



BlueCross BlueShield of Montana

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THE CAPSULE NEWSSM

SMService Marks of Blue Cross and Blue Shield of Montana

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

THIRD QUARTER 2006

SAVE FOR FUTURE REFERENCE

SAVE FOR FUTURE REFERENCE

NPI NATIONAL PROVIDER IDENTIFIER

How to Keep BCBSMT Claims Payment Running Smoothly

The Department of Public Health and Human Services set the National Provider Identifier (NPI) as a standard identifier for health care providers under HIPAA mandates. If you deliver health care and conduct HIPAA standard transactions (claims, referrals, etc.) electronically, you are required to obtain an NPI. You will need an NPI even if you use a vendor or clearinghouse to transmit HIPAA standard transactions on your behalf. If you do not conduct electronic HIPAA standard transactions, HIPAA does not require that you obtain an NPI, but the Centers for Medicare and Medicaid Services (CMS) and other payers may.

You have until May 23, 2007, to apply for your NPI. However, BCBSMT encourages you to apply as soon as possible because you will not be able to use your old BCBSMT, Medicare, Medicaid, and UPIN numbers after that date. This also allows ample time to test your NPI with BCBSMT and other payers. Providers may apply for an NPI online at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

BCBSMT NEEDS YOUR NPI NUMBER PRIOR TO MAY 2007

BCBSMT is preparing its systems to comply with the HIPAA NPI rule, and we need to know the NPI numbers for all providers submitting claims to BCBSMT to ensure a smooth transition in May 2007. The National Plan and Provider Enumeration System (NPPES) is the newly created federal registry contracted to authorize NPI numbers. Simply send a copy of your NPI validation to:

Deb Stewart
Health Care Services
Blue Cross and Blue Shield of Montana
P.O. Box 4309
Helena, MT 59604
FAX: 406-447-3570
E-mail: dstewart@bcbsmt.com

Reports produced from the NPPES database show approximately 1,500 Montana health care providers have applied and received NPI numbers. As of press time, only about 125 NPI numbers have been sent to BCBSMT.

BCBSMT HOSPITAL PROVIDER ID NUMBERS

Many hospitals in Montana have provider ID numbers for different services provided in their facilities such as outpatient laboratory and x-ray, ER physicians, physical therapy, occupational therapy, and speech therapy. Although BCBSMT cannot require providers to obtain NPI numbers, **we highly recommend obtaining NPI numbers for each BCBSMT provider ID number to avoid delays in**

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www.bluecrossmontana.com

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payment and/or incorrect payments and applied member benefits.

CMS is also recommending obtaining an NPI for each hospital subpart. A January 2006 CMS memo states that if Medicare providers are uniquely identified now by using Medicare identifiers in HIPAA standard transactions, they must obtain NPIs to ensure they can continue to be uniquely identified. In order to receive a separate NPI for the same organization, the NPPES application must contain different identifying information such as the organizational name, address, or taxonomy code.

MEDICARE AND BCBSMT MEDICARE SUPPLEMENTAL INSURANCE

CMS has announced that beginning October 2, 2006, Medicare claims can be submitted with just an NPI. However, CMS strongly suggests that you submit claims with **both** the NPI and your legacy numbers. Because BCBSMT will not be ready to process NPI only claims until January 1, 2007, providers should not submit NPI only claims to Medicare when the patient has BCBSMT Medicare secondary insurance coverage. Claims should be submitted with your NPI and BCBSMT Provider ID number.

UB-04 CLAIM FORM

The National Uniform Billing Committee unveiled the new UB-04 form at its May 12, 2005 meeting. The UB-04 will replace the UB-92 March 1, 2007 according to following transition plan:

- March 1, 2007–Health plans, clearinghouses, and other information support vendors must be ready to process the new UB-04 form.
- March 1 to May 22, 2007–Providers can submit claims on the UB-04 or UB-92 forms.
- May 23, 2007–The UB-92 is discontinued and only the UB-04 claim form should be used. All rebilling of claims must use the UB-04 form from this date forward even though earlier submissions may have been on the UB-92.

More information about the new UB-04 is available online at <http://www.nubc.org>.

CMS-1500 CLAIM FORM

The National Uniform Claim Committee (NUCC) has developed a new version of the CMS-1500 claim form. The proposed form has a number of enhancements including the placement of the NPI field. The NUCC proposed the following timeline for implementation of the new CMS 1500 form:

- October 1, 2006–Health plans, clearinghouses, and other information support vendors should be ready to process the new CMS 1500 form.
- October 1, 2006 to February 1, 2007–Providers can use either the current HCFA1500 or the new CMS 1500 form.
- February 1, 2007–The current HCFA 1500 form is discontinued and only the new CMS 1500 form should be used. All rebilling of claims must use the CMS 1500 form this date forward even though earlier submissions may have been on the HCFA 1500 form.

More information about the new CMS 1500 is available online at <http://www.nucc.org>.

If you questions about NPI and BCBSMT provider identification numbers, contact your Provider Network Service Representative (see inside back cover).

USE THE COMPLETE ID NUMBER AS IT APPEARS ON THE CARD

						BIN 00058 PCN A4 RX GROUP BMT 65201111101	
SUBSCRIBER ID YDH0001111101 5		GROUP NUMBER X12345 888 8	PLAN CODE 751	EFFECTIVE DATE 05/01/2002		COPAYS: \$10.00 PCP VISIT \$15.00 SCP VISIT	
GROUP NAME BLUE SELECT		BIRTH DATE 06/17/1955		PERSONAL CARE PROVIDER NO PCP SELECTED		SINCE 05/01/2002	
PROVIDER TEST		BIRTH DATE 04/28/1956		NO PCP SELECTED PCP WAIVED		SINCE 05/01/2002	
WIFE TEST		BIRTH DATE 02/17/1989		PCP WAIVED		SINCE 05/01/2002	
GIRL TEST		BIRTH DATE 03/18/1992		PCP WAIVED		SINCE 05/01/2002	

▲
FOLD CARD IN HALF HERE

CLAIMS DELAYED

INCORRECT MEMBER ID NUMBERS DELAY CLAIMS PAYMENT

Hundreds of claims have been submitted to Customer Service with the wrong member ID number. These claims suspend for research and claims payment is delayed until the correct ID number is entered on the claim. Most

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THIRD QUARTER 2006

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BlueCross BlueShield of Montana

incorrect numbers are for members on the new BCBSMT claims system because provider offices are assuming the member ID is their Social Security number. Members on the new claims system are given a system-generated number.

Blue Plans are sensitive to member concerns about identity theft and support legislative efforts toward protecting members' privacy. As of 2006, nearly all Blue Plans have replaced Social Security numbers on member ID cards with an alternate, unique identifier. The member ID number still includes a three-character alpha prefix identifying the home plan, national account, or self-insured group.

