIVA CAP†	PREGNANCY	PRENATAL 19, PRENATAL+FE TAB 29-1, SE-NATAL 19, TRINATE, VINATE M
PRENATRYL TAB†	PREGNANCY	PRENATAL 19, PRENATAL+FE TAB 29-1, SE-NATAL 19, TRINATE, VINATE M

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.

† The prenatal products also apply to members on the Balanced, Performance and Performance Select Drug Lists.

Additional Single-Agent Statin Coverage Without Cost-Sharing

Starting April 1, 2021, BCBSMT will be offering additional single-agent statin coverage for members with an ACA-compliant plan. The generic Atorvastatin tablets (10 mg and 20 mg) will be available at $0 if members meet the conditions set under ACA. This addition is based on the United States Preventive Services Task Force recommendation.

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

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2021 – Part 2

This article is a continuation of the previously published Quarterly Pharmacy Changes Part 1 article. While that part 1 article included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates, this part 2 version contains the more recent coverage additions, utilization management updates and any other updates to the pharmacy program.

Drug List Changes

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

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

Changes effective April 1, 2021 are outlined below.

Drug List Coverage Additions – As of April 1, 2021

Preferred Drug[1]	Drug Class/Condition Used for
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists	
EPCLUSA (sofosbuvir-velpatasvir tab 200-50 mg)	Hepatitis C
RETACRIT (epoetin alfa-epbx inj 20000 unit/ml)	Anemia
RETEVMO (selpercatinib cap 40 mg, 80 mg)	Cancer
Balanced, Performance and Performance Select Drug Lists	
asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg (base equiv) (generic for SAPHRIS)	Bipolar Disorder, Schizophrenia
CYSTADROPS (cysteamine hcl ophth soln 0.37% (base equivalent))	Cystinosis
deferiprone tab 500 mg (generic for FERRIPROX)	Chronic Iron Overload
DIFICID (fidaxomicin for susp 40 mg/ml)	Infections
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic for TECFIDERA STARTER PACK)	Relapsing Multiple Sclerosis
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic for ATRIPLA)	HIV
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	HIV/HIV Prophylaxis
ENSPRYNG (satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml)	Neuromyelitis Optica Spectrum Disorder (NMOSD)
EPCLUSA (sofosbuvir-velpatasvir tab 200-50 mg)	Hepatitis C
fosfomycin tromethamine powd pack 3 gm (base equivalent) (generic for MONUROL)	Infections
GAVRETO (pralsetinib cap 100 mg)	Cancer
icosapent ethyl cap 1 gm (generic for VASCEPA)	Hypertriglyceridemia
INQOVI (decitabine-cedazuridine tab 35-100 mg)	Cancer
ivermectin lotion 0.5% (generic for SKLICE)	Lice

