MEDICARE ADVANTAGE

Blue Cross and Blue Shield of Montana (BCBSMT) is constantly striving to develop strategic initiatives to enhance our member’s health as well as to support your efforts in delivering the highest quality care to your patients. As you know, this is a critical time for Medicare beneficiaries, providers, and health plans as the Medicare program begins to implement the most sweeping changes since its inception in 1965.

The Medicare Modernization Act of 2003 (MMA) governs how Medicare products can be designed and offered and will introduce new products that are not currently available to local Medicare beneficiaries. The MMA created a Regional Medicare PPO option under the Medicare Advantage program, which is intended to increase the Medicare options available to beneficiaries, particularly in rural and underserved areas. Medicare Advantage products, including the Regional Medicare PPO, will replace Traditional Medicare. There will be no impact to BCBSMT Medicare supplement insurance policies.

Blue Cross and Blue Shield plans in Montana, Wyoming, North Dakota, South Dakota, Iowa, Minnesota, and Nebraska are joining together to offer a Blue Cross and Blue Shield Regional Medicare PPO across this seven-state region to meet the needs and expectations of the local senior population.

The Blue Cross and Blue Shield Regional Medicare PPO product will provide Medicare members:

- Benefits that are easier to understand than original Medicare.
- Better coverage than is available under original Medicare alone.
- Coverage that includes disease management programs focused on improving patients’ health.
- A customer service representative assigned to members to personally guide them through the system.

continued next page
To our valued physician and other provider partners, the Blue Cross and Blue Shield Regional Medicare PPO product will provide:

- Outstanding provider service you have come to expect from BCBSMT. BCBSMT staff located in-state are available in person or by phone to answer your questions or resolve your issues.
- Less paperwork than traditional Medicare and Medigap plans.
- A single payment source enhancing the speed of payment and reducing administrative requirements.
- No referral requirements and very limited authorizations.
- Electronic and paper claims submission options with timely payment mandated by Medicare Advantage regulation.
- Less patient confusion about what they owe (thus reducing your office staff’s time helping Medicare patients, lowering overhead costs, and reducing bad debt).

A provider network must be in place prior to the implementation of the Blue Cross and Blue Shield Regional Medicare PPO. Physician and hospital contracts were mailed in April and early May, and non-physician contracts were sent in June. Subject to CMS approval, membership in the Blue Cross and Blue Shield Regional Medicare PPO is expected to be effective January 1, 2006.

You do not need to participate in Traditional Medicare to be part of the Regional Medicare PPO; however, if you have been prohibited or disbarred from providing services to beneficiaries under the Traditional Medicare program, you are not allowed to participate in this program. Even if you currently participate with traditional Medicare, you still need to sign a contract or contract addendum to be part of the Regional Medicare PPO network. Providers must also meet BCBSMT credentialing requirements.

A provider manual is being prepared that will outline all of the final arrangements with CMS and service vendors, including specific details on claims submission policies. The manual will be available before any members are enrolled in the Regional Medicare PPO.

In general, claims will be paid per Medicare reimbursement methodology, less any applicable member coinsurance or copayment amounts. Claims must be complete to support the Regional Medicare PPO’s encounter data reporting to CMS. Facility payments will not include any IME/DGME or nursing/ allied health education pass-thru amount because those expenses can still be submitted on your Medicare Cost Reports for FFS (Traditional) Medicare payment. The Regional Medicare PPO is a Medicare Advantage plan, so all clean claims are required to be paid within 30 days of receipt, regardless of submission method.

As always, BCBSMT Health Care Services staff are available to assist you with questions you may have (see inside back cover). More information will be published in the third quarter edition of the Capsule News and/or direct mailings will be sent to contracted providers. BCBSMT looks forward to providing the Blue Cross and Blue Shield Regional Medicare PPO coverage options to local seniors, and we value your continued participation in our networks.

Thank you for your time.

Paul Pedersen

Paul Pedersen is the BCBSMT Provider Network Administrator for the Health Care Services department at BCBSMT and is the current Regional Executive-Elect of HFMA Region 10. Paul is a past Director on the Board of Directors of the Montana Chapter of HFMA. He has served on the HFMA Board of Directors since 1997, and has held the positions of Secretary/Treasurer, President-Elect, President, and Past-president. Paul can be reached at 1-800-447-7828, extension 8540, or by email at ppedersen@bcbsmt.com.

STATEWIDE MEDICARE ADVANTAGE MEETINGS

Health Care Services provider relations representatives are scheduling meetings around the state to further explain Medicare Advantage. If you have any questions, contact your provider relations representatives (see inside back cover).
The Medical and Compensation Physician’s Committee met in May of 2004 and approved the following REVISED medical policies. Effective dates are listed on each policy. Note: Only the “Policy” section is included in revised policies and when the policy change is minor, just that portion of the policy is included. Medical policy is available online at www.bluecrossmontana.com.

REVISED POLICIES

HUMAN PAPILLOMA VIRUS (HPV) TESTING
Chapter: Maternity/Gyn/Reproduction
Upcoming/Revised Policy
©2005 Blue Cross and Blue Shield of Montana
Original Effective Date: November 1, 2004
Current Effective Date: August 30, 2005

POLICY
MEDICALLY NECESSARY
BCBSMT considers the use of a FDA-approved HPV DNA test, or FDA-approved fluid collection media for reflux HPV DNA testing, medically necessary when either of the following criteria are met:
- Patient has atypical squamous cells of undetermined significance (ASC-US) pap smear result.
- In conjunction with a pap smear for the purpose of screening for cervical abnormalities in women over age 30 years of age.

Note: The American College of Gynecology (ACOG) recommends HPV DNA testing only when Pap testing indicates the presence of ASC-US in women under 30 years of age.

NOT MEDICALLY NECESSARY
BCBSMT considers the use of HPV DNA testing not medically necessary when used:
- As a screening test in patients under 30 years of age with normal or unknown Pap smear results.
- As a stand-alone screening test.
- With positive Pap smear results (ASC-H, CIN 2 or 3).

REVISED POLICIES

BIRTH CONTROL FOR MEDICAL CONDITIONS
Chapter: Maternity/Gyn/Reproduction
Upcoming/Revised Policy
©2005 Blue Cross and Blue Shield of Montana
Senior Staff Approval Date: March 24, 1986
Original Effective Date: March 24, 1986
Current Effective Date: August 30, 2005

POLICY
Coverage for contraception is member contract specific. Refer to the member contract or call Customer Service at 1-800-447-7828. Prior authorization is recommended for contraceptives to treat a medical condition when they are not a benefit of the member contract. A retrospective review will be performed if services are not prior authorized.

BCBSMT will provide coverage for oral, injection (e.g., Depo-Provera), and IUD (e.g., Mirena) contraceptives when:
- The member has a contraceptive benefit, or
- It is necessary to treat a medical condition (even when the member does not have a specific benefit for contraceptives). Examples include, but are not limited to, the following:
  - Acne vulgaris 706.1.
  - Hormonal treatment of acne.
  - Accutane therapy - Contraceptive therapy will be allowed for at least one month before beginning Accutane therapy, during therapy, and for one month following therapy even where there has been a history of infertility (unless due to hysterectomy).

NON-COVERED SERVICES
BCBSMT considers the following contraceptive services non-covered:
- Contraceptives for the treatment of premenstrual syndrome.
- Contraceptives to prevent conception unless included in the member’s contract.

BONE MINERAL DENSITY STUDIES--BONE DENSITOMETRY
Chapter: Radiology
Upcoming/Revised Policy
©2005 Blue Cross and Blue Shield of Montana
Senior Staff Approval Date: February 15, 1995
Original Effective Date: April 26, 1995
Current Effective Date: August 30, 2005

The following was added to the Description section of the Bone Mineral Density Studies – Bone Densitometry medical policy:
**MORPHOMETRIC ABSORPTIOMETRY (CPT CODE 76077)**

Vertebral fractures are highly prevalent in the elderly population, and epidemiologic studies have found that these fractures are associated with an increased risk of future spine or hip fractures independent of bone mineral density. Only 20 – 30% of vertebral fractures are recognized clinically; the rest are discovered incidentally on lateral spine radiographs. Lateral spine x-rays have not been recommended as a component of risk assessment for osteoporosis, because of the cost, the radiation exposure, and the fact that the x-ray would require a separate procedure in addition to the bone mineral density study. However, lateral spine images can be obtained using dual x-ray absorptiometry (DEXA), and thus, it is possible to screen for vertebral fractures at the same time a subject is undergoing assessment of bone mineral density. This imaging may be referred to as morphometric x-ray absorptiometry (MXA), but manufacturers of DEXA technology have also referred to this procedure as "Instant Vertebral Assessment," (IVA) (Hologic) or "Lateral Vertebral Assessment" (LVA) (GE Lunar Medical Systems).

**POLICY**

BCBSMT compensates bone mineral density according to member contract. For example, a claim will be compensated either under screening/preventive or medical benefits according to the reason for the testing.

**INVESTIGATIONAL**

BCBSMT considers screening for vertebral fractures using morphometric absorptiometry (CPT Code 76077) investigational.

**SCREENING**

The National Osteoporosis Foundation published the following patient selection criteria for osteoporosis screening:

1. All postmenopausal women under age 65 who have one or more additional risk factors for osteoporosis, including personal history of fracture as an adult, current fracture or history of fracture in first-degree relative, current cigarette smoking, and low body weight (<127 pounds).
2. All women aged 65 and older regardless of additional risk factors.
3. Women who have been taking hormone replacement therapy for prolonged periods.
4. As part of the initial workup prior to the initiation of glucocorticoid therapy. The most commonly used glucocorticoids include prednisone, prednisolone, betamethasone, and dexamethasone (Decadron).