ASK THE MEMBER FOR THEIR CURRENT ID CARD AT EVERY VISIT

New ID cards are issued to members throughout the year depending upon the time of renewal. At the time of the visit, make copies of the front and back of the ID card and pass this information on to your billing staff. When filing a claim, always enter the ID number exactly as it appears on the member's card, **including the three-character alpha prefix.**

ELIGIBILITY AND MEMBER ID NUMBER VERIFICATION

There are a few ways your office can verify a member's eligibility and ID number. For BCBSMT members, you can log onto Secure Services at www.bluecrossmontana.com or call Customer Service at 1-800-447-7828. For out-of-state Blue Cross Blue Shield members, you can call 1-800-676-BLUE (2583) to verify benefits, eligibility, the member's ID number, and prior authorize services.

More information is available in the BCBSMT Provider Manual published at www.bluecrossmontana.com. Click on *Provider Services, Provider Manuals*, and then reference Chapter 2: Benefits, Claims, and Eligibility Services and Chapter 6: BlueCard® Program (out-of-state claims).

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

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 **REVISED** medical policy 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.

REVISED

COGNITIVE REHABILITATION/THERAPY

Chapter: Therapies

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Current Effective Date: June 6, 2006

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. **Note:** Some member contracts exclude benefits for cognitive rehabilitation/therapy.

BCBSMT considers cognitive rehabilitation and therapy medically necessary when applying the following guidelines:

- The diagnosis is brain injury or stroke. Other conditions, such as cognitive decline following brain surgery require review by the BCBSMT Medical Director for approval.
- The services are coordinated through individual case management (ICM). The referral is made at the time of prior authorization if the member's care is not currently coordinated through ICM.
- The length of prior authorization is 3 - 6 months, and the evaluation to continue care is based on documented progress.
- The member is expected to obtain measurable and reasonable improvement within the timeframe documented at the initial evaluation. Ongoing improvement must be documented through progress notes.
- BCBSMT approves all inpatient stays (e.g., Bridges or Headways programs).

Regular Business



SYSTEM CONVERSION UPDATE

ROOT CAUSE ANALYSIS

Thank you for your continued patience during the BCBSMT membership and claims processing system conversion. Analysis of the latest conversion continues, and the future conversions are delayed until we are back to “normal” operations. BCBSMT decided that future conversions would be with fewer members to minimize impacts to customers, providers, and groups. We are still running new system payment cycles as available for all providers. Claims are still processing from the old system on a weekly basis without interruption.

After the last conversion, BCBSMT analyzed conversion and business processes to identify the underlying causes of problems to determine why they happened and how to prevent them from happening again. Root cause analysis identifies all possible causes, categorizes those causes based on significance, and then determines possible solutions. Each cause is examined and a series of why questions are applied to each cause to ensure complete understanding about why something happened. If performed correctly, root cause analysis eliminates biases and preconceived notions and typically results in several recommendations for solving the problem.

Many preventive solutions were established with relative ease. However, BCBSMT still has processing issues being manually adjusted, and as the last roll progressed, we identified short-term solutions or “work-arounds”. While those solved the immediate problem or problems, they did not prevent the problems from reoccurring. BCBSMT is now performing root cause analysis on these and other issues to prevent the

future problem. To do this analysis, cross-functional teams from across the company are identifying every potential cause and ensuring recommended solutions will not result in a new problem.

Until this analysis is complete, the future conversions are being carefully reviewed prior to beginning the process. For the time being, you will receive two provider claim payment notices from BCBSMT. The new system identifies the payment document as a Provider Claims Remit and the old system is Provider Claims Register.

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).

Deb... We need those NPI forms!

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



BLUECARD PROGRAM (OUT-OF-STATE) MEMBER ELIGIBILITY

When members from other Blue Cross and Blue Shield Plans arrive at your office or facility, be sure to ask them for their current Blue Plan membership identification card. The main identifiers for BlueCard members are the alpha prefix, a blank suitcase logo, except, for eligible PPO members, in which case, PPO will appear in a suitcase logo.

ALPHA PREFIX

The three-character alpha prefix at the beginning of the member’s identification number is the key element used to identify and correctly route out-of-state claims. The alpha prefix identifies the BCBS Plan or national account to which the member belongs, and it is critical for confirming a patient’s membership and coverage.

There are two types of alpha prefixes: plan-specific and account-specific.

1. Plan-Specific alpha prefixes are assigned to every plan and start with X, Y, Z or Q. The first two letters indicate the plan while the third letter identifies the member’s product.
 - First character (X, Y, Z or Q).
 - Second character (A-Z).
 - Third character (A-Z).
2. Account-Specific alpha prefixes are assigned to centrally processed national accounts. National accounts are employer groups that have offices or branches in more than one area but offer uniform benefit coverage to all of their employees. Account-specific alpha prefixes start with letters other than X, Y, Z, or Q. Typically, a national account alpha prefix will relate to the name of the group. All three letters are used to identify the national account.

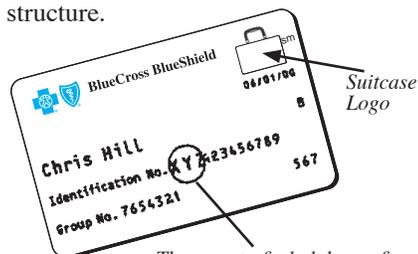
IDENTIFICATION CARDS WITH NO ALPHA PREFIX

Some identification cards may not have

an alpha prefix. This may indicate that the claims are handled outside the Blue-Card Program. Look for instructions or a telephone number on the back of the member's ID card for information on how to file claims. If that information is not available, call Customer Service at 1-800-447-7828.

SUITCASE LOGO

A suitcase logo on a member's ID card means the patient has BCBS traditional, PPO, or HMO benefits delivered through BlueCard. Some plans may adjust benefits according to the home plan's benefit structure.



The easy-to-find alpha prefix identifies the member's Blue Cross and Blue Shield Plan.

HOW TO VERIFY MEMBERSHIP AND COVERAGE

To verify membership, call 1-800-676-BLUE (2583). Operators are available to assist you during regular weekday business hours (7 a.m. – 10 p.m. EST). They will ask for the alpha prefix shown on the member's ID card and will connect your office directly to the appropriate membership and coverage unit at the member's BCBS Plan.

Keep in mind that BCBS plans are located throughout the country and may operate on a different time schedule than BCBSMT. If calling after hours, a recorded message will state normal business hours and you may be transferred to a voice response system linked to enrollment and benefits.

More information concerning the Blue-Card Program is available at www.bluecrossmontana.com. Click *Provider Services*, *Provider Manuals*, and reference Chapter 6: BlueCard Program (out-of-state claims). If you have questions, contact your provider network representative (see inside back cover).