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LAMPIT (nifurtimox tab 30 mg, 120 mg)	Chagas Disease
lapatinib ditosylate tab 250 mg (base equiv) (generic for TYKERB)	Cancer
LEVOTHYROXINE SODIUM (levothyroxine sodium cap 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg) (authorized generic for TIROSINT)	Hypothyroidism
MENQUADFI (meningococcal (a, c, y, and w-135) conjugate vaccine inj)	Meningococcal Vaccine
MYCAPSSA (octreotide acetate cap delayed release 20 mg)	Acromegaly
nitazoxanide tab 500 mg (generic for ALINIA)	Parasitic Infections
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	Oral Contraceptive
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	Oral Contraceptive
ONUREG (azacitidine tab 200 mg, 300 mg)	Cancer
PALFORZIA INITIAL DOSE ESCALATION (peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg)	Peanut Allergy
PALFORZIA LEVEL 1 (peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose))	Peanut Allergy
PALFORZIA LEVEL 2 (peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose))	Peanut Allergy
PALFORZIA LEVEL 3 (peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose))	Peanut Allergy
PALFORZIA LEVEL 4 (peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose))	Peanut Allergy
PALFORZIA LEVEL 5 (peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose))	Peanut Allergy
PALFORZIA LEVEL 6 (peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose))	Peanut Allergy
PALFORZIA LEVEL 7 (peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose))	Peanut Allergy
PALFORZIA LEVEL 8 (peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose))	Peanut Allergy
PALFORZIA LEVEL 9 (peanut powder-dnfp pack 2 x 100 mg (200 mg dose))	Peanut Allergy
PALFORZIA LEVEL 10 (peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose))	Peanut Allergy
PALFORZIA LEVEL 11 (MAINTENANCE) (peanut allergen powder-dnfp maintenance packet 300 mg)	Peanut Allergy
PALFORZIA LEVEL 11 (TITRATION) (peanut allergen powder-dnfp titration packet 300 mg)	Peanut Allergy
PFIZER-BIONTECH COVID-19 VACCINE (covid-19 (sars-cov-2) mrna vacc-pfizer im susp 30 mcg/0.3 ml)	COVID-19 Vaccine
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	Dental Caries Prophylaxis
RETACRIT (epoetin alfa-epbx inj 20000 unit/ml)	Anemia
rufinamide susp 40 mg/ml (generic for BANZEL susp)	Seizures
SEVENFACT (coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg))	Hemophilia
tobramycin nebu soln 300 mg/4 ml (generic for BETHKIS)	Cystic Fibrosis
TOLVAPTAN (tolvaptan tab 15 mg) (authorized generic for SAMSCA)	Hyponatremia
TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh)	Chronic Obstructive Pulmonary Disease
TRULICITY (dulaglutide soln pen-injector 4.5 mg/0.5 ml)	Diabetes
XYWAV (calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml)	Cataplexy/Excessive Daytime Sleepiness

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Balanced Drug List	
ALKINDI SPRINKLE (hydrocortisone cap sprinkle 0.5 mg, 1 mg, 2 mg, 5 mg)	Adrenocortical Insufficiency
CONJUPRI (levamlodipine maleate tab 2.5 mg, 5 mg)	Hypertension
diphenhydramine hcl liquid 12.5 mg/5 ml	Allergic Conditions
GIMOTI (metoclopramide hcl nasal spray 15 mg/act)	Diabetic Gastroparesis
HEMADY (dexamethasone tab 20 mg)	Cancer
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (generic for LAMICTAL ODT KIT)	Seizures
MECLIZINE HYDROCHLORIDE (meclizine hcl tab 50 mg)	Nausea/Motion Sickness
NEONATAL 19 (prenatal vitamin-folic acid tab 1 mg)	Prenatal Vitamin
NEONATAL COMPLETE (prenatal vit w/ fe fumarate-fa tab 29-1 mg)	Prenatal Vitamin
NEONATAL FE (prenatal vitamin w/ iron-folic acid tab 90-1 mg)	Prenatal Vitamin
NEONATAL/DHA (prenatal mv w/fe fum-fa tab 29-1 mg & dha cap 200 mg pack)	Prenatal Vitamin
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic for TAYTULLA)	Oral Contraceptive
ONGENTYS (opicapone cap 50 mg)	Parkinson's Disease
timolol maleate preservative free ophth soln 0.5% (generic for TIMOPTIC OCUDOSE)	Glaucoma, Ocular Hypertension
UPNEEQ (oxymetazoline hcl ophth soln 0.1%)	Acquired Blepharoptosis
WESTAB PLUS (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
WESTGEL DHA (prenat w/o a w/fecbn-methylf-fa-dha cap 31-0.6-0.4-200 mg)	Prenatal Vitamin
zileuton tab er 12hr 600 mg, sr 12hr 600 mg	Asthma
ZYFLO (zileuton tab 600 mg)	Asthma

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Drug List Updates (Coverage Tier Changes) – As of April 1, 2021