**MEDICALLY NECESSARY**

An initial bone density measurement may be considered medically necessary to assess fracture risk and the need for pharmacologic therapy in those considered at risk for osteoporosis. BCBSMT recognizes the following indications as medically necessary to assess fracture risk and the need for pharmacologic therapy including, but not limited to, the following:

- Taking FDA approved medication such as bisphosphonates, calcitonin, or selective estrogen receptor modulators (SERMS) for the treatment of osteoporosis.
- Taking medication that increases the risk of osteoporosis such as Depo-Provera, Glucocorticoids, Dilantin, Depakote (Divalproex sodium), Depakene syrup (Valproate sodium), Depakene (Valproic acid), or gonadotropin releasing hormone (GnRH).
- Are post-menopausal with a disease and/or condition where estrogen is contraindicated (e.g., a patient with a history of blood clots or breast cancer).
- A history of pathologic fracture or vertebral fracture not associated with trauma.
- An abnormal heel densitometry screen based on the WHO criteria listed above. A follow up central BMD must be done to determine the need for pharmacologic treatment and ongoing monitoring of treatment response if treatment is initiated.

- Have a medical condition that puts them at greater risk for osteoporosis, for example:
  - Hyperparathyroidism (252.0).
  - Hyperthyroidism or thyrotoxicosis (242.0-242.9).
  - Endocrinopathies associated with osteoporosis such as:
    - Acromegaly and gigantism (253.0).
    - Prolactinoma (258.9).
    - Male hypogonadism or testicular dysfunction (257.2).
    - Cushing’s syndrome (255.0).
    - Renal failure patients (584-586).
    - Organ transplant patients.
    - Anorexia nervosa (307.1).
    - Paget's disease (731.0).
    - Algonuerodystrophy (733.7).

**GLOBAL MATERNITY**

Chapter: Maternity/Gyn/Reproduction

Upcoming/Revised Policy

©2005 Blue Cross and Blue Shield of Montana

Original Effective Date: March 1, 1990

Current Effective Date: August 30, 2005

**POLICY**

**COMPLICATIONS OF PREGNANCY**

Services provided for complications of pregnancy do not apply to the global maternity allowance unless they can be managed in the office setting. Examples include, but are not limited to, the following:

- Antepartum inpatient admission to diagnose and/or treat a complication of pregnancy.
- Outpatient fetal stress/non-stress test, biophysical profile or maternity ultrasound to evaluate fetal well-being.
- Diagnostic lab.
- Emergency room services.
- Specialty consultation evaluation and management services for pregnancy
related complication (e.g., diabetic consultation for gestational diabetes).

- Anesthesia and assistant surgery for cesarean section delivery.
- Antepartum amniocentesis, cordocentesis, and chorionic villus sampling.
- Multi-fetal pregnancy reduction(s).

**EFFECTIVE JULY 1, 2005**

**HIGH-RISK DELIVERIES**

BCBSMT acknowledges the additional work and time spent by physicians in a high-risk delivery. Consideration for additional compensation for claims submitted with modifier 22 indicating a high-risk delivery will be based on a review of records. Additional compensation will be applied to the delivery only when billing a global maternity code.

**SHARED CARE**

Per CPT guidelines, it is not appropriate to report antepartum, delivery, and postpartum care separately when total obstetrical care is provided by one physician from a solo practice or the same physician group practice. BCBSMT compensates a global maternity allowance for CPT codes 59400, 59510, 59610, or 59618.

When a member voluntarily changes providers or is referred to a different physician or physician group because of complications, BCBSMT will compensate the referring provider for services in addition to compensating the new provider the global maternity allowance.

**PENLAC (CICLOPIROX)**

Chapter: Drugs

Upcoming/Revised Policy

©2005 Blue Cross and Blue Shield of Montana

Original Effective Date: November 1, 2003

Current Effective Date: August 30, 2005

**POLICY**

BCBSMT considers the use of Penlac to treat active onychomycosis medically necessary when the member has a positive culture or histological result for onychomycosis and one or more of the following conditions:

- Impaired mobility.
- Diabetes mellitus.
- Immuno-compromised status.

**NON-COVERED**

BCBSMT considers Penlac non-covered for certain services including, but not limited to, the following:

- Prevention of onychomycosis.
- Cosmetic use.

**INVESTIGATIONAL**

BCBSMT considers Penlac investigational for certain services including, but not limited to, the following:

- Treatment in children 18 years or younger.
- Concomitant use of systemic antifungal agents.
- Treatment beyond 48 weeks.
- Diagnoses other than onychomycosis.

**RETIRED POLICIES**

The following policies will be retired and are no longer considered active policies:

1. Bacteriological Studies.
3. Maternity Ultrasound.

Retired policies address services that fall into one or more of the following categories:

- The issue might be better addressed through other mechanisms such as through member contracts or as a compensation policy.
- The service is considered obsolete.
- The issue is no longer of interest to BCBSMT.

**REMARKER... PRIOR AUTHORIZATION: MRI OF THE BREAST**

Physicians are reminded that prior authorization is recommended for a MRI of the breast. A retrospective review will be performed if services are not prior authorized. A copy of the medical policy is published below. More information about BCBSMT medical policy is available at www.bluecrossmontana.com.

**MAGNETIC RESONANCE IMAGING (MRI) OF THE BREAST**

Chapter: Radiology

©2004 Blue Cross and Blue Shield of Montana

Medical Directors Approval Date: August 30, 2003

Original Effective Date: August 30, 2003

Revised Date(s): May 12, 2004

Current Effective Date: August 1, 2004

**DESCRIPTION**

Magnetic Resonance Imaging (MRI) of the breast has been investigated as:

1. A technique to further characterize otherwise indeterminate breast lesions so that patients with benign lesions may be spared a biopsy procedure. Only a minority of patients referred for biopsy for a suspicious breast lesion reveal breast cancer due to the relative low specificity of clinical and radiologic exams. However, considering the relative ease of breast biopsy, the potential benefit of sparing patients from undergoing an unnecessary biopsy does not outweigh the potential for false negative results. The potential harm of failing to diagnose breast cancer or delaying the diagnosis of breast cancer is of significant concern.

2. A technique to assess the presence of multi-centric disease as an aid to surgical planning. Multiple studies confirm that MRI of the breast has a better sensitivity and specificity for identifying multi-centric and multi-focal breast tumors compared to mammography and/or ultrasound. Patients with localized breast cancer who do not have multi-centric disease are considered candidates for breast-conserving surgery followed by radiation therapy. However, multiple trials have compared modified radical mastectomy versus breast-conserving therapy plus radiation and found outcomes to be similar in all respects. While a MRI of the breast may identify women with multi-cen-
tric disease, there is no evidence of prognostic significance.

3. A diagnostic tool to confirm a clinically suspect silicone breast implant rupture. Magnetic resonance imaging is substantially more sensitive in the detection of rupture than either mammography or ultrasonography. However, breast MRI should be used only as a confirmatory diagnostic test, not to screen asymptomatic patients.

POLICY

Prior authorization is recommended. A retrospective review will be performed if services are not prior authorized.

MEDICALLY NECESSARY

BCBSMT considers MRI of the breast medically necessary:

- When used as a diagnostic tool to confirm silicone breast implant rupture in symptomatic patients (see "Reconstructive Breast Surgery/Management of Breast Implants").
- For detection of suspected occult breast primary tumor with axillary nodal adenocarcinoma.
- As a screening technique for breast cancer in women with:
  - A known BRCA1 or BRCA2 mutation, (see Genetic Testing for Inherited BRCA1 or BRCA2 Mutations),
  or
  - A high-risk of BRCA1 or BRCA2 mutation due to a known presence of the mutation in relatives, or
  - A pattern of breast cancer history in multiple first-degree relatives, often occurring at a young age and bilaterally.

INVESTIGATIONAL

BCBSMT considers MRI of the breast investigational for the following:

- Routine screening to detect breast cancer.
- As a technique to determine whether a breast lesion identified by clinical exam, mammography, or ultrasound is benign or malignant.
- To evaluate whether multi-centric disease is present in patients with clinically localized breast cancer.

RATIONALE FOR BENEFIT ADMINISTRATION

This medical policy was developed through consideration of peer reviewed medical literature, FDA approval status, accepted standards of medical practice in Montana, Technology Evaluation Center evaluations, other Blue Cross and Blue Shield plan policies, and the concept of medical necessity.

The purpose of medical policy is to guide coverage decisions and is not intended to influence treatment decisions. Providers are expected to make treatment decisions based on their medical judgment. BCBSMT recognizes the rapidly changing nature of technological development and welcomes provider feedback on all medical policies.

When using this policy to determine whether a service, supply or device will be covered please note that member contract language will take precedence over medical policy if there is a conflict.

CPT CODES

76093 - Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral.
76094 - Bilateral.

It has to be Blue

Provider Services
- Find a Doctor
- Provider Manuals
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Useful Links
- Best Practices
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- FAQ
CLAIMS PROCESSING SYSTEM CONVERSION UPDATE

BCBSMT is continuing conversion of its claims processing to the new system, QNXT. Roll 2 is scheduled for September of 2005 and will include the majority of BCBSMT group business 146,000 members.

BCBSMT is working very hard to minimize the impacts of this conversion. So far, roll 1a and 1b impacts to providers have been minimal (for details, visit www.bluecrossmontana.com). Although there have been errors, most have been transparent to providers and have been resolved through internal processes. Most claims are paid within 30 days. Most problems have been provider or provider group-specific and BCBSMT appreciates your patience working through these issues with Customer Service. As each roll progresses, we will keep you informed. If you have any questions, contact Customer Service at 1-800-447-7828, or your Provider Representatives (see inside back cover).

MEMBER ID CARDS AND HEALTH PLAN ID NUMBERS

After conversion to the new system, many roll 2 members will receive new identification cards with system-generated health plan identification numbers. However, some self-insured groups will continue to use social security numbers to identify their members. Providers should make a copy of both sides of the card, and submit claims with the member’s current health plan ID number.

QNXT 835 TRANSACTIONS

BCBSMT is almost ready to start sending HIPAA compliant 835 transactions and only a few technical processes remain to be completed before offering the transactions statewide. Providers currently signed up and testing 835 transactions will continue to receive the printed Provider Claims Register and Remit (PCR).