TEAM AWARDED



Mary Olsen and Barbara Gilbreath

BCBSMT COMPENSATION TEAM AWARDED CPC DESIGNATION

Barbara Gilbreath and Mary Olsen have been awarded the Certified Professional Coder credential after successfully passing the national certification examination. This certification is sponsored by the American Academy of Professional coders, a nationally renowned organization offering professional accreditation, education, recognition, and networking opportunities to medical coders (CPT®, ICD-9-CM, and HCPCS).

CLAIMS

CORRECTED CLAIMS

Sending corrected claims (electronic and paper) to the Claims Department will result in the denial of the claim as a duplicate. Clearly indicate on the claims that it is a **Corrected Claim**. Send corrected claims, along with records to document the correction, to Customer Service at:

Blue Cross Blue Shield of Montana
Customer Service
P.O. Box 4309
Helena, MT 59604

Submit corrected Federal Employee Program claims to:

Blue Cross Blue Shield of Montana

Customer Service
P.O. Box 5029
Great Falls, MT 59403

More claims information is available in the BCBSMT Provider Manual at www.bluecrossmontana.com. Click on *Services for Providers*, then *Provider Manuals*. If you have any questions, contact Customer Service at 1-800-447-7828 or your Network Service Representative (see inside back cover).



PRESCRIPTION CONTRACEPTIVE COVERAGE

On March 28, 2006, Montana's Attorney General issued an opinion stating that when an employer-sponsored employee health benefit plan provides prescription drug coverage, prescription contraceptives must also be covered. A prescription contraceptive is any contraceptive that requires a prescription and cannot be purchased over the counter such as birth control pills, patches, IUDs, contraceptive injections such as Lunelle, DepoProvera, and morning after pills.

As a result, BCBSMT has added a contraceptive benefit to current fully-insured employer groups and individual health plans retroactive to March 28, 2006.

This is not a state mandate. For groups that currently offer a limited contraceptive benefit, BCBSMT will enhance the contraceptive coverage to cover all prescription contraceptives.

All contract terms and limitations apply to contraceptive benefits including deductibles, co-payments, and dispensing limitations. In some instances, contraceptives are packaged to provide a 90-day supply (e.g., Seasonale) and will be subject to three co-payments if filled at a local pharmacy or two co-payments if filled through mail order.

If the group plan has a preventive benefit and a preventive/routine diagnosis is

continued next page

Regular Business

billed, then the office visit is paid under the preventive benefit and applies toward the preventive maximum. Injections and devices provided during an office visit are paid under medical benefits. If a group does not have a preventive benefit, the office visit claim is denied because routine services are not a benefit of the contract. However, the contraceptives and devices are paid under medical benefits.

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



GOLF TOURNAMENT TO RAISE FUNDS FOR CARING PROGRAM FOR CHILDREN

A special golf tournament is planned for September 22 at Eagle Bend Golf Club in Bigfork to raise funds for the Caring Program for Children. Children served by the program are from Montana families with an income between 150 and 200 percent of the federal poverty level. The family has too high an income to qualify for government assistance such as Medicaid, but they do not have health insurance through their employment.

The Caring Program's success is due in large part to all the physicians, hospitals, and ancillary health care professionals statewide who contract with the Caring Program to accept reduced reimbursement for services to participating children.

According to Trinda Smith, Acting Director of the Caring Foundation of Montana, the Caring Program for Children has gone through several changes since January. "The Foundation Board conducted some utilization research and subsequently evaluated the nature

of Caring Program expenditures," Smith explained. "The Board adopted changes with the hope that more children could be served by the program in a more effective manner."

Smith said funding shortfalls are the primary reason the Caring Program is implementing changes. Effective April 1, 2006, all new enrollees can participate for a maximum of three years, provided they qualify based on income and other requirements. In addition, families are now responsible for a \$5 fee for office visits (excluding dental and vision care), and a \$20 fee for emergency room visits.

For more information about the Caring Classic Northwest golf tournament, visit the Caring Foundation web site at www.caring4kidsmt.com, or call 1-800-447-7828, extension 8261.

60 MEDICARE MINUTE

FREE ONLINE TRAINING ON THERAPY SERVICES AND COMPREHENSIVE ERROR RATE TESTING

Medicare Part B is holding free web-ex training on the documentation requirements for therapy services. The training explains what documents need to be sent when records are requested from the Comprehensive Error Rate Testing Contractor. The training is scheduled for September 7 at 1:00-1:15 p.m.

To attend this free web-ex training, log on to <https://intercall.webex.com/intercall/mywebex>. Enter the meeting number 562 141 832 and then click *Join Now* and then *Register*. To access the audio portion, dial 1-888-901-6542 and enter access code 2934727721.



QUESTIONS?

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

SURVEYS

PROVIDER SATISFACTION SURVEYS

BCBSMT and the BCBS Association BlueCard program are conducting annual satisfaction surveys. The BlueCard survey is conducted twice a year (June/July and October/November), and the BCBSMT survey is completed annually in September and October.

The Blue Cross and Blue Shield Association's BlueCard Program uses the Response Center, an independent research company, to conduct telephone interviews on behalf of BCBSMT using a randomly selected sample of providers who have served BlueCard members within the past year. The Response Center will ask to speak with the person who is most knowledgeable about filing Blue Cross and Blue Shield claims and/or the billing department.

BCBSMT will also be conducting its annual provider satisfaction survey beginning in September. The Myers Group administers a three-wave mail survey of randomly selected participating providers with questions about 19 different attributes about BCBSMT.

Both surveys help BCBSMT and the Blue Cross and Blue Shield Association identify ways to better serve the medical community and members.

As a reminder, both surveys will not ask for any personal or confidential information such as provider or tax identification or social security numbers. BCBSMT received questions last year from providers inquiring about "companies" asking for this information on our behalf. These entities do not represent BCBSMT or the BCBS Association. Do not provide anyone with personal or sensitive business information.

If you have any questions about either survey, contact Mike McGuire at 1-800-447-7828, extension 8412.

REFERRALS

MANAGED CARE REFERRALS

The BCBSMT managed care referral form has been updated and published at www.bluecrossmontana.com (click *Provider Services* and then *Claim/Referral*). Printed four-part forms are available by calling Customer Service at 1-800-447-7828.

Primary care physicians (PCP) make referrals for medical and behavioral health conditions requiring the services of a specialty care provider. **Participating PCPs only complete written referrals for the Blue Select managed care plan when referrals are:**

- To a specialist within the joint venture managed care network (when the appropriate specialist is available).
 - The State of Montana and North-western Energy HMO options require a referral to a specialist not in the joint venture managed care provider network.
- To a specialist in the BCBSMT participating provider network (when the appropriate specialist is not available within the joint venture managed care network).
- For a specific number of visits and time period.
- For the on-going treatment of a medical or behavioral health condition.