Drug[1]	New Lower Tier	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists		
alendronate sodium oral soln 70 mg/75 ml	Non-Preferred Generic	Osteoporosis
diltiazem hcl cap er 24hr 120 mg	Preferred Generic	Hypertension
diltiazem hcl cap er 24hr 180 mg, 24hr 240 mg	Non-Preferred Generic	Hypertension
ferrous sulfate syrup 300 mg/5 ml (60 mg/5 ml elemental fe)	Non-Preferred Generic	Iron Deficiency
leucovorin calcium tab 10 mg, 15 mg	Non-Preferred Generic	Toxicity treatment and prophylaxis, Cancer
oxazepam cap 10 mg, 15 mg, 30 mg	Non-Preferred Generic	Anxiety, alcohol withdrawal
RETEVMO (selpercatinib cap 40 mg, 80 mg)	Preferred Brand	Cancer
Balanced Drug List		
baclofen tab 5 mg	Non-Preferred Generic	Muscle spasms/spasticity
hydrocodone-acetaminophen soln 10-325 mg/15 ml	Non-Preferred Generic	Pain
pseudoephed-bromphen-dm syrup 30-2-10 mg/5 ml	Non-Preferred Generic	Cough/Cold
timolol maleate ophth gel forming soln 0.25%, 0.5% (generic for TIMOPTIC-XE)	Non-Preferred Generic	Glaucoma, ocular hypertension

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

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Utilization Management Program Changes

Effective **Feb. 1, 2021**, the Opioid Antidote Prior Authorization (PA) program retired due to the discontinuation of the product Evzio.

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

- The Combination NSAIDs standard PA program will no longer apply to the Performance Drug List.
- The Somatostatins Specialty PA program will be added to the following drug lists as a standard Specialty PA program.
  - This program will include the target drugs Bynfezia, Mycapssa and Somavert that will apply to the Balanced, Performance and Performance Select Drug Lists. Please note: Prior to April 1, 2021, members needed a prior authorization approval for coverage consideration. The addition of this program will not be a new change for these members.
  - The target drugs Mycapssa and Somavert will also apply to the Basic and Enhanced Drug Lists. Members will need a prior authorization approval for coverage consideration. The addition of this program will not be a new change for these members.
- The Sodium Oxybate Specialty PA program will change its name to Oxybate. The targeted medications and the intent of the program criteria remain the same.
- The target drugs of the Atypical Antipsychotics Step Therapy (ST) program will be recategorized into two separate programs:
  - Abilify Maintena, Aristada, Aristada Initio, Invega Sustenna, Invega Trinza, Perseris, Risperdal Consta and Zyprexa Relprevv will be included in the Atypical Antipsychotics – Extended Maintenance Agents ST program. This program will be added to the Basic and Enhanced Drug Lists.
  - Abilify, Abilify Mycite, Caplyta, Clozapine ODT, Clozaril, Fanapt, Geodon, Invega, Latuda, Rexulti, Risperdal, Risperdal M-Tab, Risperidone ODT, Saphris, Secuado, Seroquel, Seroquel XR, Versacloz, Vraylar, Zyprexa and Zyprexa Zydis will be included in the Atypical Antipsychotics ST program. This program will be added to all drug lists as a standard ST program.

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

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

Updates to the List of Drugs Covered Without Cost Sharing

Starting April 1, 2021, BCBSMT will be offering additional single-agent statin and HIV Pre-exposure Prophylaxis (PrEP) coverage for members with an ACA-compliant plan. Atorvastatin tablets 10 mg and 20 mg (Lipitor) and emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada) will be available at $0 if members meet the conditions set under ACA. This addition is based on the United States Preventive Services Task Force recommendation.

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

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 provides administrative services to BCBSMT.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Euflexxa is a registered trademark of Ferring B.V. Orthovisc is a registered trademark of DePuy Synthes. Synvisc-One is a registered trademark of Genzyme Corporation.

The listing of any particular drug or classification of drugs is not a guarantee of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, terms, conditions, limitations and exclusions set forth in the member's policy or benefits document. Members should refer to their contract of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

SPH Analytics is an independent company that provides technology and analytics services for Blue Cross and Blue Shield of MT.

The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials.

The information provided here is only intended to be a summary of the law that have 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.

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

BlueCross BlueShield of Montana

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