The 835 will be sent according to established BCBSMT payment cycles. As is done with Provider Claim Remittance (QNXT) and Registers (LRSP), you will receive two 835 transactions from Health-e-Web (HeW), one from the old LRSP system and one from the new QNXT system.

If your office is already a Health-e-Web subscriber and has a full-service contract, contact your HeW representative toll-free at 1-877-565-5457 to configure receipt of 835 transactions. More information will be forthcoming when QNXT 835 transactions are ready to be offered statewide.

SECURE SERVICES ? QNXT OR LRSP ?

If your office is questioning which system adjudicated your claims, simply look at the header above the member’s ID number. QNXT claims have the header "Health Plan ID" and LRSP claims have “Subscriber ID”.

Register today at www.bluecrossmontana.com to view the most current claims, eligibility, and benefit information. If you have any questions, call 1-800-447-7828, extension 8524.

CUSTOMER SERVICE

Customer Service Department hours are 8 a.m. to 6 p.m. Monday, Wednesday, and Friday and 9 a.m. to 6 p.m. Tuesday and Thursday so that customer service representatives are more accessible during the system transition. You may contact Customer Service Department at 1-800-447-7828 (outside Helena) or 444-8200 (in Helena). You may also visit the BCBSMT web site www.bluecrossmontana.com and refer to New Claims System to learn more about the new QNXT system.
CASES TIPS
TIPS TO RECEIVE FASTER PAYMENT
Customer Services has reported recurring issues delaying claims payment and all providers are encouraged to take note of these simple billing errors (more information about filing claims can be found in the BCBSMT Provider Manual published at www.bluecrossmontana.com). The most common reasons for delayed claims payment during the first quarter of 2005 are listed below:

• Entering an incorrect date of birth (Chapter 4: BCBSMT Medical Claims, page four).
• Entering the incorrect gender and relationship (Chapter 4: BCBSMT Medical Claims, page four).
• Entering the number zero instead of the letter O and vice versa (Chapter 4: BCBSMT Medical Claims, page four).
• Using the incorrect anesthesia modifier (Chapter 4: BCBSMT Medical Claims, page 11).

More reasons payment is delayed can be found in the BCBSMT provider manual, Chapter 10: Payment and Appeals Process, and in the second quarter 2004 Capsule News. If you have questions about submitting claims, contact your Provider Network Service Representative (see inside back cover) or call Customer Service at 1-800-447-7828.

RESOLVED
BCBSMT AND MISSOULA RADIOLOGISTS SETTLE ANTITRUST LAWSUIT
Effective March 17, 2005, the coalition of plaintiffs (including employers, individual plaintiffs, and BCBSMT) and defendants, Missoula Radiology and Advanced Imaging, announced that they have reached a settlement in the pending antitrust litigation among the parties. The matter was resolved on mutually agreeable terms, as contained in the Consent Decree, which has been filed with the Federal court. The defendants do not admit that they have engaged in the practices prohibited by the Consent Decree or that those practices are anti-competitive, and the plaintiffs believe that the requirements of the Consent Decree are necessary to restore competition in the market for radiology services.

BCBSMT EMPLOYEES DONATE $10,233 TO CARING FOUNDATION
BCBSMT employees received recognition from the Caring Foundation Board of Directors in February for generously donating to the Caring Casual Days, a fundraiser for the Caring Program for Children. Employees donated $2-4 a month to wear blue jeans on Fridays, and individual contributions to the Caring Program for Children totaled $10,233 in 2004. The contribution provided 24 children with basic medical, dental, and vision care at no cost to the children or their families.

In 1992, BCBSMT, in cooperation with, and at the request of several Montana medical providers, established the Caring Foundation as a nonprofit organization for the sole purpose of providing medical services to uninsured children in Montana. BCBSMT, a founding member of the Foundation, donates 100% of the administration costs necessary to operate the Foundation. If you have any questions, contact Tom Burgess at 1-406-447-8787, or you may visit the Caring Foundation website at www.caring4kidsmt.com.

COB
DUAL COVERAGE AND OTHER CARRIER PRIME
The Health Care Services department has received inquiries about coordination of benefits for members with two Blue Cross and Blue Shield policies and primary. Effective July 1, 2002, BCBSMT participating providers were limited to the BCBSMT allowable amount as payment in full when coordinating benefits on a group policy. The following information is from the BCBSMT Provider Manual, Chapter Nine: Coordination of Benefits published at www.bluecrossmontana.com (click on Provider Services then Provider Manuals).

DUAL BLUE CROSS BLUE SHIELD COVERAGE (BLUE ON BLUE)
When a patient has two BCBSMT ID numbers, it is only necessary to submit one claim under the patient’s primary number. When a member has two BCBSMT plans, claims will automatically be processed on both ID numbers when the information is entered into the BCBSMT claims processing system. BCBSMT will coordinate Blue-on-Blue claims up to the BCBSMT allowance of the secondary policy. Providers can then balance bill the patient up to the allowable amount negotiated between the participating provider and BCBSMT for covered services, minus the amount, if any to be paid by any other payer on behalf of the member.

OTHER CARRIER PRIME (INCLUDING AUTOMOBILE AND PREMISES MEDICAL INSURANCE)
BCBSMT will coordinate benefits up to the BCBSMT allowance for each service. To determine if you may balance bill a patient, add the primary amount and the BCBSMT payment. If this total equals the BCBSMT allowance, the patient’s responsibility is zero. BCBSMT participating providers will be limited to the BCBSMT allowable fee as payment in full when coordinating benefits on a group policy.

If you have questions, contact Customer Service at 1-800-447-7828.
BCBS HEALTH DEBIT CARDS

Sample stand-alone Debit Cards

Sample combined Debit Cards and Member ID

Beginning January 1, 2005, some members will have a new Blue Cross and/or Blue Shield healthcare debit card with value-added features to assist your office with collecting member cost sharing amounts. Using the new cards can help simplify the payment process and help you:

• Reduce bad debt.
• Reduce paper work for billing statements.
• Minimize bookkeeping and patient-account functions for handling cash and checks.

• Avoid unnecessary claim payment delays.

The card allows members to pay for out-of-pocket costs using funds from their Health Reimbursement Arrangement (HRA), Health Savings Account (HSA), or Flexible Spending Account (FSA). Some cards are “stand-alone” debit cards to cover out-of-pocket costs, while others also serve as a member ID card with the member ID number.

The card will have the nationally recognized Blue Cross and/or Blue Shield logos, along with the logo from a major debit card logo such as MasterCard® or Visa®.

The cards include a magnetic strip so providers can collect any deductibles, copayment, or coinsurance through any debit card swipe terminal. The funds will be deducted automatically from the member’s appropriate HRA, HSA, or FSA account.

Combining a health insurance ID card with a source of payment is an added convenience to members and providers. Members can use their cards to pay outstanding balances on billing statements, and can also use their cards via phone to process payments. In addition, members are more likely to carry their current ID cards because of the payment capabilities. The cost is the same as the current cost you pay to swipe any other signature debit card.

HELPFUL TIPS

• Ask for the current member ID card and regularly obtain new photocopies (front and back). Having the current card will allow you to submit claims with the appropriate information (including alpha prefix) and avoid unnecessary payment delays.
• Verify eligibility and benefits by calling 1-800-676-BLUE (2583) and provide the alpha prefix, or you may use online services.
• If the member presents a debit card (stand-alone or combined), be sure to verify the copayment amounts before processing payment.

• Do not use the card to process full payment up front. If you have any questions about the member’s benefits, contact 1-800-676-BLUE (2583). For questions about the debit card processing instructions or payment issues, please contact the toll-free debit card administrator’s number on the back of the card.

CLAIMS ACCURACY INITIATIVE

CPT CODE

7600 - 76005 Fluoroscopy

CLAIMS ACCURACY INITIATIVE

BCBSMT will allow separate compensation for CPT codes 76000 - 76005 when submitted with CPT codes 20610, 23350, 24220, 25246, 27093, 27095, 27096, 27648, 62270, 62272, 62290, 62310, 62311, 62318, 64470 - 64484, 64517 - 64530, 64622 - 64627, 64680, and 64681.

RATIONALE

Fluoroscopic guidance is considered an integral component of most procedures, however, separate compensation will be allowed with large joint injections and certain spinal procedures because of the increased risk associated with these procedures. BCBSMT considers fluoroscopic guidance with all other procedures an integral component commonly performed as part of the overall service.

CPT CODE

52332 Cystourethroscopy

CLAIMS ACCURACY INITIATIVE

Effective June 1, 2005, BCBSMT will allow separate compensation for CPT code 52332 when submitted with CPT codes 52320 - 52330 and 52334 - 52355.

RATIONALE

After physician review, separate compensation is appropriate for these codes when performed during the same operative session.
The Centers for Medicare and Medicaid Services (CMS) announced the start of enumeration for the National Provider Identifier (NPI). The NPI is the standard unique health care provider identifier adopted by the Secretary of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Providers may apply for NPI numbers beginning May 23, 2005; however, BCBSMT will not be accepting NPI numbers until January 2007. More information will be published in future Capsule News articles.

NPI will replace the different provider identification numbers currently used by various health plans across the country. This identifier must be used by most HIPAA covered entities that conduct electronic transactions. The NPI is a key step CMS is taking to streamline electronic health care transactions and make electronic claims the preferable alternative to paper claims processing.

The CMS announcement letter informs health care providers about NPI, describes three ways to obtain an NPI, and gives them guidance on what they should do once they have obtained their NPI. The letter can be viewed on the CMS website at http://www.cms.hhs.gov/hipaa/hipaa2/npi_provider.asp.

99% of all hospitals participate with BCBS nationwide.
89% of primary care physicians participate with BCBS nationwide.
88% of all physician specialists participate with BCBS nationwide.