Be sure to use the appropriate provider network. Daily updates to the provider networks are available at www.bluecrossmontana.com (click *Find A Doctor*) or by calling Customer Service at 1-800-447-7828.

HMO plan members may receive referrals to any mental health and substance abuse provider regardless of network participation. (M.C.A. 33-31-301) However, the member's designated mental health provider must limit treatment and services to the scope of the referral to receive payment from BCBSMT. Payment will be limited to the amount BCBSMT would compensate a partici-

pating provider.

Referrals are not required for the following services:

- Medical emergencies (emergency department and urgent care centers).
- Medically necessary services provided outside of the geographic service area for unforeseen illness or injury requiring immediate attention.
- Renal dialysis for a period of 30 days while outside of the geographic service area.

All follow-up care must be provided or referred by the PCP.

The following steps shown below are taken to refer a member for specialty care services.

OB/GYN SELF-REFERRAL

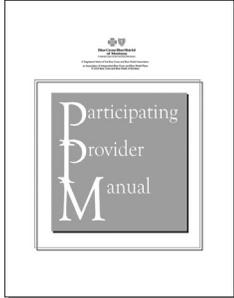
A female member may self-refer to a joint venture managed care network provider specializing in obstetrics-gynecology for:

- An annual gynecological exam.
- Treatment of an existing on-going gynecological condition.
- Maternity care.

A female member can only self-refer to one specific OB-GYN provider per year. More information about managed care is available online at www.bluecrossmontana.com. Click on *Provider Services, Provider Manuals*, and then Chapter 8: Managed Care. If you have questions, call Customer Service at 1-800-447-7828.

STEP	ACTION
1	The patient contacts their PCP.
2	Either through an office visit or telephone interview, the PCP or their authorized representative, determines that a referral to a specialist is necessary.
3	The PCP, or the authorized representative, notifies the Plan by completing and submitting a referral form. Minimum referral information required includes: <ul style="list-style-type: none"> • Member name, ID number, and date of birth. • Referring provider's name and BCBSMT provider ID number. • Name and address of the SCP. • Type of service, reason for referral, and number of visits. • ICD-9-CM diagnosis code(s). • Start date for referral. If any of the above information is not included, BCBSMT will return the referral form to the provider.
4	Referral information is submitted to BCBSMT on a written form for entry into the claims processing system. <i>If you fax referrals to BCBSMT, you do not need to mail the original. This slows claims processing because duplicate referrals must be investigated.</i>
5	Referrals are reviewed within 24 hours of receipt or the next business day.

Regular Business



BCBSMT PROVIDER MANUAL UPDATED

The BCBSMT Provider Manual is updated and published at www.bluecrossmontana.com. The manual is continually reviewed for clarity and style with the goal of providing simple and direct instructions. A summary of recent changes include:

1. Updated HCS External and Internal Team maps and Responsibilities by County table (1-2, 3, and 4).
2. Added "Accepting/Not Accepting New Patients" to Notification of Changes (1-5).
3. Added Secure Services benefits information and screen print (2-3).
4. Added Behavioral Health Treatment Plan information (5-2).
5. Updated Department of Corrections Adult and Juvenile Inmate ID number format (5-7).
6. Added "written referrals are not required" to Montana University System (8-2).
7. Clarified referral requirements for HMO and self-funded groups in Referrals section (8-8).
8. Added "Montana University System does not require a written referral" (8-8).
9. Added additional Medicare crossover information (11-3).

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 or content, contact Mike McGuire at mmcguire@bcbsmt.com or call 1-800-447-78258, extension 8412.

CLAIMS

MULTIPLE CLAIMS WITH THE SAME DATE OF SERVICE

The BCBSMT Medical Review Department has been adjusting multiple claims for the same patient with the same date of service. As a result, these claims are being suspended for manual review and payment is delayed. To ensure timely claims processing, submit all services for a given day on one claim.

More information about why claims payment is delayed is available in the BCBSMT Provider Manual (4-13) published online at www.bluecrossmontana.com. Click on *Provider Services* and then *Provider Manuals*.



MedicareBlueSM PPO
A Medicare Advantage Plan

CLINICAL PRACTICE GUIDELINES AVAILABLE ONLINE

On May 16, 2006, the Regional Quality Improvement Committee approved the implementation of the Institute for Clinical Systems Improvement Clinical Practice Guidelines for the MedicareBlue PPO plan administered by the BCBS Northern Plains Alliance. The guidelines were developed using an evidence-based approach, which emphasizes the critical evaluation of scientific evidence, rather than expert opinion or consensus.

The guidelines are published online at <http://www.icsi.org/knowledge/detail.asp?catID=29&itemID=189>. If you do not have internet access and require a printed copy, contact Kris Thompson at 406-444-8905.

More information concerning MedicareBlue PPO operations is available in the MedicareBlue PPO Provider Guide published at www.yourmedicareolutions.com (click *For Providers*). More information about the Northern Plains Alliance is published in the first quarter

2006 issue of the Capsule News and is available at www.bluecrossmontana.com (click on *Providers Services* and then *Capsule News*). If you have questions, contact your provider network representative (see inside back cover).

It has to be Blue

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 Forms
- Credentialing

Useful Links

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

NAME CHANGE

FAMILY PRACTICE CHANGED TO FAMILY MEDICINE

BCBSMT has changed the specialty name Family Practice in its systems and provider directories to Family Medicine. On January 1, 2005, the American Board of Family Practice changed its name to the American Board of Family Medicine. This change is in keeping with the recommendations of the Future of Family Medicine Project.

Q0091

Q0091 ON THE SAME DAY AS AN E&M CODE

BCBSMT has extensively reviewed Medicare documentation related to code Q0091 (screening papanicolaou smear; obtaining, preparing, and conveyance of cervical or vaginal smear to laboratory), a mechanism to track and compensate for the pap smear preventive benefits.

If a provider's office chooses to report HCPCS code Q0091 for obtaining a pap smear in addition to the evaluation and management (E&M) service, BCBSMT denies code Q0091 as inclusive to the E&M service even when submitted with modifier 25. Obtaining, preparing, and conveyance of a pap smear is an integral component of the E&M service.

HCPCS code Q0091 reported only for a pap smear is allowed according to the member's benefit structure when:

- An E&M service is not reported for a stand-alone gynecological exam.
- An E&M service is not reported for a gynecological exam as part of a problem-focused exam.

Q0091 is allowed separately from a pap test code such as 88142.

Examples for billing include:

Annual Exam and Pap Smear with a Preventive Benefit:

Line 1: code 99395 (allowed).
Line 2: code Q0091 (denied inclusive).
Line 3: code 88142 (allowed).

