



# BlueCross BlueShield of Montana

An Independent Licensee of the Blue Cross and Blue Shield Association

# THE CAPSULE NEWS<sup>SM</sup>

<sup>SM</sup>Service Marks of Blue Cross and Blue Shield of Montana

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

SECOND QUARTER 2006

SAVE FOR FUTURE REFERENCE



## SYSTEM CONVERSION IMPROVES

Thank you for your continued patience during the Blue Cross and Blue Shield of Montana (BCBSMT) membership and claims processing system conversion. We have made significant progress, but we still have some backlog delays in processing claims.

We are running new system payment cycles as available for all providers (for the other 50% of our employer groups and members who are not part of the conversion, we are processing claims and paying on a weekly basis without interruption). Our claims inventory continues to decrease. Our highest claims inventory was in December with more than 80,000 claims and we are currently at approximately 15,000 (the average is 25,000 claims). Substantial improvement has been made on automatic claims adjustments, duplicate claims, coordination of benefits, and accident letters of inquiry, and we are close to finalizing these issues.

We have delayed planning for the third and final conversion (roll 3) until we are back to "normal" operations, and we will consider different options to reduce impact to our members and providers.

### ELECTRONIC CLAIMS ERROR AND ACCEPTANCE REPORTS

Provider offices submitting electronic claims through Health-e-Web are used to receiving error/acceptance reports showing claims accepted by BCBSMT. This is a very useful tool to determine if claims are coded properly without having a denial after first-level processing.

The new system currently does not have the capability to report to Health-e-Web claims errors. However, beginning May 1, 2006, a generic report will be sent to submitters notifying them of claims received. The new system accepts all claims, and claims with errors suspend for BCBSMT review. The ability to generate these reports is not a Health-e-Web responsibility, and BCBSMT is currently developing the error report.

### FINANCIAL ASSISTANCE

BCBSMT is committed to mitigating the impact this conversion is having on physicians, hospitals, and other health care providers. To that end, we are happy to provide periodic interim payments (PIP) to any of our BCBSMT participating providers to alleviate potential negative cash flow situations they may face. A phone call to any of the Health Care Services External Team (see inside back cover) is all that is necessary for a physician, hospital, or other health care provider to apply for a PIP.

If you have questions, contact Customer Service at 1-800-447-7828 or your provider network representatives (see inside back cover).

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**MEDICAL POLICY**

Medical policies are developed through consideration of peer-reviewed medical literature, Federal Drug Administration (FDA) approval status, accepted standards of medical practice in Montana, the Blue Cross and Blue Shield Association Technology Evaluation Center assessments, 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 comments on all medical policies. When using medical policy to determine whether a service, supply, or device will be covered, member contract language will take precedence over medical policy if there is a conflict.

Federal mandate prohibits denial of any drug, device, or biological product fully approved by the FDA as investigational for the Federal Employee Program. In these instances, coverage of FDA-approved technologies are reviewed on the basis of medical necessity alone.

The Medical and Compensation Physician's Committee met in May 2006, and approved the following **NEW** and **REVISED** medical policies with an effective date as listed on the policy. Note that only the "Policy" section is included in revised policies, and if the policy change is minor, only that portion of the policy is included. References used in policy development are not included and you may call BCBSMT at 1-800-447-7828 to request a copy. All medical policies are available online at [www.bluecrossmontana.com](http://www.bluecrossmontana.com).

**NEW POLICIES**

**SELECTIVE INTERNAL RADIATION THERAPY (SIRT)**

*Chapter: Radiology*

*Effective Date: August 1, 2006*

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**DESCRIPTION**

Various non-surgical ablative techniques have been investigated to cure or palliate unresectable hepatic tumors. Most hepatic tumors are unresectable at diagnosis due either to their anatomic location, size, and number of lesions, concurrent nonmalignant liver disease, or insufficient hepatic reserve. The techniques used include:

- Cryosurgery.
- Radiofrequency Ablation.
- Microwave or laser ablation.
- Transcatheter arterial chemo-embolization (TACE).
- Selective Internal Radiation Therapy (SIRT).

This medical policy addresses SIRT only. SIRT is a biocompatible, targeted delivery of small beads (microspheres) impregnated with yttrium-90 that emit beta radiation. It is considered a manual and permanent brachytherapy implantation technique. The rationale for SIRT is based on the following:

- The liver parenchyma is sensitive to radiation.
- The hepatic circulation is uniquely organized, whereby tumors greater than 0.5 cm rely on the hepatic artery for blood supply while a normal liver is primarily perfused through the portal vein.
- Yttrium-90 is a pure beta emitter with a relatively limited effective range and short half-life that helps focus

the radiation and minimize its spread.

The FDA has approved two commercial forms of yttrium-90 microspheres.

- In 2002, SIR-Spheres was approved in combination with 5-fluorouridine (5-FUDR) chemotherapy by hepatic artery infusion to treat unresectable hepatic metastases from primary colorectal cancer.
- In 1999, TheraSpheres was approved as a humanitarian device exemption for use as a monotherapy to treat unresectable hepatocellular cancer.

**POLICY**

**INVESTIGATIONAL**

BCBSMT considers the use of selective internal radiation therapy (SIRT), using intra-arterial injection of radiolabeled microspheres, investigational.

**CODING**

**CPT Codes**

There are no specific CPT codes for SIRT. The following non-specific codes may be used:

37204 - Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck.

75894 - Transcatheter therapy, embolization, any method, radiological supervision and interpretation.

77399 - Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services.

**HCPCS Codes**

S2095 - Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres.

C2616 - Brachytherapy source, yttrium 90, per source.

**SECOND QUARTER 2006**



Medical Policy is on-line at [www.bluecrossmontana.com](http://www.bluecrossmontana.com)

## REVISED POLICIES

### CHEMOTHERAPY ADMINISTRATION

#### Therapeutic, Prophylactic, and Diagnostic Injections and Infusions, and Hydration Infusion

Chapter: Administrative

Effective Date: August 1, 2006

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### POLICY

**NOTE:** The chemotherapy administration codes are not payable if the substance or drug is non-covered.

#### Chemotherapy Administration Codes

Chemotherapy administration codes (CPT 96401-96549) are used to report the administration of the following drugs when provided by a physician or qualified personnel under the physician's supervision in an office setting (non-facility):

- Non-radionuclide anti-neoplastic drugs used to interfere with or prevent the growth and development of malignant cells.
- Anti-neoplastic agents used to treat non-cancer diagnoses (e.g., cyclophosphamide for auto-immune conditions).
- Substances such as monoclonal antibody agent and other biologic response modifiers.

The following services are included in the chemotherapy administration codes:

- Use of local anesthesia.
- IV start.
- Access to an indwelling IV, subcutaneous catheter, or port.
- Flush at the conclusion of an infusion.
- Standard tubing, syringes, and supplies.
- Preparation of chemotherapy agent(s).
- The fluid used to administer the

drug(s) is incidental to hydration and is not separately reported.

Additional billing guidelines include:

- Report separate codes for each parenteral method of chemotherapy administration by different techniques and the specific substance(s) or drug(s) provided. If the drug is not billed, identify the drug given in box 19 on the CMS1500 claim form.
- When administering multiple infusions, injections, or combinations, only one "initial" service code is reported unless protocol requires two separate IV sites must be used.
- The initial code that best describes the key or primary reason for the encounter should always be reported. It is not dependent on the order in which the infusion or injections occur.
- The administration of medications (e.g., steroidal agents or antiemetics) independently or sequentially as supportive management of chemotherapy administration should be reported separately using CPT codes 90761, 90766, 90767, or 90775.
- When reporting codes for which infusion time is applicable, use the actual time over which the infusion is administered. Preparation time is not reported.
- Intravenous infusion codes reporting time greater than 15 minutes are covered when the infusion time is medically necessary.
- When coding "additional hours" of infusions, time increments of 30 minutes or less are not reportable.
- Prolonged infusion (more than 8 hours) requiring the use of a pump is covered for administration of antineoplastic medication only when:
  - A prolonged infusion of more than eight hours is medically necessary; or
  - The drug must be infused at a controlled rate to avoid toxicity and another means of accomplishing this (e.g., elastomeric infusion pump) is not acceptable. The criteria is met for administration by continuous use over at least 24

hours when the regimen is proven or generally accepted to have significant advantages over intermittent administrative regimens.

- The rental of an external pump (HCPCS code E0718) is separately allowed.

#### Therapeutic, Prophylactic, and Diagnostic Injections and Infusions

Therapeutic, prophylactic, diagnostic IV infusion, or injection codes (CPT 90765-90799) are used to report the administration of substances/drugs, other than hydration or chemotherapy, when provided by a physician or qualified personnel under the physician's supervision in an office setting (non-facility).