Over 19% of Montana’s population is uninsured including a large number of children under the age of 19. The Children’s Health Insurance Program (CHIP), a program administered by the Montana Department of Health and Human Services (DPHHS) provides insurance coverage to low-income, uninsured Montana children up to the age of 19. Funding for the program comes from the Federal Government and the State of Montana. BCBSMT is the only payer currently providing insurance coverage for qualified CHIP children (BlueCHIP), but any insurance company in the state can participate in the program.

Today, 10,900 children are covered by CHIP. To hold down the costs of the program, many providers around the state participate in the Blue CHIP provider network and offer services to Blue CHIP children at a significant discount. DPHHS, the State of Montana, and BCBSMT truly appreciate this partnership.

Effective July 1, 2005, CHIP will receive additional state funding and increase the number of children enrolled in the program. If you have patients that may qualify, refer them to the CHIP office at 1-877-543-7669. You may also call the CHIP office if you would like to receive applications and informational brochures. The current income guidelines are listed below:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Family Annual Income approximately</th>
</tr>
</thead>
<tbody>
<tr>
<td>children and adults</td>
<td>2</td>
</tr>
<tr>
<td>children and adults</td>
<td>3</td>
</tr>
<tr>
<td>children and adults</td>
<td>4</td>
</tr>
<tr>
<td>children and adults</td>
<td>5</td>
</tr>
<tr>
<td>children and adults</td>
<td>6</td>
</tr>
</tbody>
</table>

Children may be eligible for CHIP even if the family annual income is higher than listed (depending on the number of family members working and dependent care paid).

Additionally, if you know of a BlueCHIP member who has other insurance coverage, call BCBSMT at 1-800-447-7828, extension 8647. More information about the BlueCHIP insurance program can be found in the BCBSMT provider manual at www.bluecrossmontana.com. Click on Provider Services and then Provider Manuals.


HOW TO USE THE BLUE CROSS AND BLUE SHIELD OF MONTANA ONLINE PROVIDER DIRECTORY

The online provider directory is updated daily, lists providers for all BCBSMT plans, and includes information not found in printed directories such as whether a provider is accepting new patients and any other patient restrictions, gender, and photo (if available). The following explains the search fields in the order they appear on your screen and provides tips for easy navigation.

ALL PROVIDER TYPES (OPTIONAL)

Provider Types are provider specialties grouped according to specific classifications. This field is optional and is advantageous for grouping certain provider types such as Personal Care Physicians and Mental Health. **You do not have to select a Provider Type to choose a Specialty, Plan, City, or Name Search.**

Provider Types include:

- **Dental** - This Provider Type groups dental specialties (e.g., dentists, oral surgeons, orthodontists, pediatric dentists, and periodontists) in the next drop down menu.
- **Hospitals** - This Provider Type groups all acute general and critical access hospitals and their contracted services (e.g., outpatient laboratory, machine tests, and radiology, and physical therapy) in the next drop down menu. Hospitals are also listed in the next drop down menu and their contracted services are listed as a specialty.
- **Mental Health** - This Provider Type groups mental health specialties (e.g., psychiatrists, psychologists, licensed clinical professional counselors, and licensed clinical social workers) in the next drop down menu.
- **Non-Physicians** - This Provider Type groups individually contracted medical service providers who are not physicians (e.g., Nurse Practitioners, Chiropractors, Physician Assistants, Physical Therapists, and Licensed Clinical Professional Counselors) in the next drop down menu.

- **Other Medical Services** - This Provider Type groups contracted medical service providers who are not individuals (e.g., medical equipment and oxygen suppliers, home health and hospice agencies, laboratories, and radiology centers) in the next drop down menu.
- **Physicians (MD, DO, DPM)** - This Provider Type groups all Medical Doctors, Doctors of Osteopathy, and Doctors of Podiatric Medicine (e.g., Family Practice, OB/GYN, Pediatrics, Anesthesia, Cardiology, Orthopaedics, and Podiatry) in the next drop down menu.
- **Surgery Centers** are outpatient surgical facilities and are also listed in the next drop down menu.
- **Personal Care Physicians (PCP)** - This Provider Type groups PCPs participating in a managed care plan such as Blue Choice, Blue Select, MUS HMO, and State of Montana HMO. PCP specialties include Family Practice, General Practice, Internal Medicine, OB-GYN, and Pediatrics.

ALL SPECIALTIES

This field lists all medical specialties. You do not have to select a Provider Type to choose a specialty. You can start your search by simply selecting a provider specialty.

CHOOSE A PLAN (REQUIRED)

This selection is the only required field. Your plan name is on the front or back of your identification card and the card contains important information about coverage and claims. The top portion of the card, called the masthead, contains the logos (or business emblems) of the business entity offering the coverage. These logos may include Blue Cross and Blue Shield of Montana, Montana Health, MontanaCare, the logo and name of self-insured groups, such as the State of Montana and Stillwater Mining Company, or a pharmacy benefit manager, such as Express Scripts.

However, logos do not necessarily represent the insurance plan, such as Blue Choice, Blue Select, or Value Blue, to name a few. When multiple logos are published on the masthead, the product name is usually listed on the back of the card under Product Name. When the product name is not specifically identified on the back of the card, it is usually identified on the masthead.

If you cannot find your product name on the Choose a Plan menu, select Blue Cross Blue Shield of Montana.

You may choose All Plans and the search results will list all the plans a provider is participating. When choosing All Plans, all specialties and locations listed for a provider may not be applicable to your managed care plan. If you are unsure, call Customer Service at 1-800-447-7828.

SEARCH STATEWIDE

You can search by city or the entire state of Montana.

NAME SEARCH

You can search by name, part of a name, or even a single letter. When searching by Name, all specialties and locations listed for a provider may not be applicable to your managed care plan. If you are unsure, call Customer Service at 1-800-447-7828.

OTHER HELPFUL HINTS

- When logging onto the directory, the default field is All Provider Types. You can use the tab key to move to the next field (Specialty, Plan, City, Name, Search button).
- When tabbing through fields, you can type the first letter and scroll through the field. For example, typing the letter B when in the city field will scroll through all cities beginning with the letter B.
- Clicking on the provider’s name lists more information about that provider.
- The directory operates better for users of Internet Explorer 5.0 or higher OR Netscape 6.0 or higher.

Should you have any questions, contact Customer Service at 1-800-447-7828 or your HCS Provider Database Maintenance Technician (see inside back cover).
**Regular Business**

**MODIFIERS 25 AND 57**

Modifier 25 is appended to an Evaluation and Management (E&M) service to indicate a diagnosis unrelated to a procedure performed on the same date of service. Modifier 57 is appended to an E&M service to indicate that the decision for surgery was made during that visit. Effective July 1, 2005, BCBSMT is changing the policy for modifiers 25 and 57 appended to an E&M service to be eligible for compensation when performed in conjunction with specific procedures.

The E&M services in Table 1 do not require a modifier to be eligible for compensation when billed with a procedure on the same date of service.

**TABLE 1**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>92002-92004</td>
<td>New Patient Ophthalmology Services</td>
</tr>
<tr>
<td>99201-99205</td>
<td>New Patient</td>
</tr>
<tr>
<td>99281-99288</td>
<td>Emergency Department Services</td>
</tr>
<tr>
<td>99321-99323</td>
<td>Domiciliary, Rest Home</td>
</tr>
<tr>
<td>99341-99345</td>
<td>Home Services</td>
</tr>
</tbody>
</table>

All other E&M services must be billed with a 25 modifier or a 57 modifier to be eligible for separate compensation. These E&M services are listed in Table 2.

E&M services appended with modifier 25 will be eligible for compensation according to the Relative Value Unit (RVU) and the global days assigned to that procedure.

- **E&M services** will be eligible for compensation when provided at the same time as procedures with less than, or equal to, three RVUs.

**TABLE 2**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>92012-92014</td>
<td>Established Patient Ophthalmology E&amp;M Codes</td>
</tr>
<tr>
<td>99211-99215</td>
<td>Established Patient E&amp;M Codes</td>
</tr>
<tr>
<td>99217-99220</td>
<td>Hospital Observation Services</td>
</tr>
<tr>
<td>99221-99239</td>
<td>Hospital Inpatient Services</td>
</tr>
<tr>
<td>99241-99275</td>
<td>Office or Other Outpatient Consultations</td>
</tr>
<tr>
<td>99289-99296</td>
<td>Critical Care</td>
</tr>
<tr>
<td>99298-99299</td>
<td>Intensive (non-critical) Low Birth Weight Service</td>
</tr>
<tr>
<td>99301-99316</td>
<td>Nursing Facility Services</td>
</tr>
<tr>
<td>99331-99333</td>
<td>Domiciliary, Rest Home (established)</td>
</tr>
<tr>
<td>99347-99350</td>
<td>Home Services (established)</td>
</tr>
<tr>
<td>99354-99360</td>
<td>Prolonged Services</td>
</tr>
<tr>
<td>99361-99373</td>
<td>Case Management Services</td>
</tr>
<tr>
<td>99374-99380</td>
<td>Care Plan Oversight</td>
</tr>
<tr>
<td>99381-99387</td>
<td>New Patient Preventive</td>
</tr>
<tr>
<td>99391-99397</td>
<td>Established Patient Preventive Medicine Codes</td>
</tr>
<tr>
<td>99401-99429</td>
<td>Counseling/Risk Reduction</td>
</tr>
<tr>
<td>99431-99440</td>
<td>Newborn Care</td>
</tr>
<tr>
<td>99450-99456</td>
<td>Special E&amp;M Services</td>
</tr>
<tr>
<td>99499</td>
<td>Other E&amp;M</td>
</tr>
</tbody>
</table>
MEDICARE B ONLINE SERVICES
Medicare Part B has established a new list serve at www.medicare.bcbsmt.com. Select Provider then Subscribe to the Medicare List Serve. Advantages include:
- Immediate Medicare B updates.
- Immediate fee schedule updates not published in bulletins.
- Immediate MedLearn Matters articles.
- Monthly Medicare B bulletin.