Problem-Focused Exam with Pap Smear with or without a Preventive Benefit:

Line 1: code 99214 (allowed).
Line 2: code Q0091 (denied inclusive).
Line 3: code 88142 (allowed).

Pap Smear Only with a Preventive Benefit:

Line 1: code Q0091 (allowed).
Line 2: code 88142 (allowed).

Pap Smear Only without a Preventive Benefit but has Pap Test Benefit:

Line 1: code Q0091 (denied because there is no benefit).
Line 2: code 88142 (allowed).

Annual Exam and Pap Smear without a Preventive Benefit but has a Pap Test Benefit:

Line 1: code 99395 (denied because there is no benefit).
Line 2: code Q0091 (denied inclusive).
Line 2: code 88142 (allowed).

This inclusive denial does not apply to Federal Employee Program claims processing because benefits allow shipping and handling of laboratory specimens separately from the laboratory service.

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

QUESTIONS?



CALL
BCBSMT
HEALTH
CARE SERVICES

1-800-447-7828

MODIFIER 24

MODIFIER 24

Effective August 1, 2006, BCBSMT recognizes modifier 24 when appended to an evaluation and management (E&M) code to indicate the office visit performed during the post-op period was unrelated to the original surgical procedure. The E&M code will be compensated according to the physician fee schedule and/or member benefits.

More information about modifiers is available at www.bluecrossmontana.com. Click on *Provider Services* and then *Provider Manual* (4-9). If you have questions, call Customer Service at 1-800-447-7828 or your provider network representative (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.

Regular Business

3 NEW

THREE NEW VACCINES APPROVED FOR 2006

The Food and Drug Administration (FDA) approved three new vaccines this year and BCBSMT has established compensation levels for each vaccine. Claims will process according to the terms and limitations of the member's benefits.

HERPES ZOSTER VACCINE

The Herpes Zoster vaccine was FDA approved May 2006, and the brand

name is Zostavax. Zostavax is for the prevention of herpes zoster (shingles) in individuals 60 years of age and older and is administered in a single dose. Report Zostavax with CPT code 90736. The BCBSMT allowable fee is \$179.61.

HUMAN PAPILLOMAVIRUS VACCINE

Human papillomavirus vaccine was FDA approved June 2006, and the brand name is Gardasil. Gardasil is for the prevention of cervical cancer and genital warts caused by the Human Papillomavirus (HPV) for girls and women 9-26 years of age. Report

Gardasil with CPT codes 90649. The BCBSMT allowable fee is \$143.93. Gardasil is also approved to prevent the following precancerous or dysplastic lesions:

- Cervical adenocarcinoma in situ.
- Cervical intraepithelial neoplasia (grade 2 and 3).
- Vulvar intraepithelial neoplasia (grade 2 and 3).
- Vaginal intraepithelial neoplasia (grade 2 and 3).
- Cervical intraepithelial neoplasia (grade 1).

continued next page



**BlueCross BlueShield
of Montana**

PROUD CO-SPONSOR OF MONTANA METH PROJECT

The Montana Meth Project recently awarded over \$300,000 to scores of talented teens who entered this summer's Paint the State contest, including the \$13,000 grand prize to Alexa Audet, a 16 year old from Broadwater County. The 660 works of art are a spectacular representation of the creative thinking and talent of teens and thousands of their family and friends in all 56 counties in Montana.

The contest, co-sponsored by Blue Cross and Blue Shield of Montana, called on teens to take action in the fight against meth abuse by creating highly visible public art that illustrates the dangers of methamphetamine, the state's leading drug problem. The entrants pushed the limits of creativity in public display by placing their art on buses, hay bales, garbage cans, teepees, and even the sides of cows and sheep.



Gardasil is administered in three separate doses. The patient and the provider choose the date of the first dose. The second dose is administered two months later, and the third dose is six months after first dose.

ROTAVIRUS VACCINE

Rotavirus Vaccine was FDA approved February 2006, and the brand name is Rotateq. Rotateq is for the prevention of rotavirus gastroenteritis in infants and children and is administered orally as a 3 dose series to infants between the ages of 6 to 32 weeks. This vaccine helps the body develop immunity to keep the child from becoming infected with rotavirus. Report Rotateq with CPT code 90680. The BCBSMT allowable fee is \$78.15.

More information concerning vaccine and drug compensation is available at www.bluecrossmontana.com. Click *Provider Services* and then *Provider Policies*. If you have questions, contact your provider network representative (see inside back cover).



Secure Services

QUICK TIP:

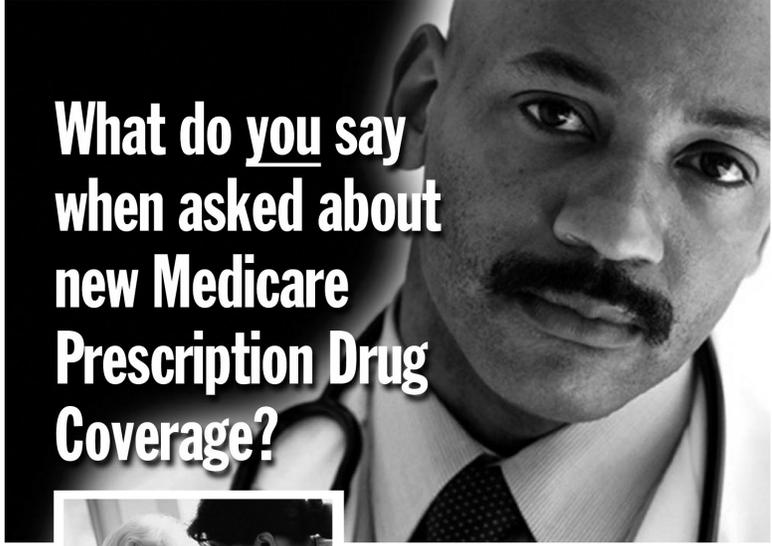
“To view eligibility and benefit information, office staff users can log on with only one user ID because there is no filtering against the provider they logged in under.”

➡ **CLAIMS STATUS**

➡ **ELIGIBILITY**

➡ **BENEFITS**

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 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 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.

Help is Here
24/7
1-800-MEDICARE
TTY 1-877-486-2048
www.medicare.gov

MedicareRx
Prescription Drug Coverage X



MEDICARE ADVANTAGE PROVIDER GUIDE

yourmedicareolutions.com/for_providers



Participating Providers

The online provider directory is updated daily at 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.