The following services are included in the therapeutic, prophylactic, and diagnostic injections and infusions administration codes:

- Use of local anesthesia.
- IV start.
- Access to indwelling IV, subcutaneous catheter or port.
- Flush at conclusion of infusion.
- Standard tubing, syringes and supplies.
- Preparation of chemotherapy agent(s).
- The fluid used to administer the drug(s) is incidental hydration and not separately reported.

Additional billing guidelines include:

- When multiple drugs are administered, report the administration service(s) and the specific materials or drugs for each drug. If the drug is not billed, identify the drug given in box 19 on the CMS1500 claim form.
- When administering multiple infusions, injections, or combinations, only one "initial" service code is reported unless protocol requires two separate IV sites must be used.
- The initial code that best describes the key or primary reason for the encounter should always be reported. It is not dependent on the order in which the infusion or injections occur.

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**MEDICAL POLICY**

- If an injection or infusion is of a subsequent or concurrent nature (even if it is the first such service within that group of services), then an appropriate subsequent, or concurrent CPT code should be reported.
- When reporting codes for which infusion time is applicable, use the actual time over which the infusion is administered. Preparation time is not reported.
- When coding “additional hours” of infusions, time increments of 30 minutes or less are not reportable.
- An intravenous or intra-arterial push is defined as:
  - a. An injection in which the qualified health care personnel who administers the substance/drug is continuously present to administer the injection and observe the patient, or

- b. An infusion of 15 minutes or less.
- Intravenous infusion codes reporting time greater than 15 minutes are covered when the infusion time is medically necessary.
  - Do not report CPT codes 90765-90779 with codes for which an IV push or infusion is an inherent part of the procedure. For example, administration of contrast material for a diagnostic imaging study.

**Hydration Infusion**

Hydration administration codes (CPT 90760-90761) are used to report the administration of hydration IV infusion that consists of a prepackaged fluid and/or electrolyte solutions when provided by a physician or qualified personnel under the physician’s supervision in an office setting (non-facility). These codes are:

- Separately allowed when a significant

volume of fluid is administered to a patient either to treat dehydration or provide excess hydration to a patient as part of the chemotherapy plan.

- Not reported when used as the vehicle to infuse drugs or other substances.
- Not reportable when coding “additional hours” of infusions with time increments of 30 minutes or less.

The following services are included in the hydration administration codes:

- The addition of electrolytes to a bag of fluid is considered a part of the services described by CPT codes 90768-90775 based upon the route of administration and the time required to administer the solution.
- Fluid provided as the vehicle for the substance infused are considered inclusive hydration and are not reported separately.

**CLAIM EXAMPLES**

**CHEMOTHERAPY, THERAPEUTIC, AND HYDRATION ADMINISTRATION**

Description of Service	Time	CPT Code	Units	CPT Code Description
Cisplatin IV infusion (2 hours 10 minutes)	11:50 - 14:00	96413	1	Chemo administration, intravenous infusion technique; up to 1 hr single or initial substance/drug.
		96415	1	Each additional hour, 1-8 hours.
Gefitinib IV push (10 minutes)	11:10 to 11:20	96411	1	Chemotherapy administration; intravenous, push technique, each additional substance/drug.
Pre-hydration (1 hour 50 minutes)	10:00 - 11:50	90761	2	Intravenous infusion, hydration; each additional hour, up to 8 hours.
Ativan IV push (15 minutes) and Decadron IV push (15 minutes)	10:15 - 10:30 and 10:30 - 10:45	90775	2	Therapeutic, prophylactic or diagnostic injection; each additional sequential intravenous push of a new substance/drug.

Report drugs separately

**THERAPEUTIC SEQUENTIAL ADMINISTRATION ONLY**

Description of Service	Time	CPT Code	Units	CPT Code Description
1st Antibiotic (45 minutes)	08:00 to 08:45	90765	1	Intravenous infusion, for therapy, prophylaxis, or diagnosis, up to 1 hour.
2nd Antibiotic (2 hours)	08:45 to 10:45	90767	1	Additional sequential infusion, up to 1 hour.
		90766	1	Each additional hour, up to 8 hours.

Report drugs separately

Medical Policy is on-line at [www.bluecrossmontana.com](http://www.bluecrossmontana.com)

**THERAPEUTIC CONCURRENT ADMINISTRATION ONLY**

Description of Service	Time	CPT Code	Units	CPT Code Description
Antibiotic A (1 hour)	08:00 to 09:00	90765	1	Intravenous infusion, for therapy, prophylaxis, or diagnosis, up to 1 hour.
Antibiotic B (1 hour)	08:00 to 09:00	90768	1	Concurrent infusion.
Anti-emetic (15 minutes)	08:30 to 08:45	90775	1	Each additional sequential intravenous push of a new substance/drug.

**HYDRATION ADMINISTRATION ONLY**

Description of Service	Time	CPT Code	Units	CPT Code Description
Hydration therapy (1 hour, 15 minutes)	09:00 to 10:15	90760	1	Intravenous infusion, hydration; initial, up to 1 hour.
Fluid (2 liters)		J7030	2	Infusion, normal saline solution, 1000 cc.

**PERCUTANEOUS VERTEBROPLASTY AND KYPHOPLASTY**

Chapter: Surgery - Procedures  
Effective Date: August 1, 2006

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Senior Staff Approval Date: June 12, 2002

Original Effective Date: June 25, 2002

Current Effective Date: March 1, 2005

**POLICY**

**Prior authorization is recommended.**

To authorize, call BCBSMT Customer Service at 1-800-447-7828 or fax your request to the Medical Review Department at 406-444-8451. A retrospective review is performed if services are not prior authorized.

**MEDICALLY NECESSARY**

BCBSMT considers vertebroplasty and kyphoplasty medically necessary for patients who have failed standard nonsurgical treatment and who meet one of the following criteria:

- Osteolytic vertebral metastasis and myeloma with severe back pain where chemotherapy and radiation

therapy have failed to relieve symptoms.

- Vertebral hemangiomas with severe pain or nerve compression where radiation therapy has failed to relieve symptoms.
- Osteoporotic vertebral collapse with persistent debilitating pain that has not responded to accepted standard medical treatment (e.g., initial bed rest with progressive activity and bisphosphonates) for at least four weeks. The affected vertebra must be at least one-third or more of its original height.
- Vertebral fracture (compression, traumatic, or steroid-induced) with persistent debilitating pain that has not responded to accepted standard medical treatment.

**INVESTIGATIONAL**

BCBSMT considers all other indications for use of vertebroplasty and kyphoplasty investigational.

**MORBID OBESITY: SURGICAL MANAGEMENT**

Chapter: Surgery

Revised Policy

Effective Date: August 1, 2006

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Senior Staff Approval Date: July 11, 2001

Original Effective Date: November 1, 2001

Current Effective Date: October 12, 2005

**POLICY**

**NOTE:** This medical policy applies only to member contracts that cover surgical management of morbid obesity services. Most contracts do not provide coverage. BCBSMT covers surgical management of morbid obesity services when the medical necessity criteria listed below are met. Also reference the medical policy Morbid Obesity: Medical Management.

**Prior authorization is recommended only when the member contract allows benefits.** To authorize, call BCBSMT Customer Service at 1-800-447-7828 or fax your request to the Medical Review Department at 406-444-8451. A retrospective review is performed if services are not prior authorized.

**DOCUMENTATION REQUIREMENTS**

The following documentation must be

*continued next page*

## MEDICAL POLICY

submitted with the prior authorization request:

- Height and weight or Body Mass Index (BMI).
- Weight control medications currently taken, or taken in the past, and the duration of time on these medications.
- Duration of time spent on medically supervised weight loss program(s). Medically supervised includes supervision by a physician, naturopathic physician, nurse practitioner, or physician's assistant.

Additional documentation for medical management of morbid obesity must include:

- Medical records indicating the member is willing to cooperate in managing their obesity (i.e., following a diet).
- A treatment plan from the managing provider including:
  - The member's height and weight or BMI on the date treatment begins.
  - The proposed treatment plan.
  - The patient's goal weight.

### COVERED SERVICES

Surgery for morbid obesity is covered when the member has a contract benefit for surgical management of morbid obesity and all of the following medical necessity criteria are met:

- Body Mass Index (BMI) of 40 or above (See table 1 at [www.bluecrossmontana.com](http://www.bluecrossmontana.com)) documented for 3 years or more.
- Documented failure of medically supervised weight loss for at least 1 year.

### COVERED SURGICAL PROCEDURES

There are a variety of surgeries intended to treat morbid obesity. All of the surgeries are based on one of two premises:

1. Alteration in the volume of food eaten (restrictive procedure); or
2. Alteration of food absorption

(malabsorptive procedure).

BCBSMT only allows coverage for the following surgeries:

**Laparoscopic gastric banding** - A gastric restriction surgical procedure utilizing a synthetic band rather than staples to divide the stomach into a small upper pouch and a lower portion (restrictive procedure).