GLOBAL MATERNITY: SHARED CARE, COMPLICATED DELIVERIES, AND HIGH-RISK PREGNANCIES
BCBSMT is changing the compensation methodology for global maternity. These changes affect shared care, complicated deliveries, and high-risk pregnancies. The shared care and complicated delivery portion of the Global Maternity medical policy is on page 4.

SHARED CARE
Effective July 1, 2005, the allowable amount for shared maternity care—when a member voluntarily changes providers or is referred to a different physician or physician group because of complications—will be based on the sum of the global maternity components rather than the single global maternity code allowance. The new allowable fee adds the allowed amount for each component of the antepartum, delivery, and postpartum care codes. This change will compensate the referring provider for services in addition to compensating the new provider for the global maternity allowance.

COMPlicated DELIVERIES
Effective July 1, 2005, the allowable amount will increase 20% for complicated deliveries. Claims must be submitted with modifier 22, and records documenting the nature of the complication and the additional time spent performing the delivery will be required to substantiate the additional 20% compensation. Examples of possible conditions that may be associated with complicated deliveries include fetal distress, pelvic disproportion, malposition of the fetus, and placenta previa. BCBSMT claims experience demonstrates that approximately 2.5% of all deliveries will be considered complicated.

HIGH-RISK PREGNANCIES
Effective January 1, 2006, BCBSMT medical policy will be changed to allow additional compensation for high-risk pregnancies. Global maternity codes such as 59400 and 59510 include 13 antepartum visits. If a woman is high-risk and requires greater than 13 visits, compensation will be allowed for the additional visits. A high-risk pregnancy designation includes a high-risk diagnosis and medically necessary antepartum care greater than 13 visits. The complete Global Maternity Medical Policy will be published in third quarter Capsule News.

If you have any questions, contact your Provider Network Service Representative (see inside back cover).

MODIFIERS

MODIFIER 99 AND G0347, G0348, 90780, AND 90781
To ensure claims process correctly, use modifier 99 for IV infusion therapy codes 90780, 90781, G0347, and G0348 and if not billing for the drugs listed below on the same claim, provide the drug names or J codes in box 19 on the HCFA 1500 claim form.
1. Rituximab
2. Paclitaxel (alone, effective July 1, 2004).
3. Paclitaxel with Carboplatin.
4. 5FU with Leucovorin.
5. Doxorubicin with cyclophosphamide.
6. Etoposide with Cisplatin.
If you have any questions, call Customer Service at 1-800-447-7828.

CODING

DELETED CODE GRACE PERIOD ENDING IN 2005
Effective January 1, 2005, BCBSMT will no longer have a 90-day grace period for deleted CPT, HCPCS, and ASA procedure codes. The HIPAA transaction and code set regulations require usage of the medical code set valid at the time the service is provided. Therefore, deleted codes submitted with dates of service after January 1, 2005, will no longer be accepted.

BCBSMT encourages providers to obtain updated coding manuals and to subscribe to the services available to be aware of procedure code updates. For any questions, contact the Provider Network Service Representative for your area (see inside back cover).
HIGH DEDUCTIBLE HEALTH PLAN

BCBSMT is currently marketing a high-deductible health plan to be used in combination with a Health Savings Account (HSA). The product is available to community (2-50 members) and merit (51 members and above) groups and individual lines of business. The plan is simple and similar to other BCBSMT plans; however, there is no first dollar benefit except for legislatively mandated coverage.

Deductibles and co-payments for the individual and community markets cannot be changed. The merit market has the option of changing deductibles and co-payments, but the deductible cannot be less than $2,000/4,000 and cannot exceed the $5,000/10,000 option.

The community and individual markets will offer two options, and the merit groups will have three options. If you have any questions about high-deductible health plans, call Tim Garden at 1-800-447-7828, extension 8608.

INDIVIDUAL PRODUCTS

<table>
<thead>
<tr>
<th>Individual / Family Deductible</th>
<th>Co-Payment</th>
<th>Maximum Member Liability/Maximum Family Liability (includes deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option One: $2,500/5,000</td>
<td>$100/0</td>
<td>$2,500/5,000</td>
</tr>
<tr>
<td>Option Two: $5,000/10,000</td>
<td>$100/0</td>
<td>$5,000/10,000</td>
</tr>
</tbody>
</table>

COMMUNITY GROUPS

<table>
<thead>
<tr>
<th>Individual / Family Deductible</th>
<th>Co-Payment</th>
<th>Maximum Member Liability/Maximum Family Liability (includes deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option One: $2,500/5,000</td>
<td>$100/0</td>
<td>$2,500/5,000</td>
</tr>
<tr>
<td>Option Two: $5,000/10,000</td>
<td>$100/0</td>
<td>$5,000/10,000</td>
</tr>
</tbody>
</table>

MERIT GROUPS

<table>
<thead>
<tr>
<th>Individual / Family Deductible *</th>
<th>Co-Payment*</th>
<th>Maximum Member Liability/Maximum Family Liability (includes deductible)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option One: $2,000/4,000</td>
<td>$100/0</td>
<td>$2,000/4,000</td>
</tr>
<tr>
<td>Option Two: $2,500/5,000</td>
<td>$100/0</td>
<td>$2,500/5,000</td>
</tr>
<tr>
<td>Option Three: $5,000/10,000</td>
<td>$100/0</td>
<td>$5,000/10,000</td>
</tr>
</tbody>
</table>

*Merit groups have the option to change deductibles and co-payments.
A MESSAGE FROM THE DIRECTOR OF HeW

“MADE IN MONTANA” 
by Bob Janicek

“Made in Montana” has become the hallmark for products and services made in Montana. As Montanans, we expect these products and services to be of the highest quality. Let’s face it, we expect more from those we do business with in Montana.

Health-e-Web (HeW) products and services are “Made in Montana.” We exist to support you, our Montana clients. We don’t have out-of-state interests that distract us from this focus, and we’re just down the road, not across the country.

A visit is a phone call away at 1-877-565-5457. That’s right! We have reinstalled our toll-free number in an effort to provide a higher level of customer service.

We have heard you, and we are aware of the fact that over the past couple of years, HeW may not have met your expectations of a “Made in Montana” company, but that is about to change. Over the next few months, you will see a number of enhancements to our products and services that will reassure you that you were right to buy locally from HeW. Improving our customer service is our number one priority.

Thank you for supporting your friends and neighbors at HeW. YOU are the reason we are in business.

It has to be Blue... 

The BCBSMT website, www.bluecrossmontana.com, has been redesigned to easily guide members and providers to specific information. The website is the most efficient means to obtain the latest information on a variety of topics, such as claims status, eligibility, benefits, and provider compensation. The website is also a convenient way to send Customer Service and Provider Relations representatives inquiries specific to your office, or to browse through frequently asked questions (FAQ) posed by providers and members.
BCBSMT is receiving claims with information not required, or incomplete, that is delaying claims payment. HCFA box 23 and UB92 box 63 refer to prior authorization numbers generated by health plans when providers request prior authorization for services or an inpatient stay.

Incomplete or incorrect information entered will suspend claims for manual review. To ensure claims process on the first pass, leave these fields blank, or, if applicable, enter the prior authorization number in its entirety in the HCFA box 23 or UB92 box 63. BCBSMT or APS Healthcare will give your office a prior authorization prior to filing the claim.

More information about submitting claims is available in the BCBSMT Provider Manual at www.bluecrossmontana.com. Click on Provider Services, then Provider Manuals. Should you have any questions or concerns, contact Customer Service at 1-800-447-7828.
HCFA-1500 REQUIRED FIELDS

To process claims as quickly as possible, complete all fields in the HCFA-1500 form as shown below. Fields labeled “NR” are not required. Detail concerning required fields and other information for filing claims with BCBSMT are available in the BCBSMT Provider Manual. The manual is available on-line at www.bluecrossmontana.com. If you require a printed copy, please contact your Provider Network Specialist (see inside back cover).
PHARMACY AND THERAPEUTICS COMMITTEE

BCBSMT held quarterly Pharmacy and Therapeutic (P&T) Committee meetings on February 9, and May 11, 2005. Participating BCBSMT physicians from various specialties were either present or teleconferenced for the meeting. The P&T committee's purpose is to review, discuss, and make decisions regarding pharmaceutical drugs and their formulary status with the goal of establishing high-quality, low-cost drugs on the formulary. If you have any questions, please call Tina Wong at 1-800-447-7828, extension 8843.

FIRST AND SECOND QUARTER 2005 CHANGES TO THE FORMULARY

During the first and second quarter P&T Committee meetings, 13 new drugs were reviewed for formulary placement. Effective immediately, the following changes were made to the BCBSMT drug formulary that is used for the majority of its business. BSBSMT encourages physicians to reference the formulary when prescribing medications for BCBSMT members.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Therapeutic Class</th>
<th>Formulary Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amerge</td>
<td>Triptan Headache Drugs</td>
<td>Formulary</td>
</tr>
<tr>
<td>Caduet</td>
<td>Miscellaneous Cardiovascular Combinations</td>
<td>Non-Formulary</td>
</tr>
<tr>
<td>Campral</td>
<td>Agent for Chemical Dependency</td>
<td>Non-Formulary</td>
</tr>
<tr>
<td>Cymbalta</td>
<td>Other Anti-Depressants</td>
<td>Formulary</td>
</tr>
<tr>
<td>Enablex</td>
<td>Urinary Anti-Spasmodics</td>
<td>Non-Formulary</td>
</tr>
<tr>
<td>Factive</td>
<td>Fluoroquinolones</td>
<td>Non-Formulary</td>
</tr>
<tr>
<td>Fosrenol</td>
<td>Phosphate Binder Agents</td>
<td>Non-Formulary</td>
</tr>
<tr>
<td>Lunesta</td>
<td>Non-Barbiturate Hypnotics</td>
<td>Non-Formulary</td>
</tr>
<tr>
<td>Luveris</td>
<td>Fertility Agents</td>
<td>Non-Formulary</td>
</tr>
<tr>
<td>Sanctura</td>
<td>Urinary Anti-Spasmodics</td>
<td>Non-Formulary</td>
</tr>
<tr>
<td>Tarceya</td>
<td>Anti-Neoplastic Systemic Enzyme Inhibitors</td>
<td>Formulary</td>
</tr>
<tr>
<td>Tindamax</td>
<td>Miscellaneous Anti-Infectives</td>
<td>Non-Formulary</td>
</tr>
<tr>
<td>Vesicare</td>
<td>Urinary Anti-Spasmodics</td>
<td>Non-Formulary</td>
</tr>
<tr>
<td>Xifaxan</td>
<td>Miscellaneous Anti-Infectives</td>
<td>Non-Formulary</td>
</tr>
</tbody>
</table>
PRIOR AUTHORIZATION LIST EXPANDING

Effective July 1, 2005, BCBSMT will require prior authorization for specific drugs in the Selective Serotonin Inhibitor (SSRI), HMG CoA Reductase Inhibitor, and Leukotriene Pathway Inhibitor therapeutic classes. Members currently receiving these drugs will not be affected. These additions to the list will help ensure members are receiving the most appropriate drug therapy while helping to reduce member out-of-pocket costs (see Table A).