May 2, 2006 to August 1, 2006

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

Daniel R. Alzheimer, MDButte.....Vascular & Interventional Radiology
 Nilda S. Bishop, LCPC Hamilton..... Lic. Clin. Prof. Counselor
 Bitterroot Imaging Open MRI, LLC..... Hamilton..... Radiology Center
 John S. Brandon, MDBillings.....Radiology
 Harold W. Bruce, NP.....Butte..... Nurse Practitioner
 Brentley A. Buchele, MD.....Kalispell..... Plastic Surgery
 Keith L. Cavanaugh, MD.....Billings.....Pediatric Pulmonology
 Lance M. Christensen, DO.....Billings..... Anesthesiology
 Eliad T. Culcea, MDGreat Falls..... Neurology
 Michael B. Curtis, MD.....Missoula..... Internal Medicine
 Michael E. Daugherty, MD.....Cut Bank..... Surgery
 Darrin L. Dixon, CRNA.....Great Falls..... Certified Registered Nurse Anesthetist
 Jennifer H. Dull, OD.....Laurel..... Optometry
 Desiree A. Fehr, LCSWMissoula..... Lic. Clin. Prof. Counselor
 Troy Allen Fiddler, MDBillings... Hematology and Oncology
 Nicholas O. Gerard, DMD.....Billings..... Dentist
 Anne M. Gordon, LCSWMissoula..... Lic. Clin. Social Worker
 George B. Griffin, MD.....Butte..... Pain Management
 Gregory J. Harrah, MDKalispell..... Emergency Medicine
 Heather L. Harrington, PA Frenchtown..... Physician Assistant
 Jonathan M. Hayden, MD.....Missoula..... Emergency Medicine
 Keri L. Hill, MDBillings..... Gastroenterology
 Eric T. Hogan, DDS Miles City..... Dentist
 Robin D. Hogan, DDS Miles City..... Dentist
 Patricia Holl, DC.....Billings.....Chiropractic
 Bart A. Hovey, DO..... Havre..... Radiology
 Stacey F. Howell, DO Anaconda..... Family Medicine
 Kate P. Humphrey, PT.....Stevensville..... Physical Therapy
 Michael J. Hutchins, MD.....Missoula..... Internal Medicine
 Kathleen M. Ingalls, PTBigfork..... Physical Therapy
 Terry D. Jones, MD.....Anaconda..... General Practice
 Marcus H. Kelley, OD Helena..... Optometry
 Patricia A. Kelly, MD.....Missoula..... Cardiovascular Disease
 Samuel A. Klein, MD.....Billings..... Psychiatry

Chad R. Lamer, DC..... Helena.....Chiropractic
 Craig L. Lastine, MD.....Bozeman.....Radiology
 Shannon R. Lester, NP.....Bozeman..... Nurse Practitioner
 Kirsten L. Morissette, MD.....Hardin..... Family Medicine
 Sheila M. Murray, LCPCChoteau..... Lic. Clin. Prof. Counselor
 Pamela R. Oehrtman, MD.....Kalispell..... Family Medicine
 Shannon K. Penland, MDGreat Falls..... Internal Medicine
 John Joseph Perry, MDGreat Falls..... Internal Medicine
 Thurman N. Polchow, MD.....Billings.....Radiology
 David Rawlinson, DPM.....Billings..... Podiatry
 Michael J. Rider, DPT..... Helena..... Physical Therapy
 Lura K. Robison, NP..... Dillon..... Nurse Practitioner
 John D. Schaeffer, DOMissoula..... Neurology
 Elizabeth A. Schilling, MD.....Kalispell..... Emergency Medicine
 Samantha E. Schoeneman, PTMissoula..... Physical Therapy
 Michael B. Shannon, MDBillings..... Nephrology
 Donald R. Skillman, MD Helena..... Internal Medicine
 Jaye T. Swoboda, MD Ennis..... Family Medicine
 James P. Sykes, PT.....Bozeman..... Physical Therapy
 Deniz S. Tek, MDBillings..... Emergency Medicine
 Enrico J. Versace, MDBillings..... Internal Medicine
 Misty E. Walters-Territo, DCKalispell.....Chiropractic
 Shon A. Weaver, ODWhitefish..... Optometry
 Elizabeth J. Webb, LCSW.....Bozeman..... Lic. Clin. Social Worker
 Richard A. Wells, DOAnaconda..... Family Medicine
 Jason M. White, MDButte..... Radiology
 Robert Steven Wilson, MD.....Hardin..... Family Medicine

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

David B. Abrams, MDBozeman..... Ophthalmology
 Tom Anderson, MDBillings.....Oncology
 Beatrice Arroe, LCPCWhitefish..... Lic. Clin. Prof. Counselor
 Elaine K. Brown, MDBillings... Obstetrics and Gynecology
 Alyce M. Brutosky, LCPC..... Helena..... Lic. Clin. Prof. Counselor
 Ronald M. Buss, MD Helena..... Emergency Medicine
 Patrick L. Clancy, DCLaurel.....Chiropractic
 Donald J. Cox, DCLibby.....Chiropractic

Durable Orthopaedic Supplies LLC.....Missoula..... Medical Equipment
 Jean F. Ellis, MD.....Billings..... Emergency Medicine
 Scott M. Foss, DC.....Libby.....Chiropractic
 Daniel J. Fredman, MD.....Kalispell.....Psychiatry
 Robert R. Hackford, MD.....Great Falls.....Developmental-
 Behavioral Pediatrics
 Ben G. Hoffman, PA-C.....Butte..... Physician Assistant
 Kinex Medical Company LLC.....Missoula..... Medical Equipment
 David C. King, MD.....Missoula..... Orthopaedics
 Michael E. Kuglitsch, MD.....Butte..... Urology
 George Mike Lande, LCPC.....Billings..... Lic. Clin. Prof. Counselor
 James B. Larson, MD.....Great Falls..... Allergy & Immunology
 Camille M. Leugers, MD.....Hamilton..... Family Medicine
 Elisabeth A. Lincoln, NP.....Great Falls..... Nurse Practitioner
 Daniel G. McAllister, MD.....Great Falls..... Pediatrics
 Milton G. Meis, MSW.....Shelby..... Lic. Clin. Social Worker
 Douglas W. Morton, MD.....Kalispell..... Radiology
 Michael J. Nile, LCSW.....Missoula..... Lic. Clin. Social Worker
 Janette A. Reget, LCSW.....Butte..... Lic. Clin. Social Worker
 Hazel F. Samilowitz, MD.....Kalispell.....Psychiatry
 Michael H. Saxerud, OD.....Columbia Falls..... Optometry
 Curtis J. Schweizer, MD.....Bozeman..... Anesthesiology
 Wayne D. Sinclair, MD.....Missoula..... Allergy & Immunology
 Drew H. Smith, MD.....Kalispell..... Pathology
 Ross L. Smith, LCPC.....Hamilton..... Lic. Clin. Prof. Counselor
 Scott A. Stenquist, MD.....Bozeman..... Anesthesiology
 H. Banner Stokke, DDS.....Absarokee..... Dentist
 Jeffrey H. Strickler, MD.....Helena..... Pediatrics
 Carl Sundstrom, OT.....Billings..... Occupational Therapy
 Donald F. Taucher, OD.....Wolf Point..... Optometry
 Vicki L. Van Cleave, PSYD.....Havre..... Psychology
 Kathleen Wahl Dennehy, SP.....Butte..... Speech Therapy
 Rita J. Watson, LCSW.....Billings..... Lic. Clin. Social Worker