**Gastric bypass (Roux-en-Y)** - A small tube of bowel connects the top of the stomach directly to the middle of the small bowel. The rest of the stomach is either cut or stapled so food can fill only about 10% of the stomach (malabsorptive procedure).

**NOTE:** Excess skin removal (i.e. panniculectomy) as a result of weight loss following obesity surgery is subject to the Cosmetic Procedures medical policy criteria. Prophylactic cholecystectomy is considered inclusive to obesity surgery.

### NON-COVERED SERVICES

Surgery for morbid obesity is not covered when the preceding criteria for coverage are not met or when the member does not have a benefit for morbid obesity surgery. The following procedures are also non-covered:

**Jejunioleal bypass** - Any surgical procedure that shunts ingested food from the jejunum into the ileum thus bypassing a majority of the small intestine.

**Biliopancreatic bypass** - A surgical procedure involving a gastric restriction diverting bile and pancreatic juice into the distal Ileum.

**Gastric partitioning (vertical-banded gastroplasty or gastric stapling)** - A row of staples is placed across the stomach, so food can only pass through a narrow part of the stomach. Patients become full after only a small amount of food is consumed.

**Gastric wrapping** - A surgical procedure in which the stomach is folded over on itself and a full stomach wrap (polypropylene mesh) is applied. The outcome is to limit gastric volume.

**Jejunocolostomy** - A surgical proce-

dures that entails anastomosis of the end of the jejunum to the mid-transverse colon thus creating a short bowel syndrome.

**Garren-Edwards gastric bubble surgery** - A device made of elastometric plastic and placed in the stomach via a gastroscope. It is a free floating intragastric bubble used to reduce stomach capacity.

**Liposuction, abdominoplasty, and panniculectomy** - Are considered non-covered services unless medical complications support the medical necessity of the procedure. (See Cosmetic Procedures)

### BEVACIZUMAB (AVASTIN)

*Chapter: Drugs*

*Effective Date: August 1, 2006*

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*Original Effective Date: December 10, 2005*

*Current Effective Date: December 10, 2005*

### POLICY

**Prior authorization is recommended.**

To authorize, call BCBSMT Customer Service at 1-800-447-7828 or fax your request to the Medical Review Department at 406-444-8451. A retrospective review is performed if services are not prior authorized.

### MEDICALLY NECESSARY

BCBSMT considers the use of bevacizumab medically necessary to treat:

- Metastatic carcinoma of the colon or rectum when given in conjunction with oral or intravenous 5-fluorouracil-based chemotherapy. Use after the progression of disease has been documented is considered non-covered (FDA).
- Non-small, non-squamous cell lung carcinoma (USP-DI).
- Ophthalmic conditions (intraocular administration) (local standard of care).

### INVESTIGATIONAL

BCBSMT considers the use of bevacizumab investigational for any use not considered medically necessary.

Medical Policy is on-line at [www.bluecrossmontana.com](http://www.bluecrossmontana.com)

## MAGNETIC RESONANCE IMAGING (MRI) OF THE BREAST

Chapter: Radiology

Revised Policy

Effective Date: August 1, 2006

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Senior Staff Approval Date: August 30, 2003

Original Effective Date: August 30, 2003

Current Effective Date: August 1, 2004

### POLICY

**Prior authorization is recommended.**

To authorize, call BCBSMT Customer Service at 1-800-447-7828 or fax your request to the Medical Review Department at 406-444-8451. A retrospective review is performed if services are not prior authorized.

### MEDICALLY NECESSARY

BCBSMT considers MRI of the breast medically necessary for the following clinical indications:

### SCREENING

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 for BRCA1 or BRCA2 mutation due to a known presence of the mutation in relatives, or
- A pattern of breast or ovarian cancer history in first-degree relatives (e.g., parents, sibling, offspring) or second-degree relatives (e.g., grandparent, grandchild, uncle, aunt, nephew, niece, half-sibling) suggesting a high probability of BRCA mutation or other hereditary breast cancer mutation with an autosomal dominant inheritance (e.g., about half the family members are affected). High probability is also defined as two or more first-degree relatives with a history of breast cancer that likely occurred under the age of 40 and in both breasts.

### DIAGNOSIS

- To determine the presence of pectoralis major muscle/chest wall invasion in patients with posteriorly located tumor.
- An MRI guided breast biopsy when used to biopsy lesions that can only be located with an MRI.
- When used as a diagnostic tool to confirm silicone breast implant rupture in symptomatic patients (see Reconstructive Breast surgery/Management of Breast Implants).

### DETECTION AND/OR CHARACTERIZATION

- For detection of suspected occult breast primary tumor with axillary nodal adenocarcinoma.
- For presurgical planning in patients with locally advanced breast cancer before and after completion of neoadjuvant chemotherapy to permit tumor localization and characterization.
- When physical examination, ultrasound, and mammography are inconclusive.
- For evaluation of residual tumor in patients with positive margins after lumpectomy in patients who have not had a pre-operative MRI.
- To determine the extent of disease in patients with known malignancy prior to treatment.
- To confirm disease in one segment of the breast.
- For pre-operative tumor mapping to evaluate the presence of multi-centric disease in patients with clinically localized breast cancer who are candidates for breast-conservation therapy.

### INVESTIGATIONAL

BCBSMT considers MRI of the breast **investigational** in the following instances:

### SCREENING

- Routine screening to detect breast cancer in average-risk patients.
- As a screening technique of the con-

tralateral breast in patients who have breast cancer.

- As a screening technique for the detection of breast cancer when the sensitivity of mammography is limited (e.g., dense breasts, breast implants, scarring after treatment for breast cancer).

### DIAGNOSIS

- For the diagnosis of low-suspicion findings on conventional testing not indicated for immediate biopsy and referred for short-interval follow-up.
- For the diagnosis of a suspicious breast lesion in order to avoid biopsy.
- 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.

### DETECTION AND/OR CHARACTERIZATION

- To determine response during neoadjuvant chemotherapy in patients with locally advanced breast cancer.
- Evaluation of post-operative patients when scar tissue cannot be differentiated from tumors.

### ALLERGY POLICY CORRECTION

#### INVESTIGATIONAL ALLERGY TESTING

The first quarter 2006 issue (page 11) published a revised allergy testing medical policy and listed investigational allergy testing. Number 9, "Direct skin testing for bacterial, fungal, and food antigens" should have read "direct skin testing for bacterial antigens".



## QUESTIONS?

CALL  
BCBSMT HEALTH  
CARE SERVICES  
1-800-447-7828



**YOU'RE INVITED**

**2006 PROVIDER**

**W TEAM HEALTH CARE SERVICES WORKSHOPS**

**2006 SUMMER PROVIDER WORKSHOPS**

On behalf of BCBSMT, Health Care Services would like to invite you and your staff to attend the BCBSMT 2006 Spring Provider Workshops. Participant feedback from previous workshops was incorporated into this year's agenda and includes the latest information concluding with an open panel discussion.

**AGENDA**

- Welcome
- Medicare Advantage
- Contract Clarification
- New Claim Forms: CMS1500 and UB02
- Company Updates
- Provider Secure Services: Blue Exchange
- National Provider Identifier
- Open Panel Discussion

Date	City	Location	Time
June 6	Great Falls	Heritage Inn (Britain and Canadian Rooms)	1:00 - 5:00
June 13	Miles City	Holy Rosary Hospital (Conference Rooms 2 and 3)	8:30 - 12:00
June 14	Billings	Holiday Inn Grand Montana	8:30 - 12:00
June 14	Lewistown	Central Montana Medical Center (Room 1)	8:30 - 12:00
June 15	Sidney	Sidney Health Center	8:30 - 12:00
June 20	Kalispell	Hampton Inn (Northfork Room)	1:00 - 5:00
June 21	Polson	St. Joseph Hospital (Large Conference Room)	1:00 - 5:00
June 22	Missoula	Grant Creek Inn (Ponderosa and Spruce Rooms)	8:30 - 12:00
June 27	Butte	Red Lion (Big Sky I and II)	8:30 - 12:00
June 27	Helena	Great Northern Hotel (Oriental Ltd.)	1:00 - 5:00
June 28	Shelby	Marias Medical Center (Large Conference Room)	1:00 - 5:00
June 28	Havre	Northern Montana Hospital (Conference Room 6)	8:30 - 12:00
July 13	Bozeman	Bozeman Deaconess Hospital (Meeting Room F)	1:00 - 5:00

**RSVP**

Please RSVP at least five business days, prior to the date of the workshop you plan to attend.

**Call 1-800-447-7828, extension 8486.**

*We are looking forward to seeing you!*

# Regular Business

## A&A STANDARDS

### BCBSMT ACCESS AND AVAILABILITY STANDARDS

Participating providers treat BCBSMT members as they would any other patient and have agreed to cooperate in monitoring accessibility of care for members, including scheduling of appointments and waiting times. Participating providers must meet the following appointment standards:

1. Emergency services must be made available and accessible at all times.
2. Urgent care appointments must be available within 24 hours.
3. Appointments for non-urgent care with symptoms must be made available within 10 calendar days.
4. Appointments for immunizations must be available within 21 calendar days.
5. Appointments for routine or preventive care must be available within 45 calendar days.