A member must have tried and failed with one first-line SSRI and HMG drug before becoming eligible for a second-line SSRI and HMG drug. To save time, physicians can call Express Scripts at 1-800-417-8164 to authorize coverage of a second-line drug. Additionally, pharmacists may contact physicians prescribing a second-line drug to first consider a first-line drug.

If you have any questions, call Tina Wong at 1-800-447-7828 ext. 8843.

### TABLE A

<table>
<thead>
<tr>
<th>Therapeutic Substitution Program</th>
<th>First-Line Drugs</th>
<th>Second-Line Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSRIs</td>
<td>Citalopram, Fluoxetine, Fluvoxamine, Paroxetine</td>
<td>Celexa, Lexapro, Paxil CR, Pexeva, Prozac Weekly, Sarafem, Zoloft</td>
</tr>
<tr>
<td>Exceptions: Patients under the age of 18.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMG CoA Reductase Inhibitors</td>
<td>Lovastatin, Lipitor, Zocor</td>
<td>Altovrev, Crestor, Lescol/ XL, Pravachol</td>
</tr>
<tr>
<td>Leukotriene Pathway Inhibitors</td>
<td><strong>Try and fail at least (1) product in 2 of the 3 groups listed:</strong></td>
<td>Accolate, Singular</td>
</tr>
<tr>
<td></td>
<td>Group 1: Astelin Nasal Spray</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group 2: Beconase, Beconase AQ, Flonase, Nasalide, Nasarel, Nasonex, Nasacort, Nascort AQ, Rhinocort AQ, Vancenase</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group 3: Allegra, Allegra-D, Clarinex, Zyrtec, Zyrtec-D</td>
<td></td>
</tr>
</tbody>
</table>

The following pages list new and terminated providers for the Traditional Participating Provider Network and the Joint Venture Managed Care Provider Network. Also included are providers who are no longer participating with these networks.

**February 1, 2005 to May 17, 2005**

**Blue Cross and Blue Shield of Montana welcomes these new participating providers.**

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daniel D. Abbott, MD</td>
<td>Kalispell</td>
<td>Anesthesiology</td>
</tr>
<tr>
<td>Azza A. Abo-Deeb, MD</td>
<td>Butte</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Teresa Augustine, MD</td>
<td>Helena</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Barb Bailey, PA-C</td>
<td>Deer Lodge</td>
<td>Physician Assistant</td>
</tr>
<tr>
<td>Brian A. Bates, MD</td>
<td>Billings</td>
<td>Radiation Oncology</td>
</tr>
<tr>
<td>Carter E. Beck, MD</td>
<td>Missoula</td>
<td>Surgery, Neurological</td>
</tr>
<tr>
<td>William W. Beck, MD</td>
<td>Polson</td>
<td>Obstetrics and Gynecology</td>
</tr>
<tr>
<td>Norma Bilbool, MD</td>
<td>Billings</td>
<td>Physical Med. &amp; Rehab.</td>
</tr>
<tr>
<td>BlueBird Medical, LLC</td>
<td>Missoula</td>
<td>Medical Equipment</td>
</tr>
<tr>
<td>Scot J. Bowen, DC</td>
<td>Billings</td>
<td>Chiropractic</td>
</tr>
<tr>
<td>Kenneth C. Brevington, MD</td>
<td>Missoula</td>
<td>Surgery, Neurological</td>
</tr>
<tr>
<td>Sarah E. Bronsky, MD</td>
<td>Bozeman</td>
<td>Family Practice</td>
</tr>
<tr>
<td>Lynn M. Butler, DC</td>
<td>Missoula</td>
<td>Chiropractic</td>
</tr>
<tr>
<td>Susan Cahill, PA</td>
<td>Kalispell</td>
<td>Physician Assistant</td>
</tr>
</tbody>
</table>

continued next page
<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia A. Calkin, MD</td>
<td>Great Falls</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Rebecca E. Canner, MD</td>
<td>Bozeman</td>
<td>Family Practice</td>
</tr>
<tr>
<td>Howard Christy Chandler, MD</td>
<td>Missoula</td>
<td>Surgery, Neurological</td>
</tr>
<tr>
<td>Heidi C. Chapnick, DC</td>
<td>Billings</td>
<td>Chiropractic</td>
</tr>
<tr>
<td>Gregory W. Christensen, DDS</td>
<td>Great Falls</td>
<td>Dentist</td>
</tr>
<tr>
<td>Paula S. Colledge, PA-C</td>
<td>Missoula</td>
<td>Physician Assistant</td>
</tr>
<tr>
<td>Jose C. DeSouza, MD</td>
<td>Great Falls</td>
<td>Endocrinology, Diabetes, &amp; Metabolism</td>
</tr>
<tr>
<td>Keith C. Edwards, MD</td>
<td>Helena</td>
<td>Radiology</td>
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<td>Chad M. Engan, MD</td>
<td>Great Falls</td>
<td>Surgery</td>
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<td>Willem H. Fahrenheitbruck, LCPC</td>
<td>Miles City</td>
<td>Lic. Clin. Prof. Counselor</td>
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<td>Walter R. Fairfax, MD</td>
<td>Havre, Pulmonary &amp; Critical Care</td>
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<td>Gene P. Fioretti, MD</td>
<td>Great Falls</td>
<td>Cardiovascular Disease</td>
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<td>Raymond O. Giles, DC</td>
<td>Missoula</td>
<td>Chiropractic</td>
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<td>Eve L. Gillespie, MD</td>
<td>Kalispell</td>
<td>Cardiovascular Disease</td>
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<td>Hamid A. Hai, MD</td>
<td>Great Falls</td>
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<td>Carl R. Hansen, PT</td>
<td>Kalispell</td>
<td>Physical Therapy</td>
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<td>Deborah L. Hapcic, PT</td>
<td>Bozeman</td>
<td>Physical Therapy</td>
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<td>Trace W. Hayden, PT</td>
<td>Missoula</td>
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<td>R. Dean Hill, MD</td>
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<td>Hospice of Intrepid USA</td>
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<td>Hospice Care</td>
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<td>Michael G. Johnson, DC</td>
<td>Missoula</td>
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<td>Michael L. Kelsey, PT</td>
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<td>Physical Therapy</td>
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<tr>
<td>David E. Laissy, PA</td>
<td>Missoula</td>
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<tr>
<td>Tana R. Leander, LCSW</td>
<td>Kalispell</td>
<td>Lic. Clin. Social Worker</td>
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<tr>
<td>Chriss Anthony Mack, MD</td>
<td>Missoula</td>
<td>Surgery, Neurological</td>
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<td>Reid I. Mamiya, OD</td>
<td>Great Falls</td>
<td>Optometry</td>
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<tr>
<td>Michael J. Matory, DC</td>
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<tr>
<td>Jessica E. Mongelli, DMD</td>
<td>Helena</td>
<td>Dentist</td>
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<tr>
<td>Barry A. Morguelan, MD</td>
<td>Missoula</td>
<td>Internal Medicine</td>
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<td>Abigail K. Neal, OD</td>
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<td>Richard C. Newth, OD</td>
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<td>Dana C. Ostermiller, MD</td>
<td>Billings</td>
<td>Pediatrics</td>
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<td>Michael S. Palcisko, MD</td>
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<td>Mark N. Pierson, PA-C</td>
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<td>Michelle S. Pierson, MD</td>
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<td>Rocky Mountain Hospice</td>
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<td>Robert R. Rooper, DO</td>
<td>Missoula</td>
<td>Internal Medicine</td>
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<td>Christopher K. Schreiber, MD</td>
<td>Billings</td>
<td>Urology</td>
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<td>Sidney Health Center</td>
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<tr>
<td>Justin Lynn Smith, MD</td>
<td>Harlowton</td>
<td>Family Practice</td>
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<tr>
<td>Elizabeth R. Sobba, MPT</td>
<td>Whitefish</td>
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<tr>
<td>Angelo Spado, LCPC</td>
<td>Helena</td>
<td>Lic. Clin. Prof. Counselor</td>
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<td>Joan M. Spanning, NP</td>
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<td>Jeffrey A. Stephenson, MD</td>
<td>Great Falls</td>
<td>Radiation Oncology</td>
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<td>Darrel T. Stock, DO</td>
<td>Billings</td>
<td>Family Practice</td>
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<td>Amy D. Thomas, DC</td>
<td>Bozeman</td>
<td>Chiropractic</td>
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<td>Douglas D. Van Marel, MD</td>
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<td>Jodi L. Violet, MD</td>
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<td>Daniel R. Walker, MD</td>
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<td>Eric D. Weiner, MD</td>
<td>Kalispell</td>
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<tr>
<td>Richard A. Wells, DO</td>
<td>Thompson Falls</td>
<td>Family Practice</td>
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<tr>
<td>Alan C. Whitehouse, MD</td>
<td>Libby</td>
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<td>James Yoon, DO</td>
<td>Billings</td>
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<td>James C. Zander, DDS</td>
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<td>Dentist</td>
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<tr>
<td>Michael J. Zigich, MD</td>
<td>Kalispell</td>
<td>Anesthesiology</td>
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</table>

The following providers are no longer participating with Blue Cross and Blue Shield of Montana.

