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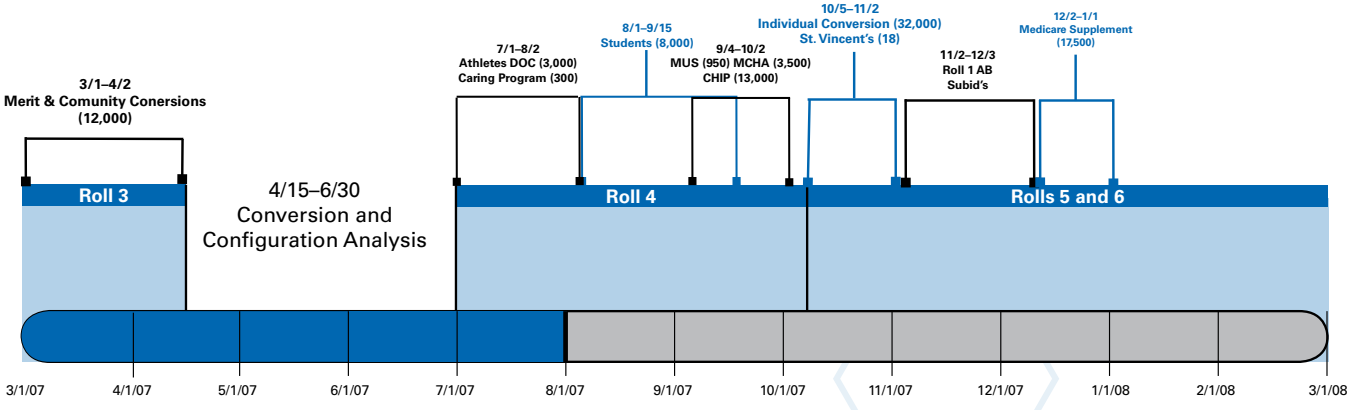
THE CAPSULE NEWS

Third Quarter 2007

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

QNXT CONVERSION CONTINUES THROUGH 2007

Blue Cross and Blue Shield of Montana (BCBSMT) continues to roll groups in smaller sizes through 2007, and we are scheduled to process all claims, except BlueCard (out-of-state) and Federal Employee Program claims, from the new QNXT system in early 2008 (see 2007 conversion timeline). We moved the Department of Corrections and Caring Program for Children members (approximately 3,300 individuals) to the new QNXT system the last week of July and experienced no problems.



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FROM THE EDITOR

ONLINE ECONOMIC SENSE

Michael McGuire
Provider Communications Developer
Health Care Services

This is the last mass-mailed and printed copy of the *Capsule News*. In the last issue, I reported that beginning in December 2007, the BCBSMT *Capsule News* will be published exclusively on our website at www.bcbsmt.com. However, I will mail a postcard or send e-mail notifying you that the *Capsule News* is available on our website. The postcard will include a list of medical policies and feature articles. If you would like to receive e-mail notification, send me a message at mmcguire@bcbsmt.com, and include your full name, specialty, city, and provider ID number (NPI or BCBSMT).

I was able to review some recent traffic statistics and discovered that the *Capsule News* is the second most downloaded file next to the physician fee schedule. The last issue of the *Capsule News* was downloaded over 4,600 times. Publishing the *Capsule News* on our website for a readership of 5,800 makes online economic sense.

Secure Services (claims, benefits, eligibility) usage is even more impressive. Eligibility was the largest provider question with 22,710 inquiries followed by claims (7,994) and benefits (5,116). The Montana medical community is the largest user of the website with over 211,000 Secure Services inquiries through June. 21,000 visitors have found information at the Provider Services pages at www.bcbsmt.com. You are using our website! Thank you!

The BCBSMT website is currently undergoing extensive redesign, and I am very eager to publish the new Provider Services site. We are editing and transferring current information over to the new site, and we have a variety of new online features coming soon. The new look, organization, and especially the navigation will make finding information easier and faster.

The most important enhancement is the integration of the confidential information obtained through Secure Services and the public website (www.bcbsmt.com). Providers registered with Secure Services will now have access to the Provider Services information at www.bcbsmt.com without having to toggle between two browsers. The new site is practical, one-stop shopping for BCBSMT information.