### EMERGENCY SERVICES AND EMERGENCY MEDICAL CONDITION

Participating providers are required to have 24-hour availability of emergency services and qualified on-call coverage available to BCBSMT members.

*Emergency Services* means health care items and services furnished or required to evaluate and treat an emergency medical condition.

*Emergency Medical Condition* is a condition manifesting itself with symptoms of sufficient severity, including severe pain, in which the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. The covered person's health would be in serious jeopardy.
2. The covered person's bodily functions would be seriously impaired.

3. A body organ or part would be seriously damaged.

### URGENT CARE

Participating providers must see BCBSMT members within 24 hours of their request for an appointment.

*Urgent Care* is health care that is not an emergency service but is necessary to treat a condition or illness that could reasonably be expected to present a serious risk of harm if not treated within 24 hours.

### NON-URGENT CARE WITH SYMPTOMS

Participating providers must see BCBSMT members within 10 calendar days of their request for an appointment.

*Non-Urgent Care* is health care required for an illness, injury, or condition with symptoms that do not require care within 24 hours to prevent a serious risk of harm but do require care that is neither routine nor preventive in nature.

### ROUTINE CARE

Participating providers must see BCBSMT members within 45 calendar days of their request for an appointment.

*Routine Care* is health care for a condition that is not likely to substantially worsen in the absence of immediate medical intervention and is not an urgent condition or an emergency. Routine care can be provided through regularly scheduled appointments without risk of permanent damage to the person's health status.

### PREVENTIVE CARE AND IMMUNIZATIONS

Participating providers must see BCBSMT members within 45 calendar days of their request for an appointment for preventive care and within 21 calendar days of their request for an appointment for immunizations.

*Preventive Care and Immunizations* are health care services designed for the prevention and early detection of illness in asymptomatic people.

*BCBSMT Provider Manual, Chapter 1, page 12.*



### FEDERAL EMPLOYEE PROGRAM

#### BEHAVIORAL HEALTH TREATMENT PLAN

Mental health and substance abuse benefits are available for Federal Employee Program (FEP) members when seen by a contracted FEP Preferred Provider. To receive the highest level of benefits, behavioral health providers must submit a treatment plan. For Standard Option, a treatment plan is required before the 9<sup>th</sup> visit. For Basic Option, a treatment plan is required before services are provided. Benefits are also available for partial hospitalization and outpatient therapy and require prior authorization before services are provided. If you have questions about a treatment plan or prior authorization, call 1-800-635-5271, extension 8550.

#### ACCEPTING NEW PATIENTS

To provide our customers with accurate, up-to-date, online information, notify BCBSMT immediately by fax or email if your practice is closed to new patients.

Download a Provider Change of Status form from our website at [www.bluecrossmontana.com](http://www.bluecrossmontana.com). (click on *Provider Services* then *Provider Database*). You may fax the form or notification on your letterhead to 406-447-3570, or e-mail your Provider Database Maintenance Technician at [www.bluecrossmontana.com](mailto:www.bluecrossmontana.com) (click on *Provider Services* then *Service Team*).

Notify BCBSMT when any change is made to:

- Name
- Credentials
- Address
- Phone number
- Specialty
- Tax ID or Social Security number
- On-call list
- Patient age restrictions
- Licensure
- Leave of absence or sabbatical

Changes can also be mailed to:  
Blue Cross Blue Shield of Montana  
Health Care Services  
P.O. Box 4309  
Helena, MT 59604

# Regular Business

## Secure Services



VIEW YOUR MEMBER INFORMATION ON-LINE IN SECURE SERVICES

### MEMBER BENEFITS AVAILABLE IN SECURE SERVICES

Secure Services, an online inquiry service, allows health care providers who have submitted claims to BCBSMT to view claims status, benefits, and eligibility for their patients at no cost. BCBSMT recently added the ability to view member benefits in Secure Services. This upgrade only applies to members converted or enrolled in the new claims processing system.

Secure Services office administrators and users can now view:

- Detailed benefit descriptions.
- Pre-existing condition limitations.
- Deductible and co-payments.
- Urgent care benefits.
- Vision benefits.
- Dental benefits.
- Non-covered services.
- Other-party drug vendors.
- Case management benefits.

### PASSWORDS

Secure Services now allows office staff users to reset their password from the main provider login page. Current users are required to create a personal question and answer and new office staff is required to set up the personal question and answer when they initially login.

### SECURITY REMINDER

HIPAA requires all covered entities to use only the minimum necessary infor-

The screenshot shows the 'New Patient' search interface. The search criteria are: Search by Subscriber ID (YDH069000000) and Birth Date (02/31/2003). The results table is as follows:

Member Name	Relation	Birth Date	Cov Eff Date	Status	Term Date	Group Number	Pre-X End Date	Member ID
<u>Ename010.Lname05</u>	Male Subscriber	12/05/1988	<u>01/01/2003</u>	Primary		GROUP218	None	05800001000
Ename010.Lname052	Female Spouse	02/03/1958	01/01/2003	Primary		GROUP218	None	05800001001
Ename012.Lname053	Female Child/Dependent	05/15/1987	01/01/2003	Primary		GROUP218	None	05800001002
Ename013.Lname053	Male Child/Dependent	05/01/2003	05/01/2003	Primary		GROUP218	None	05800001003

NOTE: The Member ID is the assigned Identification Number for the coverage period listed

Select ANY Member Name for all Claims

Select Cov Eff Date for Benefits

CLICK HERE TO VIEW MEMBER CLAIMS

CLICK HERE TO VIEW MEMBER BENEFITS

# MEMBER BENEFITS SECURE SERVICES

mation. Remember to delete office staff no longer employed or that have moved to another area of your company from accessing the Provider Online Inquiry site. Office Administrator can add and delete users as necessary.

Secure Services is available Monday through Saturday from 6 a.m. to 10 p.m. and Sunday from 9 a.m. to 6 p.m. If you have questions, call 1-800-447-7828, extension 8524.



**QUICK TIP:**

“If multiple providers in the same office receive their own PCR, office administrators must register each provider separately to access claims information.”

- ➡ **CLAIMS STATUS**
- ➡ **ELIGIBILITY**
- ➡ **BENEFITS**

[www.bluecrossmontana.com](http://www.bluecrossmontana.com)

**Deb... We need those NPI forms!**



## REMINDER PLEASE HELP DEB

Send her a copy of your National Provider Identifier validation form to:

Deb Stewart, Health Care Services, Blue Cross Blue Shield of Montana P.O. Box 4309, Helena, MT 59604

http://devbcbans1.bcbamt.com/apps/pol/benefit.aspx?SubID=05800000000&EnrollID=MTE00000000771 - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://devbcbans1.bcbamt.com/apps/pol/benefit.aspx?SubID=05800000000&EnrollID=MTE00000000771

**BlueCross BlueShield of Montana**  
An Independent Licensee of the Blue Cross and Blue Shield Association

Provider Online Inquiry, Sam Test

My Account New Patient Deductible/Out of Pocket Sign Out

Eligibility > **Benefits**

Health Plan ID: YD40580000000 Benefit Period: 01/01/2003 - Current

**Benefit Plan of Male Subscriber, Fname000 Lname058**

Benefit Plan	Benefit Plan	Individual	Family
BlueChoice_750/1500_420_40%_2000/4000_D+(03/01)			
<b>Program</b>	Managed Care		
<b>Benefit Period</b>	Calendar Year		
<b>PreExisting</b>	The Plan will Allow up to \$500.00 per Lifetime for Covered Medical Expenses related to all preexisting conditions combined prior to a Pre-existing review.		
	Waiting Period: 12 Months, Less any Credible Coverage that applies. (Excluding Maternity Services)		
<b>Deductible</b>			
Deductible Annual/Level B/Network/Referred Network	\$750.00	\$1,500.00	
Deductible Annual/Level B/Network/Referred Network	\$1,000.00	\$2,000.00	
Deductible Level C/Non Network	\$1,000.00	\$2,000.00	

*This is only an outline of benefits and not a guarantee of payment. Payment is subject to review of the services submitted and requires that the patient be a covered member and dues are current at the time the services are rendered.*

- o Plan Text
  - \*Unique Benefits:
    - Contraceptive service and devices
  - \*Unique Exclusions: None

\*PLAN MOTIVATION IS RECOMMENDED FOR SEVERAL REASONS... OUTPATIENT SURVIVAL... AND OTHER MEDICAL

# Regular Business



BlueCHIP®

## CORRECTION

### FLUORIDE VARNISH CODE CORRECTION

The first quarter 2006 Capsule listed incorrect codes for fluoride varnish. BlueCHIP now compensates for fluoride varnish applications (D1201 and D1203) by medical providers. We apologize for this error.