- Steven P. Akre, MD
- Robyn R. Alley-Hay, MD
- Apria Healthcare
- Apria Healthcare
- Apria Healthcare
- Apria Healthcare
- Apria Healthcare
- Apria Healthcare
- Apria Healthcare
- James H. Armstrong, SR., MD
- R. B. Beithon, MD
- Richard Belgrad, MD
- John A. Belt, MD
- John A. Belt, MD
- Michael D. Brant, MD
- Richard S. Baker, MD
- Kimberly J. Caruso, MD
- John W. Cey, MD
- Donald A. Cooper, MD
- Douglas L. Cotsamire, MD
- Joseph L. Cvancara, MD
- Douglas D. Dahl, MD
- Ashley Ann Davis, MD
- Clark A. Davis, MD
- Patricia A. Calkin, MD
- Rebecca E. Canner, MD
- Howard Christy Chandler, MD
- Heidi C. Chapnick, DC
- Gregory W. Christensen, DDS
- Paula S. Colledge, PA-C
- Lorena L. Craig, LCPC
- Jose C. DeSouza, MD
- Jamey L. Dombroski, LCPC
- Keith C. Edwards, MD
- Chad M. Engan, MD
- Willem H. Fahrenheitbruck, LCPC
- Walter R. Fairfax, MD
- Gene P. Fioretti, MD
- Raymond O. Giles, DC
- Eve L. Gillespie, MD
- Hamid A. Hai, MD
- Carl R. Hansen, PT
- Deborah L. Hapcic, PT
- Trace W. Hayden, PT
- R. Dean Hill, MD
- Hospice of Intrepid USA
- Michael G. Johnson, DC
- Amy L. Keefr, MSW
- Michael L. Kelsey, PT
- David E. Laissy, PA
- Tana R. Leander, LCSW
- Cindy L. Little, LCSW
- Chriss Anthony Mack, MD
- Reid I. Mamiya, OD
- Michael J. Matory, DC
- Jessica E. Mongelli, DMD
- Barry A. Morguelan, MD
- Abigail K. Neal, OD
- Richard C. Newth, OD
- Dana C. Ostermiller, MD
- Michael S. Palcisko, MD
- Jerald W. Palmer, LCPC
- Mark N. Pierson, PA-C
- Michelle S. Pierson, MD
- Susan M. Rangitsch, LPC
- Rocky Mountain Hospice
- Robert R. Rooper, DO
- Christopher K. Schreiber, MD
- Sidney Health Center
James D. Elliott, OD ......................... Miles City ................. Optometry
Patricia I. Era, MSN ......................... Great Falls ............... Nurse Practitioner
Morgan Ford, MD ......................... Billings ............... Family Practice
Judy A. Gilman, NP ......................... Missoula ............... Nurse Practitioner
Gary Graham, MD ......................... Great Falls ........ General Practice
Patricia A. Grantham, MD ................ Dillon .................. Family Practice
Jimmy Lee Gray Jr, MD ....................... Glasgow ............... Internal Medicine
Barbara Gutschenritter, MD ............... Kalispell ............... Radiation Oncology
Harris D. Hanson, MD ....................... Helena ............... Orthopaedics
Danny M. Harbour, MD ....................... Cut Bank ............... Family Practice
Dale A. Harding, MD ......................... Roundup ............... Family Practice
Donald L. Harr, MD ......................... Billings .............. Psychiatry
Patricia Hennessy, MD ...................... Polson ............... Family Practice
Amy L. Hutton, MD ......................... Billings ............... Family Practice
Daniel R. Ireland, MD ......................... Bozeman .... Obstetrics and Gynecology
Annie I. Irive, MD ......................... Sidney .... Obstetrics and Gynecology
David P. Johnson, PA-C ................. Billings ............... Physician Assistant
Andrew A. Jordan, MD ....................... Great Falls .... Obstetrics and Gynecology
Jerome A. Kessler, MD ......................... Sidney .... Internal Medicine
Richard D. Landes, MD ....................... Billings ........ Pediatrics
Christopher J. Lang, MD ..................... Billings ........ Orthopaedics
Ben L. Lindeman, PA-C ....................... Seeley Lake .......... Physician Assistant
Ben L. Lindeman, PA-C ....................... Missoula ........ Physician Assistant
Ben L. Lindeman, PA-C ......................... Three Forks .... Physician Assistant
Ben L. Lindeman, PA-C ....................... Great Falls .... Physician Assistant
Ben L. Lindeman, PA-C ......................... Columbus .......... Physician Assistant
Michael J. Lucas, MD ......................... Kalispell ........ Anesthesiology
Suzana K. Makowski, MD .................... Billings ............... Internal Medicine
Sheryl A. Malinowski, FNP ................. Billings ........ Nurse Practitioner
Sheryl A. Malinowski, FNP ................. Bridger ........ Nurse Practitioner
Bradford W. McMullin, MD ................... Missoula .......... Urgent Care
Richard K. O’Connor, MD ...................... Helena .......... Anesthesiology
Peter J. O’Reilly, MD ......................... Bozeman ........ Anesthesiology
Joel Q. Peavyhouse, MD ..................... Livingston ........ Orthopaedics
Keith D. Peterson, DO ....................... Seeley Lake .... Family Practice
Peter A. Philips, MD ......................... Polson ............... General Practice
Peter A. Philips, MD ......................... Sidney ............... General Practice
Gary A. Reynolds, MD ......................... Billings ............... Internal Medicine
Sandra J. Robinson, MD ..................... Cut Bank .......... Surgery
Bijan Roshan, MD ......................... Miles City .... Internal Medicine
Kristin Schwers, PA ......................... Livingston .......... Physician Assistant
Kristin Schwers, PA ......................... Big Timber .......... Physician Assistant
Dayton R. Seabaugh, MD ................. Kalispell ........ Urology
George F. Scheckleton, MD ................. Billings ............... Psychiatry
E. Robert Shields, MD ......................... Missoula .......... Pediatrics
Steven B. Sonntag, MD ......................... Billings ............... Family Practice
James S. Staples, MD ......................... Great Falls ........ Anesthesiology
Richard V. Thomas, MD ....................... Glendive .... Obstetrics and Gynecology
Reid E. Thompson, DC ....................... Cut Bank ........ Chiropractic
Lawrence J. Toder, MD ....................... Missoula .......... Orthopaedics
Michael R. Trimble, MD ....................... Butte ........ Surgery
Desiree A. Van Blaricom, PT .............. Deer Lodge ........ Physical Therapy
Gregory H. Weidlich, DC ................. Deer Lodge ........ Chiropractic
Gene C. Wilkins, MD ......................... Ennis ........ Family Practice
Joyce L. Williams, MD ......................... Glendive .... Obstetrics and Gynecology
Joyce L. Williams, MD ......................... Sidney .... Obstetrics and Gynecology
Robert J. Wilmouth, MD ..................... Billings ........ Surgery
Robert E. Wynia, MD ......................... Great Falls .... Internal Medicine
Steven M. Yoder, MD ......................... Ronan ........ Family Practice
Steven M. Yoder, MD ......................... Saint Ignatius .... Family Practice

Blue Cross and Blue Shield of Montana welcomes these new Joint Venture Providers.