Keith L. Cavanaugh, MD.....Billings..... Pediatric Pulmonology
 Lance M. Christensen, DO.....Billings..... Anesthesiology
 Robyn N. Clausen, OD.....Billings..... Optometry
 Eliad T. Culcea, MD.....Great Falls..... Neurology
 Michael B. Curtis, MD.....Missoula..... Internal Medicine
 Marla A. Davis, PT.....Bozeman..... Physical Therapy
 Darrin L. Dixon, CRNA.....Great Falls..... Certified Registered
 Nurse Anesthetist
 Kara M. Erickson, PA-C.....Miles City..... Physician Assistant
 Laurie Gerhardt, LCSW.....Livingston..... Lic. Clin. Social Worker
 Jolene M. Gibbs, PT.....Kalispell..... Physical Therapy
 Lori A. Gillet de St Christ, PT.....Bozeman..... Physical Therapy
 Anne M. Gordon, LCSW.....Missoula..... Lic. Clin. Social Worker
 Peg T. Guhn, LCPC.....Billings..... Lic. Clin. Prof. Counselor
 Deborah L. Hapcic, PT.....Bozeman..... Physical Therapy
 Kimberly R. Harkins-Schuelke, PHD.....Missoula..... Psychology
 Gregory J. Harrah, MD.....Kalispell..... Emergency Medicine
 Heather L. Harrington, PA.....Frenchtown..... Physician Assistant
 Michael N. Hattlestad, PT.....Hamilton..... Physical Therapy
 Bruce T. Hayward, DO.....Anaconda..... Family Medicine
 Theresa Helmer, LCPC.....Billings..... Lic. Clin. Prof. Counselor
 Patricia Holl, DC.....Billings.....Chiropractic
 Bart A. Hovey, DO.....Havre.....Radiology
 Stacey F. Howell, DO.....Anaconda..... Family Medicine
 Rik S. Hurless, LCPC.....Bozeman..... Lic. Clin. Prof. Counselor
 Kathleen M. Ingalls, PT.....Bigfork..... Physical Therapy
 David L. Ingram, MD.....Kalispell..... Anesthesiology
 Alan D. Keithley, DC.....Missoula.....Chiropractic
 Marcus H. Kelley, OD.....Helena..... Optometry
 Mike L. Kouwenhoven, PT.....Billings..... Physical Therapy
 Juan C. Lastra, PHD.....Anaconda..... Psychology
 Edward M. Leas, PA-C.....Polson..... Physician Assistant
 Shannon R. Lester, NP.....Bozeman..... Nurse Practitioner
 Denise R. Llovet, FNP.....Missoula..... Nurse Practitioner
 Mary Jo Lusin, PT.....Bozeman..... Physical Therapy
 Montana Oxycare.....Florence..... Medical Equipment
 Shannon W. Nunlist, PT.....Ronan..... Physical Therapy
 Pamela R. Oehrtman, MD.....Kalispell..... Family Medicine
 Orthopedic Surgery Center.....Kalispell..... Surgery Center
 William Ownbey, OT.....Missoula..... Occupational Therapy
 Shannon K. Penland, MD.....Great Falls..... Internal Medicine
 Emily Ployhar, LCPC.....Missoula..... Lic. Clin. Prof. Counselor
 Geoff C. Ramsay, DC.....Missoula.....Chiropractic
 Susan M. Rangitsch, LPC.....Missoula..... Lic. Clin. Prof. Counselor
 Mark P. Reynolds, OD.....Billings..... Optometry
 Michael J. Rider, DPT.....Helena..... Physical Therapy
 Edward J. Rosette, PT.....Bozeman..... Physical Therapy
 Camilla R. Saberhagen, MD.....Missoula..... Internal Medicine
 John D. Schaeffer, DO.....Missoula..... Neurology
 Elizabeth A. Schilling, MD.....Kalispell..... Emergency Medicine
 Donald R. Skillman, MD.....Helena..... Internal Medicine

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

Daniel R. Alzheimer, MD.....Butte.....Vascular &
 Interventional Radiology
 Denise H. Anderson, PT.....Belgrade..... Physical Therapy
 Laurence V. Ayres, MD.....Missoula..... Anesthesiology
 Christine Barrett, LCPC.....Missoula..... Lic. Clin. Prof. Counselor
 Bozeman MRI.....Billings..... Radiology Center
 John S. Brandon, MD.....Billings..... Radiology
 David Brost, PA-C.....Billings..... Physician Assistant
 Elaine K. Brown, MD.....Billings..... Obstetrics and Gynecology
 Brentley A. Buchele, MD.....Kalispell..... Plastic Surgery
 Anne M. Burnett, FNP.....Great Falls..... Nurse Practitioner
 Don R. Butler, DC.....Missoula.....Chiropractic
 Lynn M. Butler, DC.....Missoula.....Chiropractic
 John E. Buttram, LPC.....Kalispell..... Lic. Clin. Prof. Counselor
 Michael G. Cater, LCPC.....Bozeman..... Lic. Clin. Prof. Counselor

Dane E. Sobek, MD Bozeman Cardiovascular Disease
 Deniz S. Tek, MD Billings Emergency Medicine
 John G. Terry, MD Billings Radiation Oncology
 Kathleen R. Trapp, MD Townsend Family Medicine
 Lynette Kay Truelsen, FNP Billings Nurse Practitioner
 Juliette M. Vail, PT Bozeman Physical Therapy
 Maureen V. Wallace, PT Bozeman Physical Therapy
 Misty E. Walters-Territo, DC Kalispell Chiropractic
 Mark Washburn, LCPC Missoula Lic. Clin. Prof. Counselor
 Elizabeth J. Webb, LCSW Bozeman Lic. Clin. Social Worker
 Richard A. Wells, DO Anaconda Family Medicine
 Jason M. White, MD Butte Radiology

Jean F. Ellis, MD Billings Emergency Medicine
 Robert R. Hackford, MD Great Falls Developmental-
 Behavioral Pediatrics
 Ben G. Hoffman, PA-C Billings Physician Assistant
 Jerrold E. Johnson, MD Bozeman Family Medicine
 Elisabeth A. Lincoln, NP Great Falls Nurse Practitioner
 Daniel G. McAllister, MD Great Falls Pediatrics
 John E. Moore, MD Philipsburg General Practice
 Douglas W. Morton, MD Kalispell Radiology
 Raymond C. Nelson, MD Thompson Falls General Practice
 John Joseph Perry, MD Helena Cardiovascular Disease
 Royce G. Pyette, MD Bozeman Orthopaedics
 Michael H. Saxerud, OD Columbia Falls Optometry
 Wayne D. Sinclair, MD Missoula Allergy & Immunology
 Robert Henry Slover II, MD Billings Pediatric Endocrinology
 Ross L. Smith, LCPC Hamilton Lic. Clin. Prof. Counselor
 Jeffrey H. Strickler, MD Helena Pediatrics
 Janice M. Thompson, LCSW Billings Lic. Clin. Social Worker
 Elizabeth A. Walter, MD Billings Psychiatry