Fluoride varnish is a protective coating painted on teeth to help prevent cavities, and it has a higher fluoride concentration than current gels, foams, rinses, and pastes. Varnish is also safer because less material is swallowed during application. It is not recommended for children who are not likely to develop cavities, drink fluoridated water, or receive other routine fluoride treatments.

If you have questions, call Customer Service at 1-800-447-7828.

## INCREASE

### ANESTHESIA CONVERTER INCREASES TO \$50.00

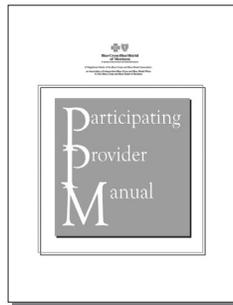
Effective May 1, 2006, the conversion factor for the administration of anesthesia provided by BCBSMT participating anesthesiologists and certified registered nurse anesthetists (CRNA) is \$50.

Compensation for anesthesia administration is provided based on the American Society of Anesthesiology methodol-

ogy. The compensation methodology is a base and time unit calculation (base units plus time units multiplied by the conversion factor). Anesthesia time is reported in minutes. Each 15-minute increment equals one unit. More information concerning anesthesia compensation is available in the Anesthesia Compensation Policy.

Evaluation and management, diagnostic, and therapeutic services provided by BCBSMT participating anesthesiologists and CRNAs will continue to be compensated according to the Resource Based Relative Value System with a conversion factor of \$56.57. More information concerning physician compensation is available in the Physician Compensation Policy.

The BCBSMT provider compensation policies referenced above are published online at [www.bluecrossmontana.com](http://www.bluecrossmontana.com). Click on *Provider Services* and then *Provider Policies*.



## UPDATED

### BCBSMT PROVIDER MANUAL UPDATED

The BCBSMT Provider Manual is updated and published at [www.bluecrossmontana.com](http://www.bluecrossmontana.com). The manual is consistently reviewed for sentence structure and style with the goal of simple and direct instructions. A summary of recent changes include:

1. Added CPT Copyright to table of contents page.
2. Moved Interactive Voice Response Unit information (1-1) to 2-1 (Bene-

fits, Claims, and Eligibility Services). IVR instructs callers about benefits, claims, and eligibility.

3. Deleted E-Mail Notification (1-1). Information duplicated under HIPAA Information, E-mail Security (1-6).
4. Removed Louise Elbrecht (1-3, 1-4).
5. Moved the Internal and External Team description with each map (1-2 and 3).
6. Moved Provider Manual Updates and Online Access (1-5) to 1-1.
7. Moved BCBSMT Provider Identification Number (1-6) to 4-1 (BCBSMT Medical Claims).
8. Moved Description of Payment Responsibility (1-6) to 10-2 (Payment and Appeals).
9. Moved Compensation (1-16) to 10-1 (Payment and Appeals).
10. Re-wrote Removal of Barriers to Access (1-13):
  - Deleted ADA compliance during credentialing statement in Physical and Mental Disabilities since it is part of the credentialing process.
11. Added BlueExchange information to Secure Services (2-3).
12. Deleted Bone Density (DEXA scan) from Recommended Prior Authorization (3-3).
13. Moved Medical Policy Purpose, Availability, and Development (1-17 – 1-20) to Benefit Management (3-5).
14. Added business associate information to case management (3-5):
  - APS Healthcare provides case management services for most BCBSMT members. BCBSMT has a business associate agreement in place and protected health information can be shared because case management is classified as health care operations.
15. Updated Prior Authorization Drugs (7-4). Deleted Bextra, Lipitor, Zocor. Added Aranesp, Epogen, Procrit, Revatio, Sarafem, Ventavis, Zegerid, and Zometa.

16. Moved Common Reasons Claim Payment is Delayed (10-1) to 4-13 (BCBSMT Medical Claims).
17. Combined the Incorrect Payment Adjustments, Over and Underpayment Process, and Adjustments to Overpayments and/or Overpayments (10-10).
18. Added language explaining the difference between a Provider Claims Register and Provider Claims Remit (10-2).
19. Added QNXT PCR language (10-7) and sample PCR (10-8/9).

If you do not have Internet access and would like a copy, contact your Provider Network Service Representative (see inside back cover). If you have suggestions for improvements, contact Mike McGuire at [mmcguire@bcbsmt.com](mailto:mmcguire@bcbsmt.com) or call 1-800-447-78258, extension 8412.



### COPY ID AND ENROLLMENT CARDS

TRIWEST encourages providers to make copies of member ID and enrollment cards for your records. While some TRIWEST members may believe that it is illegal to copy uniformed services ID cards, it is legal to make copies for authorized purposes such as eligibility, rendering services, and administering other military-related benefits.

Title 18 of the USC, Section 701 prohibits photographing or possessing uniformed services ID cards in an unauthorized manner. Unauthorized use only exists if the bearer uses the card in a manner that would enable them to obtain benefits, privileges, or access to which they are not entitled. TRIWEST recommends providers copy both sides of the ID cards and retain copies for future reference.

If you have questions, refer to the TRIWEST Provider Handbook at [www.triwest.com](http://www.triwest.com) or call 1-888-TRIWEST (1-888-874-9378).



## CHANGES

### MATERNITY ULTRASOUND POLICY CHANGES

Effective April 1, 2006, TriWest has changed its maternity ultrasound policy to cover ultrasounds outside of the normal prenatal charges and allows services to be billed separately. Previously, TriWest only covered medically necessary ultrasounds within the global fee. This change is based on ultrasounds being medically necessary, and documentation of medical necessity may be needed for compensation.

The professional and technical components of medically necessary fetal ultrasounds covered outside the global maternity fee include, but are not limited to, the following:

- Estimate gestational age.
- Evaluate fetal growth.
- Conduct a biophysical evaluation for fetal well-being.
- Evaluate a suspected ectopic pregnancy.
- Define the cause of vaginal bleeding.
- Diagnose or evaluate multiple gestations.
- Confirm cardiac activity.
- Evaluate maternal pelvic masses or uterine abnormalities.
- Evaluate a suspected hydatidiform mole.
- Evaluate the fetus' condition in late registrants for prenatal care.

Determining the sex of a child is not considered medically necessary and 3-D ultrasounds are not a covered benefit.

More information is available in the TRICARE Policy Manual, Chapter 5, Section 2.1, paragraph IIIB. If you have questions about ultrasounds or maternity benefits, call TriWest at 1-888-TRIWEST (1-888-874-9378).



### MEDICARE CROSSOVER CLAIMS

As of May 1, 2006, Medicare crossover claims are sent from the Centers for Medicare and Medicaid Services (CMS) regional office instead of the local Medicare office. BCBSMT sends an eligibility file to the CMS regional office and claims corresponding to the eligibility file are sent to BCBSMT. BCBSMT receives electronic claims for Medicare Part A (facility and institution claims billed on a UB92) and Part B (professional provider claims billed on a HCFA 1500). Crossover claims for Federal Employee Program members are also being sent to BCBSMT. Claims for durable medical equipment do not crossover at this time.

BCBSMT receives 5000-7000 Part B and 3000-5000 Part A crossover claims each week. If you have questions during this transitional period, refer to Medicare bulletins or contact Medicare for more information.

If your office has received notice of final processing from CMS, but you have not received a provider claims register from BCBSMT after 14 days from the date of Explanation of Medicare Benefits (EOMB), submit a printed copy claim and a copy of the EOMB to BCBSMT at: Blue Cross and Blue Shield of Montana Claims Department  
P.O. Box 5004  
Great Falls, MT 59403

### PATIENT RESPONSIBILITY FOR MEDICARE CROSSOVER CLAIMS

To determine patient responsibility, providers refer to the EOMB and the BCBSMT Provider Claims Register.

#### Medicare-Assigned Claims

BCBSMT will process up to the Medicare allowed amount. The Medicare paid amount shown on the Medicare EOB and the BCBSMT paid amount should

*continued next page*

## Regular Business

be added together. If the total equals the Medicare allowed amount, then the patient responsibility is zero.

### Medicare Non-Assigned Claims

BCBSMT will process up to the BCBSMT allowed amount. The Medicare paid amount shown on the Medicare EOMB and the BCBSMT paid amount should be added together. If the total equals the BCBSMT allowed amount, the patient responsibility is zero. If the total is less than the allowed amount, then the patient responsibility is the difference between the total of the Medicare and BCBSMT payments and the allowed amount.

If you have questions, contact customer service at 1-800-447-7828 or your provider representatives (see inside back cover).



- Low-cost claims billing software
- HIPAA transaction and code set compliant
- Montana based electronic claims clearinghouse
- Connectivity to over 900 payers

For more information on how HeW can help you, visit our website at [www.health-e-web.net](http://www.health-e-web.net).



vs.