Azza A. Abo-Deeb, MD ......................... Butte ............. Pediatrics
Timothy J. Adams, MD ......................... Bozeman ........ Internal Medicine
Raymon Jeann Anau, NP ..................... Great Falls .... Nurse Practitioner
Teresa Augustine, MD ......................... Helena .......... Pediatrics
Carter E. Beck, MD ......................... Missoula ........ Surgery, Neurological
William W. Beck, MD ......................... Polson .... Obstetrics and Gynecology
Norma Bilboal, MD ......................... Billings .............. Physical Med. & Rehab.
Edward A. Boniecki, OT ....................... Florence .......... Occupational Therapy
Kenneth C. Brewhinton, MD ................. Missoula .......... Surgery, Neurological
Susan Cahill, PA ......................... Kalispell ........ Physician Assistant
Kenneth V. Carpenter, MD ................. Helena ........ Orthopaedics
Howard Christy Chandler, MD ............... Missoula .......... Surgery, Neurological
Nyla S. Chandler, NP ......................... Bozeman .......... Nurse Practitioner
Paula S. Colledge, PA ......................... Missoula .......... Physician Assistant
Keven Jean Comer, NP ......................... Bozeman .......... Nurse Practitioner
James P. Cornetet, MD ......................... Billings ........ Ophthalmology
Kathleen G. Damberger, NP ................. Bozeman .......... Nurse Practitioner
James C. Deming, EdD ....................... Bozeman ........ Psychology
Jose C. DeSouza, MD ......................... Great Falls .... Endocrinology, Diabetes, & Metabolism
Lorinda M. Doede, NP ......................... Bozeman .......... Nurse Practitioner
Douglas C. Dolan, OD ......................... Kalispell .......... Optometry
Keith C. Edwards, MD ......................... Helena .......... Radiology
Jami G. Eschler, MD ......................... Bozeman .......... Psychiatry
Tracy M. Fairbanks, MD ..................... Bozeman .......... Family Practice
Walter R. Fairfax, MD ......................... Havre ........ Internal Medicine
John Paul Ferguson, MD ....................... Missoula .......... Obstetrics and Gynecology
Dell A. Fuller, MD........................................Bozeman.................Family Practice
John E. Galt, MD........................................Helena..............Surgery
Eve L. Gillespie, MD.................................Kalispell......Cardiovascular Disease
Robert John Gillespie, PT............................Hamilton......Physical Therapy
Colette A. Gomez-Kirchhoff, MD.............Bozeman.................Family Practice
Natalie S. Gonzales, DO.............................Helena..............Surgery
Kimberley T. Grover, PT.........................Seeley Lake ......Physical Therapy
Jack W. Haas, PA-C................................Billings............Urgent Care
Hamid A. Hai, MD......................................Great Falls ......Cardiovascular Disease
Laurie A. Halstatt, SLP..............................Kalispell......Speech Therapy
Marcia J. Hanks, CNM..............................Missoula......Certified Nurse Midwife
Peter D. Hanson, MD.............................Helena..........Orthopaedics
William J. Harper, MD.............................Helena..............Surgery
Holly A. Hausmann, PA-C.........................Bozeman.......Physician Assistant
David B. Heeterkens, MD.........................Helena..........Orthopaedics
Cynthia M. Hermes, CNM............................Missoula......Certified Nurse Midwife
Thomas G. Hildner, MD............................Bozeman.............Family Practice
Randy R. Hite, PT.....................................Billings.........Physical Therapy
Emily G. Hooker, NP.................................Bozeman......Nurse Practitioner
M. Brooke Hunter, MD.............................Helena..........Orthopaedics
B. Max Iverson, MD.................................Helena..........Orthopaedics
David P. Johnson, PA-C.............................Billings............Physician Assistant
Martha A. Judice, FNP..............................Great Falls.....Nurse Practitioner
Renee L. Kane, PT..................................Frenchtown......Physical Therapy
Mary E. Lane, NP..............................Bozeman..........Nurse Practitioner
Libbie S. Lapp, PA-C.................................Kalispell......Physician Assistant
Amanda S. Livingston, PA-C..................Stevensville.....Physician Assistant
Chriss Anthony Mack, MD........................Missoula......Surgery, Neurological
Michael J. Matury, DC..............................Great Falls.....Chiropractic
Daniel R. McDonell, DC............................Missoula......Chiropractic
John D. Michelotti, MD.............................Helena..........Orthopaedics
Kristi Lea Moore, PT.................................Missoula......Physical Therapy
Barry A. Morguelan, MD............................Missoula......Internal Medicine
Joan C. Murray, MD.................................Bozeman.......Neurology
Richard C. Newth, OD..............................Great Falls......Optometry
David E. Nolan, PA-C...............................Billings.......Physician Assistant
Lindsey Olson, PT..................................Missoula......Physical Therapy
Luke W. Omohundro, MD.........................Bozeman.......Family Practice
Michael S. Palcisko, MD.............................Helena......Pediatrics
Kerry K. Palmerton, PT................................Butte.........Physical Therapy
Virginia H. Pascual, MD.............................Bozeman.....Sleep Disorders Medicine
Mark N. Pierson, PA-C.............................Billings.......Physician Assistant
Michelle S. Pierson, MD............................Billings......Pediatrics
Maureen E. Prige, SLP.............................Butte..........Speech Therapy
Julie M. Pullen, NP.................................Billings......Nurse Practitioner
Sherry A. Reid, MD.................................Bozeman.......Neurology
Rebecca A. Rinehart, PA-C......................Billings.......Physician Assistant
Brenda K. Roche, PhD..............................Billings.......Psychology
James G. Rogers, PsyD.............................Kalispell......Psychology
Christie A. Sandstad, CNS......................Bozeman.....Clinical Nurse Specialist
Karin W. Sax, NP.................................Kalispell.......Nurse Practitioner
Christopher K. Schreiber, MD................Billings.......Urology
Justin Lynn Smith, MD.............................Harlowton......Family Practice
Jeffrey A. Stephenson, MD......................Great Falls......Radiation Oncology
Tod R. Storm, DPM.................................Bozeman.......Podiatry
Cathy A. Waterman, MD............................Bozeman.......Family Practice
Eric D. Weiner, MD.................................Kalispell......Internal Medicine
Alan C. Whitehouse, MD.........................Libby.........Pulmonary Disease
Jerald D. Wiley, DC.................................Great Falls.....Chiropractic
Craig L. Wilkerson, MD............................Helena..........Ophthalmology
William M. Wilshire, DPM.....................Bozeman.......Podiatry
Melanie M. Zander, NP.............................Kalispell......Nurse Practitioner
Michael J. Zigich, MD.............................Kalispell......Anesthesiology

The following providers are no longer participating with the Joint Venture Provider Network.

Steven P. Akre, MD.................................Great Falls......Rheumatology
Sharon E. Akrep, MD..............................Great Falls.....Anesthesiology
James H. Armstrong, SR., MD..............Kalispell......Family Practice
Scot J. Bowen, DC.................................Billings......Chiropractic
Steven C. Cohen, MD.............................Absarokee....Family Practice
Steven C. Cohen, MD..............................Red Lodge.....Family Practice
James P. Cornetet, MD..............................Great Falls.....Ophthalmology
Patricia I. Era, MSN.................................Great Falls.....Nurse Practitioner
Jami G. Eschler, MD..............................Bozeman.......Psychiatry
Andrew A. Jordan, MD..............................Great Falls.....Ophthalmology
Sheryl A. Malinowski, FNP....................Bridger........Nurse Practitioner
Michelle C. McCall, MD...........................Helena.......Psychiatry
Bradford W. McMullin, MD.....................Missoula......Urgent Care
Christie A. Sandstad, CNS......................Bozeman.....Clinical Nurse Specialist
Christopher C. Smith, PA-C......................Great Falls.....Physician Assistant
Michael R. Trimble, MD.............................Butte.........Surgery
Dulcinea A. Voermans, PT.....................Helena.........Physical Therapy
Steven M. Yoder, MD.............................Ronan.........Family Practice
EXTERNAL TEAM
The External Team consists of Network Development and Network Service Representatives who travel to provider offices in their respective areas. Network Development Representatives negotiate provider and facility contracts and address contractual issues relevant to all lines of business. Network Service Representatives assist provider offices with resolving recurring problems and continuing education. If you have any questions concerning office visits, workshops, billing with your BCBSMT ID according to contract, product information or any other issues beyond the scope of Customer Service, contact your provider representative listed on the map.

INTERNAL TEAM
The Internal Team consists of Provider Relations Specialists, Database Maintenance Technicians, and Credentialing Analysts who expedite the data processes necessary to manage the BCBSMT provider networks. Provider Relations Specialists are responsible for processing provider contracts, correspondence, and/or supporting the External Team. Database Maintenance Technicians maintain provider databases for all lines of business, resolve provider claims’ edits, and assign provider identification numbers. Credentialing Analysts are responsible for processing provider credentialing applications and correspondence, and for credentialing database maintenance. If you change your address, tax ID or Social Security Number or your on-call list, or if you have any questions about your listing in provider directories, contact the appropriate Internal Team member listed on the map.
Avoiding Scrutiny in Today’s Environment

By Karl Krieger, CFE, AHFI

Even in Montana, health insurance fraud is estimated to be a multi-million dollar problem. Nationally, conservative estimates on fraudulent claims could exceed $50 billion dollars per year—with other estimates as high as $170 billion. Unfortunately, any amount of fraud translates into higher premiums (or reduced benefits) for employers and individuals, higher taxes, and higher insurance copayments for insured patients. This is why insurers have stepped up efforts to identify and deter fraud, legislators have worked to strengthen insurance fraud laws and penalties, and law enforcement agencies have increased their efforts to investigate and prosecute the people committing this crime.

The Federation of State Medical Boards recently released their 2004 summary documenting that medical boards are taking more disciplinary actions than ever before. Disciplinary actions increased nearly 20% between 2003 and 2004—with a total of 6,265 disciplinary actions in 2004.

BCBSMT knows the vast majority of providers are honest and ethical, and make every effort possible to protect their practice from any appearance of impropriety. The BCBSMT Special Investigations Unit (SIU) also knows that dishonest providers are not the only ones committing fraud. The SIU’s current caseload also includes patients, agents, groups, billing agencies, and office managers.

The easiest way to avoid trouble is to use common sense, and the following list identifies easy ways to avoid a possible fraud investigation. As easy as most of these are to follow, they are also some of the most common reasons BCBSMT opens an investigation.

- Bill for the actual services rendered, and do not bill based on what the insurance will pay.
- Document the patient’s medical records as completely, accurately, and legibly as possible.
- Bill under the provider who actually rendered treatment.
- Bill under the correct patient name and insurance ID number.
- Use procedure codes that accurately represent the service but not higher level codes that will pay more.
- Use diagnosis codes that accurately represent the patient’s condition, not codes that may increase compensation.
- Do not misrepresent non-covered treatments as medically necessary covered treatments for the purpose of obtaining compensation.
- Avoid dual fee schedules (insured patients are billed higher charges than non-insured or cash-paying patients).
- Avoid advertising free or discounted medical treatments and then bill normal charges to insured patients.

While this list does not encompass all issues that can trigger an investigation, these are the primary indicators. Incorporating these points into your practice will help you avoid a fraud investigation. If you’re aware of someone who may be committing insurance fraud, be a part of the solution and report it to the appropriate insurer or law enforcement agency. You can contact the BCBSMT SIU at 1-406-444-8211, or access our website at www.stopfraud.bcbsmt.com.

Karl Krieger currently serves as a BCBSMT Special Investigator, is a Certified Fraud Examiner, and an Accredited Health Care Fraud Investigator. Karl has been employed by BCBSMT for over 15 years, has received the DPHHS Inspector General’s Integrity Award for his work in health care fraud, and currently serves as Vice-President on the Board of Directors for the Big Sky Chapter of the Association of Certified Fraud Examiners. Karl can be reached at 1-800-447-7828, extension 8211, or by email at kkrieger@bcbsmt.com. For more information, refer to the BCBSMT anti-fraud website at www.stopfraud.bcbsmt.com.