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

Tom Anderson, MD Billings Oncology
 Beatrice Arroe, LCPC Whitefish Lic. Clin. Prof. Counselor
 David Brost, PA-C Butte Physician Assistant
 Carolin A. Cassel, NP Billings Nurse Practitioner
 Patrick L. Clancy, DC Laurel Chiropractic

PROVIDER SERVICES

Provider Services

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

News & Reports

- Capsule News
- HEDIS Reports

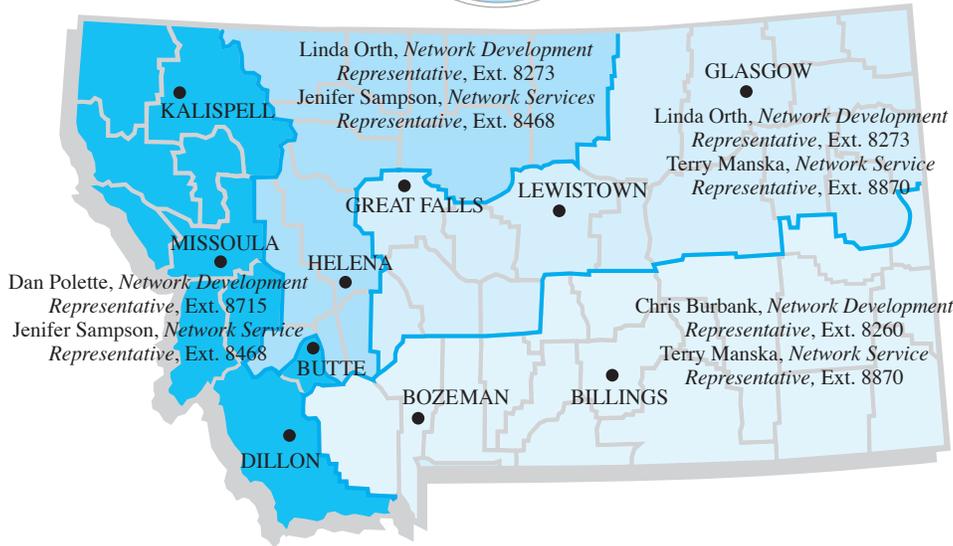
Forms

- Prior Authorize
- Claim/Referral
- Credentialing

Useful Links

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

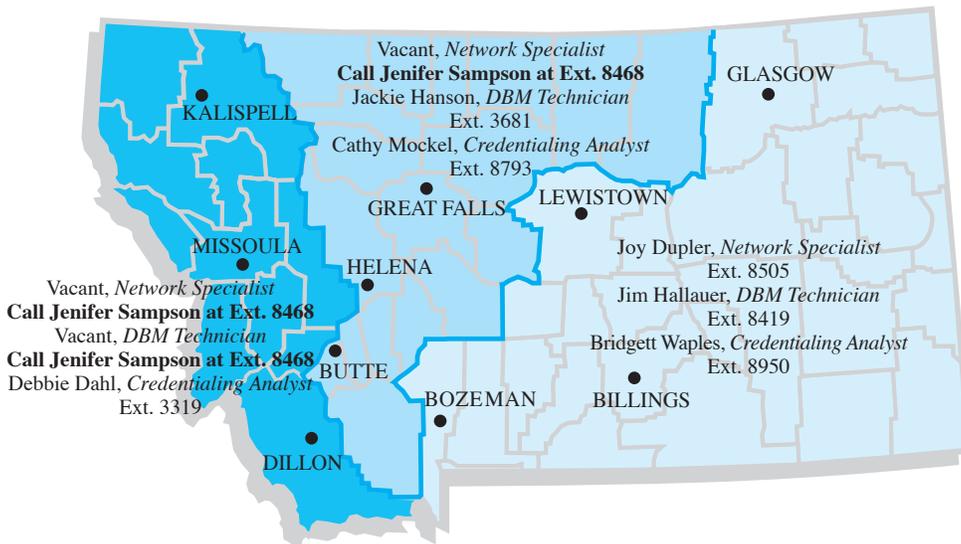




The **External Team** consists of Network Development Representatives and Network Service Representatives who travel to provider offices in their respective areas.

- **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

BIOFEEDBACK VS. QUANTUM BIOLOGY (QXCI / EFPX / SCIO)

The BCBSMT Special Investigations Unit (SIU) has been tracking an increase in the promotion and use of a device known as the Quantum Xrroid Consciousness Interface (QXCI), the Electro Physiological Frequency Xrroid (EFPX), or the Scientific Consciousness Interface Operations (SCIO) system.

These machines have been promoted as “the most advanced medical assessment and therapy device in the world today.” With the patient connected to a computer via head, wrist, and ankle probes, these systems are allegedly capable of analyzing hundreds of trillions of human cells through a 55 channel biofeedback system. Once it has measured vitamin levels, amino acids, nutrients, food substances, minerals, enzymes, natural sugars, toxins, hormone levels, muscle tone, bacteria, molds, fungi, viruses, and the health and balance of internal organs, it then compares these figures against a “norm”.

Using the principles of quantum physics, these machines then feed back frequencies to allegedly redress or neutralize destructive wave patterns to improve and revitalize the patient’s health. By doing

so, the machines can allegedly help correct underlying causes of allergies, food sensitivities, weight gain, digestive and bowel problems, stress, fatigue, insomnia, depression, arthritis, skin problems, headaches and migraines. Some websites even promote the use of these machines in the treatment of Alzheimer’s and other neurological diseases.

If you are a provider considering the purchase of one of these machines, BCBSMT advises you to use caution. If you already use one of these machines in your practice, be aware that BCBSMT considers these machines investigational and does not provide benefits for any activity associated with them. Do not bill under traditional biofeedback codes (CPT 90875-90876), but use HCPCS procedure code A9270—which will automatically deny the charges.

The SIU is currently involved in a project to identify any of these machines currently being used in Montana and will be analyzing the codes used to bill for this “quantum” therapy. Use of any codes other than the A9270 may result in refund requests and/or the possible initiation of a fraud investigation.

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. 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 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.



1-800-621-0992

stopfraud.bcbsmt.com

IT AFFECTS ALL OF US!



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