Same ingredients.  
Cheaper price.  
Which  
would you  
choose?

# Buy Generic.

Safe. Effective.  
FDA approved.  
Ask your pharmacist.



BlueCross BlueShield  
of Montana

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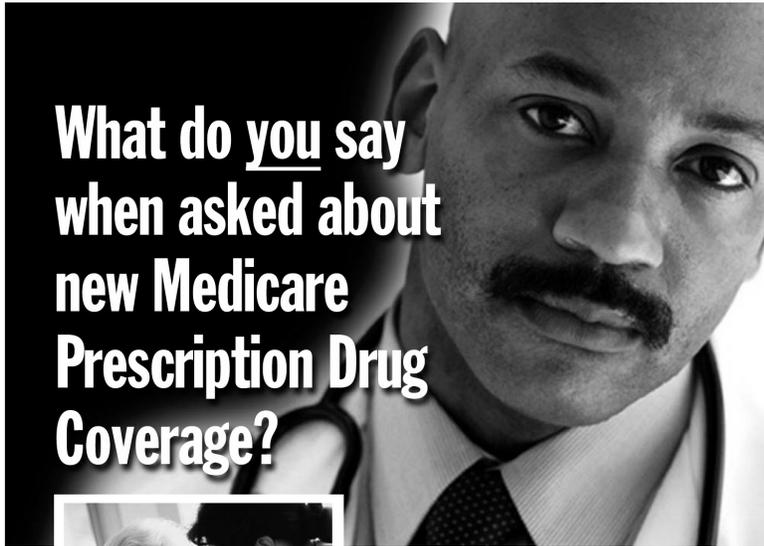


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[www.bluecrossmontana.com](http://www.bluecrossmontana.com)

# What do you say when asked about new Medicare Prescription Drug Coverage?



Beginning in January all your Medicare patients can get help from Medicare with their prescription drug costs. We want to help you answer questions you might get from your Medicare and Medicaid patients. There are local resources available for your patients to go to for more help.

- Visit [www.medicare.gov](http://www.medicare.gov) to get personalized information through to Medicare Rx Plan Finder. Your patients should have their Medicare information, list of medicines and address of their local pharmacy with them before they start.
- Call 1-800-677-1116 or visit [www.eldercare.gov](http://www.eldercare.gov) to find local counselors.
- Call 1-800-Medicare to speak to a counselor.

If you need more information for your practice, go to [www.cms.hhs.gov/medlearn/drugcoverage.asp](http://www.cms.hhs.gov/medlearn/drugcoverage.asp).

Help is Here  
**24/7**  
1-800-MEDICARE  
TTY 1-877-486-2048  
[www.medicare.gov](http://www.medicare.gov)

MedicareRx  
Prescription Drug Coverage



# MEDICARE ADVANTAGE PROVIDER GUIDE

[yourmedicareolutions.com/for\\_providers](http://yourmedicareolutions.com/for_providers)

## It has to be Blue

[www.bluecrossmontana.com](http://www.bluecrossmontana.com)

### Provider Services

- Find a Doctor
- Provider Manuals
- Provider Policies
- Medical Policy
- Fee Schedule
- Pharmacy
- Dental
- Service Teams

### News & Reports

- Capsule News
- HEDIS Reports

### Forms

- Prior Authorize
- Claim/Referral
- Credentialing

### Useful Links

- Best Practices
- Transplant Net
- Medicare - MT
- FAQ



GOING  
SOMEWHERE?

### FAX:

1-406-447-3570

### MAIL:

Send change of information to  
BCBSMT, Attn: HCS,  
PO Box 4309, Helena, MT 59604

### E-MAIL:

The Provider Network Specialist  
at [www.bluecrossmontana.com](http://www.bluecrossmontana.com).  
Click on *Provider Services* then  
*Service Teams*.



# Participating Providers

The online provider directory is updated daily at [www.bluecrossmontana.com](http://www.bluecrossmontana.com). BCBSMT encourages providers to review their information and report any errors or changes.



The following pages list new and terminated providers for the Traditional Participating Provider Network and the Joint Venture Managed Care Provider Network. **Note:** If a participating provider changes locations, they may be listed below as a new participating provider because new effective dates for the new location are entered into the network management system.

**February 2, 2006 to May 1, 2006**

**Blue Cross and Blue Shield of Montana welcomes these new participating providers to its Traditional Network.**

DeeAnn M. Allen, MD.....Great Falls..... Anesthesiology  
 Shahriar Anoushfar, DO..... Havre..... Surgery  
 Mary C. Bardone, LCSW..... Bozeman..... Lic. Clin. Social Worker  
 Constance Bauer, OT..... Missoula..... Occupational Therapy  
 Edna J. Bennett, LCPC..... Polson..... Lic. Clin. Prof. Counselor  
 Michael S. Blanc, MD.....Great Falls..... Internal Medicine  
 James E. Boatman, MD.....Great Falls..... Interventional Cardiology  
 Trena K. Bonde, MD..... Helena..... Family Practice  
 Richard W. Briles, MD..... Kalispell..... Emergency Medicine  
 Anne W. Brucker - Busso, MD..... Missoula..... Internal Medicine  
 Bobbi Jo Buck, LCSW..... Chinook..... Lic. Clin. Social Worker  
 Gregory P. Burton, MD..... Helena..... Ophthalmology  
 Oscar E. Busso, MD..... Missoula..... Internal Medicine  
 Emily A. Comstock, PA..... Great Falls..... Physician Assistant  
 Shane A. Cutting, DC..... Missoula..... Chiropractic  
 Andrea L. Darilek, MD..... Billings..... Internal Medicine  
 Marla A. Davis, PT..... Bozeman..... Physical Therapy  
 Leonard Desmul, MD..... Kalispell..... Emergency Medicine  
 Troy D. Doxey, DC..... Frenchtown..... Chiropractic  
 Heidi L. Fritz, FNP..... Great Falls..... Nurse Practitioner  
 David M. Graham, MD..... Billings..... Infectious Disease  
 Myrian N. Greene, DDS..... Wolf Point..... Dentist  
 Mark D. Harding, MD..... Kalispell..... Emergency Medicine  
 Michael N. Hattlestad, PT..... Hamilton..... Physical Therapy  
 William O. Haug, MD..... Billings..... Family Practice  
 David E. Klein, MD..... Ashland..... General Practice  
 Justin L. Knowles, MD..... Missoula..... Emergency Medicine  
 Shree K. Kurup, MD..... Great Falls..... Ophthalmology  
 William Keith Lara, MD..... Kalispell..... Emergency Medicine  
 Jennifer L. Leach, LCPC..... Great Falls..... Lic. Clin. Prof. Counselor  
 Laura J. McBain, OT..... Belgrade..... Occupational Therapy  
 Arlene McKinnon, PT..... Lewistown..... Physical Therapy

Christine L. Mitchell, MD..... Bozeman..... Family Practice  
 Veldon Ross Moser, DDS..... Deer Lodge..... Dentist  
 Charles S. Needham, MD..... Billings..... Surgery, Cardiovascular  
 Michael J. Noud, MD..... Kalispell..... Anesthesiology  
 Shannon W. Nunlist, PT..... Ronan..... Physical Therapy  
 Robert P. Olson, MD..... Culbertson..... Family Practice  
 William Ownbey, OT..... Missoula..... Occupational Therapy  
 David Plocki, DDS..... Missoula..... Dentist  
 Lance S. Reesor, PT..... Great Falls..... Physical Therapy  
 Stephanie Reichhardt, LCSW..... Butte..... Lic. Clin. Social Worker  
 Mark W. Reilly, MD..... Great Falls..... Radiation Oncology  
 Jason W. Rockwood, DPM..... Kalispell..... Podiatry  
 Lisa R. Ross, MD..... Billings..... Obstetrics and Gynecology  
 Scott A. Rundle, MD..... Kalispell..... Emergency Medicine  
 Leslie A. Scott, MD..... Missoula..... Pediatrics  
 Hirak J. Sen, MD..... Billings..... Cardiovascular Disease  
 Edward J. Septimus, MD..... Billings..... Infectious Disease  
 Lynn F. Shenk, DO..... Billings..... Physical Med. & Rehab.  
 Patrick E. Sizemore, MD..... Cut Bank..... Surgery  
 Shelby N. Smith, DC..... Missoula..... Chiropractic  
 Todd C. Snyder, MD..... Kalispell..... Emergency Medicine  
 Vicki Soloniuk, MD..... Missoula..... Pediatrics  
 Kim D. Stimpson, MD..... Kalispell..... Orthopaedics  
 Anne Sullivan, LCPC..... Bozeman..... Lic. Clin. Prof. Counselor  
 Rainya D. Taylor, LCPC..... Billings..... Lic. Clin. Prof. Counselor  
 Duane E. Thomas, MD..... Helena..... Anesthesiology  
 Heidi A. Thomas, PT..... Belgrade..... Physical Therapy  
 P. Kurt Thorderson, MD..... Kalispell..... Orthopaedics  
 Keri J. Thorn, MD..... Kalispell..... Emergency Medicine  
 Gregory O. Utter, MD..... Missoula Neonatal-Perinatal Medicine  
 Gail E. Waldby, MD..... Havre..... Surgery  
 Tammy Walker, OT..... Bozeman..... Occupational Therapy  
 Simone M. Webb, DC..... Billings..... Chiropractic  
 Karen M. Weeding, LCPC..... Miles City..... Lic. Clin. Prof. Counselor  
 Timothy L. Wilkes, PT..... Bozeman..... Physical Therapy

**The following providers are no longer participating with the Blue Cross and Blue Shield of Montana Traditional Network.**

Thomas L. Bennett, MD .....Billings..... Pathology  
 Dean W. Calderwood, DDS .....Columbia Falls..... Dentist  
 R. Jeffery Christopher, PT .....Ronan..... Physical Therapy  
 Melissa Smythe Crawford, LCSW .....Helena..... Lic. Clin. Social Worker  
 Heidi A. Davis, LCPC.....Missoula..... Lic. Clin. Prof. Counselor  
 Carl J. Eby, LCPC.....Billings..... Lic. Clin. Prof. Counselor  
 Dawn M. English, LCPC .....Butte..... Lic. Clin. Prof. Counselor  
 Darryl M. Espeland, DO .....Baker..... General Practice  
 Leigh T. Fahlquist, LCPC .....Helena..... Lic. Clin. Prof. Counselor  
 Jeffrey N. Hansen, MD .....Billings..... Orthopaedics  
 Linda R. Hanson, PA-C.....Helena..... Physician Assistant  
 Suzanne K. Harris, MD.....Glasgow..... Family Practice  
 Pietro N. James, MD.....Helena..... Anesthesiology  
 James E. Jarrett, MD.....Missoula..... Ear, Nose, and Throat  
 Paula H. Kitzenberg, OT.....Billings..... Occupational Therapy  
 Michael S. Kornish, MD.....Missoula..... Family Practice  
 Daniel T. Laich, DO.....Billings..... Surgery, Neurological  
 Ira S. Lourie, MD.....Anaconda..... Psychiatry  
 Dianne C. McFarley, DPT.....Missoula..... Physical Therapy  
 J. Mark McGlothlin, MD .....Whitefish..... Physical Med. & Rehab.  
 Deborah McGuinness, PT .....Polson..... Physical Therapy  
 Danette A. McIntyre, FNP .....Glasgow..... Nurse Practitioner  
 Julie Ann Meyer, PA-C .....Bozeman..... Physician Assistant  
 Todd D. Mohr, PA .....Butte..... Physician Assistant  
 Betty Jo Monforton, LCSW .....Butte..... Lic. Clin. Prof. Counselor  
 Jessica L. Murray, LCSW .....Anaconda..... Lic. Clin. Social Worker  
 Judith S. Nicoll, NP.....Manhattan..... Nurse Practitioner  
 LaRayne K. Oltz, CRNA .....Great Falls..... Cert. Reg. Nurse Anesth.  
 Ronald J. Orman, MD.....Billings..... Dermatology  
 Patricia J. Pezzarossi, MD .....Miles City..... Pediatrics  
 Pamela J. Ponich-Hunthausen, LCPC.....Helena..... Lic. Clin. Prof. Counselor  
 Richard D. Recor, PHD.....Billings..... Psychology  
 Marvin P. Reynolds, DDS.....Missoula..... Dentist  
 Michelle J. Smith, NP .....Eureka..... Nurse Practitioner  
 Michael J. Susich, DDS .....Billings..... Dentist  
 Kelly S. Wait, PT .....Bozeman..... Physical Therapy  
 Kipp B. Webb, MD .....Billings..... Cardiovascular Disease  
 Charles L. Whitaker, PA-C .....Kalispell..... Physician Assistant  
 Veronica M. Whitaker, LCSW .....Anaconda..... Lic. Clin. Social Worker  
 Randall T. Wisdom, MD .....Kalispell..... General Practice

**Blue Cross and Blue Shield of Montana welcomes these new Joint Venture Network providers.**

Loy L. Anderson, MD.....Great Falls..... Family Practice  
 Shahriar Anoushfar, DO.....Havre..... Surgery

Jay R. Armstrong, PT.....Bozeman..... Physical Therapy  
 Mary C. Bardone, LCSW.....Bozeman..... Lic. Clin. Social Worker  
 Edna J. Bennett, LCPC .....Polson..... Lic. Clin. Prof. Counselor  
 Mark Edward Blossom, MD .....Billings..... Internal Medicine  
 Trena K. Bonde, MD.....Helena..... Family Practice  
 Richard W. Briles, MD.....Kalispell..... Emergency Medicine  
 Charles T. Burton, MD.....Billings..... Dermatology  
 Gregory P. Burton, MD.....Helena..... Ophthalmology  
 Kristi L. Carr, MSSW .....Kalispell..... Lic. Clin. Social Worker  
 Central MT Surgical Hospital .....Great Falls..... Hospital  
 Kendall A. Child, NP .....Bozeman..... Nurse Practitioner  
 Emily A. Comstock, PA .....Great Falls..... Physician Assistant  
 Leonard Desmul, MD .....Kalispell..... Emergency Medicine  
 Troy D. Doxey, DC .....Frenchtown..... Chiropractic  
 Karin L. Fodness, LCSW .....Missoula..... Lic. Clin. Social Worker  
 Heidi L. Fritz, FNP .....Great Falls..... Nurse Practitioner  
 Mark D. Harding, MD .....Kalispell..... Emergency Medicine  
 Daniel M. Hartmann, MD .....Hamilton..... Urgent Care  
 William O. Haug, MD.....Billings..... Family Practice  
 Heather L. Heggem, PA .....Billings..... Physician Assistant  
 Erin B. Holm, PT .....Helena..... Physical Therapy  
 William R. Hunt, PA .....Whitefish..... Physician Assistant  
 Joseph F. Knapp, MD.....Missoula..... Cardiovascular Disease  
 Shree K. Kurup, MD .....Great Falls..... Ophthalmology  
 William Keith Lara, MD .....Kalispell..... Emergency Medicine  
 Howard A. Layman, MD .....Bozeman..... Psychiatry  
 Scott W. Lucas, MD .....Great Falls..... Surgery  
 Milana M. Marsenich, LCPC.....Polson..... Lic. Clin. Prof. Counselor  
 Daniel R. Mattson, CRNA .....Butte..... Cert. Reg. Nurse Anesth.  
 Lisa L. McCarthy, PT.....Helena..... Physical Therapy  
 Medical Lab Services.....Bozeman..... Laboratory  
 Christine L. Mitchell, MD .....Bozeman..... Family Practice  
 Michael M. Nash, PhD.....Bozeman..... Psychology  
 April M. Nolz, OT .....Great Falls..... Occupational Therapy  
 Michael J. Noud, MD.....Kalispell..... Anesthesiology  
 Tafford E. Oltz, CRNA .....Kalispell..... Cert. Reg. Nurse Anesth.  
 Robert D. Pierce, DC .....Bozeman..... Chiropractic  
 Grant D. Poor, PT.....Fairfield..... Physical Therapy  
 Lance S. Reesor, PT.....Great Falls..... Physical Therapy  
 Anne Elizabeth Riemer, LCPC .....Bozeman..... Lic. Clin. Prof. Counselor  
 Renee S. Riley-Finnegan, LCPC .....Butte..... Lic. Clin. Prof. Counselor  
 Thomas H. Roberts, MD.....Missoula..... Internal Medicine  
 Jason W. Rockwood, DPM .....Kalispell..... Podiatry  
 Tracy E. Rogers, PA.....Kalispell..... Physician Assistant  
 Scott A. Rundle, MD.....Kalispell..... Emergency Medicine  
 Nicholas R. Sams, DC .....Billings..... Chiropractic  
 Gracia L. Schall, LPC.....Missoula..... Lic. Clin. Prof. Counselor  
 Todd C. Snyder, MD .....Kalispell..... Emergency Medicine

Victor L. Stampley, LSW.....Missoula..... Lic. Clin. Social Worker  
 Kim D. Stimpson, MD.....Kalispell..... Orthopaedics  
 John C. Stowers, MD.....Great Falls..... Emergency Medicine  
 Keri J. Thorn, MD.....Kalispell..... Emergency Medicine  
 James K. Vincent, MD.....Billings.....Cardiovascular Disease  
 Visiting Nurse Service.....Billings..... Home Health  
 Troy D. Wagner, PA.....Billings..... Physician Assistant  
 James L. Wahlberg, PHD.....Missoula.....Psychology  
 Gail E. Waldby, MD..... Havre.....Surgery  
 Connie M. White, NP..... Havre..... Nurse Practitioner  
 Timothy L. Wilkes, PT..... Bozeman.....Physical Therapy  
 Tami Williams, LCPC.....Missoula..... Lic. Clin. Prof. Counselor  
 Roberta E. Wilson, OT.....Corvallis..... Occupational Therapy  
 John W. Zakrzewski, PT.....Billings.....Physical Therapy

Mark Edward Blossom, MD..... Chinook..... Internal Medicine  
 Jami L. Chisdak, MD.....Billings... Obstetrics and Gynecology  
 Carl J. Eby, LCPC.....Billings..... Lic. Clin. Prof. Counselor  
 Christina S. Keener, NP.....Butte..... Nurse Practitioner  
 Paula H. Kitzenberg, OT.....Billings..... Occupational Therapy  
 Daniel T. Laich, DO.....Billings..... Surgery, Neurological  
 Dianne C. McFarley, DPT.....Missoula.....Physical Therapy  
 J. Mark McGlothlin, MD.....Kalispell..... Physical Med. & Rehab.  
 Deborah McGuinness, PT..... Polson.....Physical Therapy  
 Julie Ann Meyer, PA-C..... Bozeman..... Physician Assistant  
 Todd D. Mohr, PA.....Butte..... Physician Assistant  
 Linsey Olson, PT.....Missoula.....Physical Therapy  
 Ronald J. Orman, MD.....Billings..... Dermatology  
 Richard D. Recor, PHD.....Billings..... Psychology  
 Michelle J. Smith, NP.....Eureka..... Nurse Practitioner  
 Joseph G. Steffens, MD.....Helena..... Pathology  
 Mary B. Sturhan, LCPC.....Libby..... Lic. Clin. Prof. Counselor  
 Kipp B. Webb, MD.....Billings.....Cardiovascular Disease  
 Steven E. Williamson, MD.....Billings..... Family Practice

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

Brooks W. Baer, LCPC.....Kalispell..... Lic. Clin. Prof. Counselor  
 Thomas L. Bennett, MD.....Billings..... Pathology

# PROVIDER SERVICES

## Provider Services

- Find a Doctor
- Provider Manuals
- Povidar Policies
- Medical Policy
- Fee Schedule
- Pharmacy
- Dental
- Service Teams

## News & Reports

- Capsule News
- HEDIS Reports

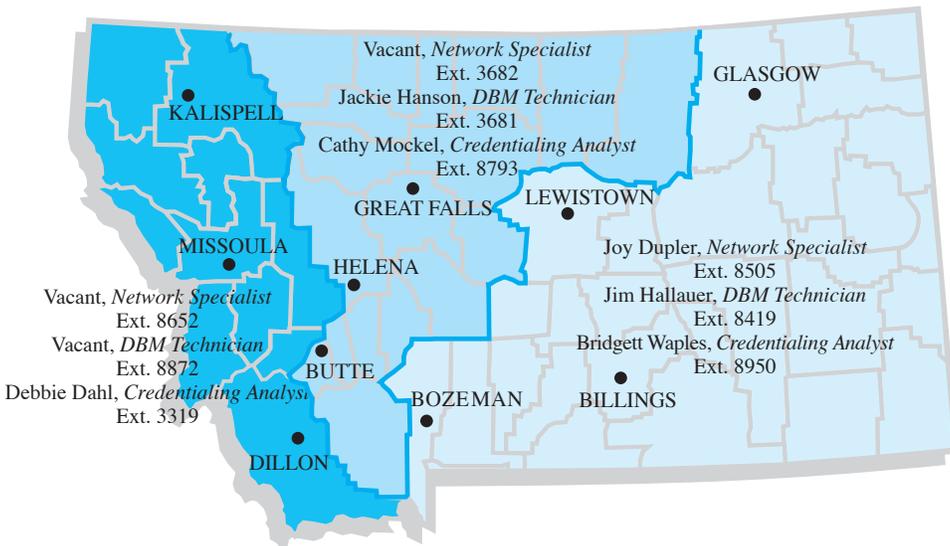
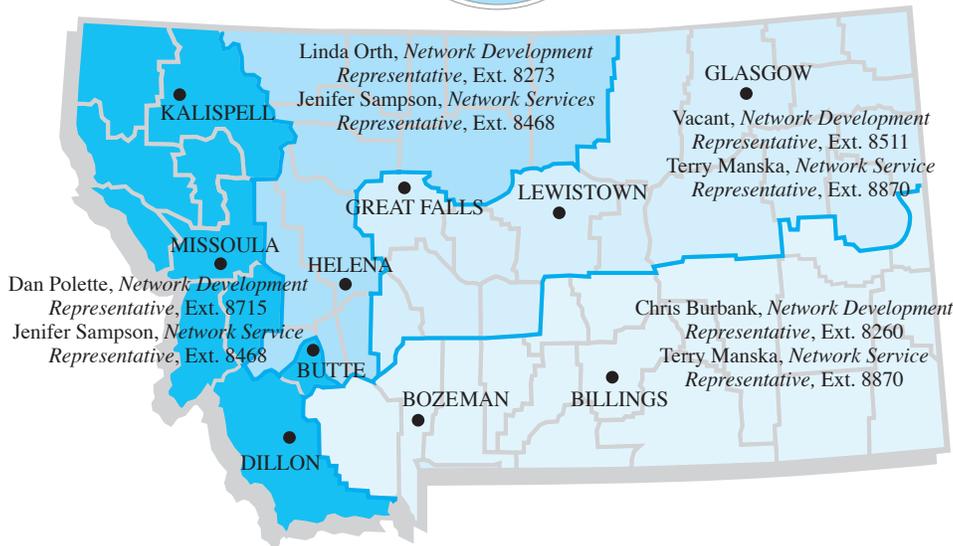
## Forms

- Prior Authorize
- Claim/Referral
- Credentialing

## Useful Links

- Best Practices
- Transplant Net
- Medicare - MT
- FAQ





The **External Team** consists of Network Development Representatives 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 to resolve recurring problems and continuing education.

Contact the External Team if you have any questions concerning office visits, billing with the BCBSMT ID number according to contract, product information, provider workshops, and any other contracting or operational issues beyond the scope of Customer Service

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 and correspondence and/or supporting the External Team.
- **Data Base 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 maintaining the credentialing database.

Contact the Internal Team if you have any questions concerning address, tax ID or Social Security Number, on-call list, and any questions concerning a provider's listing in BCBSMT directories.

1-800-447-7828

# FRAUD

## PRESCRIPTION DRUG INTERVENTION PROGRAM

The BCBSMT Special Investigations Unit (SIU) recently implemented and is currently expanding a Prescription Drug Intervention Program (PDIP). Besides the constantly increasing number of referrals to BCBSMT for “doctor shoppers” and prescription drug abusers, BCBSMT has been tracking nationwide statistics that show an increasing number of cases involving the abuse of prescription drugs. For example, between 1999 and 2002:

- The United States population increased 13%.
- The number of non-controlled prescriptions increased 56%.
- The number of controlled prescriptions increased 154.3%.

From 1992 to 2003, the number of people admitting to abusing prescription drugs increased 93.8% from 7.8 million to 15.1 million. Even worse, this activity appears to be rampant among the nation’s youth with the number of 12-17 year olds abusing controlled drugs increasing 212% during this time period and new opiod abuse among teens increasing 542%.

The PDIP has two main purposes. First, improve BCBSMT member’s health with

the appropriate use of prescription drugs. Second, reduce unnecessary health care costs by reducing medical and pharmacy claim expenditures resulting from patient-initiated inappropriate use of prescription drugs. At the present time, the primary mechanism used to identify potential abuse is the patient’s use of multiple providers and/or pharmacies to obtain prescription drugs.

### What You May See as a Provider

After BCBSMT identifies potential patient abuse of prescription drugs, providers who render medical treatment and prescribe medication will receive a letter notifying them that BCBSMT is reviewing the patient’s activity under the PDIP. You will also receive a summary of drugs received by the patient during a specified time frame that will include all providers and pharmacies used to obtain controlled substances.

BCBSMT will also limit the patient’s prescriptions to one pharmacy in an attempt to control their activity. Use of any pharmacy other than the assigned pharmacy will result in a denial of benefits (except in emergency situations). BCBSMT is asking for your support and cooperation with this project. As always, if you have questions or know of anyone attempting to defraud the health care system, contact the BCBSMT SIU at 406-444-8211 or at our website at [www.stopfraud.bcbsmt.com](http://www.stopfraud.bcbsmt.com).

Thank you for your assistance!

*Karl Krieger 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 18 years, has received the DPHHS Inspector General’s Integrity Award for his work in health care fraud, and currently serves as 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](mailto:kkrieger@bcbsmt.com).*



**1-800-621-0992**  
**[stopfraud.bcbsmt.com](http://stopfraud.bcbsmt.com)**

**IT AFFECTS ALL OF US!**



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