Some of the new online features to be deployed this fall or early 2008 include:

- Online provider claim remits
- Provider payment history
- Provider profile self-updates
- Referral and prior authorization inquiry and submission
- Redesigned provider directory

The website redesign and new features are being created so that you have the information you need at your convenience without the cost and time of a phone call. The *Capsule News*, Secure Services, and the BCBSMT provider manual have most of the information you need to conduct business with BCBSMT. Online self-service is an efficient business model that makes economic sense in a fast-paced, highly technical industry like healthcare.

If you have suggestions to make our online information easier to use, send me a message at mmcguire@bcbsmt.com. You may also contact your Provider Network Service Representatives at hcs-x3600@bcbsmt.com or call them at 1-800-447-7828, Extension 3600 (see page 18).

Send comments or questions to:

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COVER STORY

QNXT, *Continued on from cover*

During each conversion, members will receive new identification (ID) cards, and providers must be aware that the new health plan ID numbers are system-generated; we will no longer use social security numbers. You must submit the BCBSMT health plan ID as it appears on the new member ID card. Be sure to ask members if they have their most current ID card. New member eligibility information may not be available online in Secure Services for a short period of time. If that occurs, you will receive a message telling you to contact Customer Service to obtain accurate eligibility information.

BCBSMT will continue to run normal pay cycles on our old system and for members already converted to the new system. BCBSMT also continues to run unscheduled pay cycles from the new system for adjusted claims that were verified for correct payment and for claims requiring review or further verification.

Our extended Customer Service Department hours will be 8 a.m. to 6 p.m. Monday, Wednesday, and Friday and 9 a.m. to 6 p.m. on Tuesday and Thursday so that we may serve you better. You may contact our Customer Service Department at 1-800-447-7828.

BCBSMT is working hard to make this a seamless transition for your office, but you may experience some delay in claims processing, and we appreciate your patience. Our members, groups, and providers are the foundation of our company, and we want to provide the best service possible.

At the same time, we are committed to mitigating the impact this process may have on you and your facility or practice. If necessary, BCBSMT may provide you with periodic interim payments upon request. Call Health Care Services at 1-800-447-7828, Extension 3600, to request a payment.

FRAUD

BILLING ISSUES CURRENTLY UNDER REVIEW

Karl Krieger, CFE, AHFI

The BCBSMT Special Investigation Unit (SIU) often reviews patterns in claim coding to identify areas that may need to be addressed in an audit. The following discussion identifies several areas currently under review by the SIU and what you can do to make sure you are billing correctly.

Prolonged Physician Services (With Direct Face-to-Face Contact)

A recent review of the prolonged physician services CPT codes identified continued documentation and reporting problems with these CPT codes (99354–99357). Physicians' services involving patient contact that is beyond the usual service in either an inpatient or outpatient setting may be reported as prolonged services and may be reported in addition to other physician services. Time the patient remains unaccompanied in the office, time spent by the office staff with the patient, and time waiting for test results cannot be submitted for payment.

Prolonged physician services should be billed only when the time involved exceeds the time of the appropriate Evaluation and Management (E&M) service by at least 30 minutes. Prolonged services of less than 30 minutes total duration on a given date is not reported separately because the work involved is included in the total work of the E&M codes.

If you have additional comments about the Prolonged Physician Service codes, refer to the BCBSMT medical policy Prolonged Physician Services at www.bcbsmt.com (click on Provider Services and then Medical Policy). The policy is on page 16 of this issue.

Multiple Services on the Same Day

Another area currently being reviewed by the BCBSMT SIU is the practice of billing separate procedures performed on the same day on different claims. We realize that procedures are sometimes missed on the first billing and must be submitted later. However, our concern is the consistent practice of submitting one service per claim when the patient received multiple services on the same day.

The submission of multiple claims for services on the same day may result in claims processing incorrectly. These claims usually have underpayments or overpayments that must be adjusted later. Under the right circumstances, a consistent pattern of this activity may even be viewed as fraud.

Be careful in your billing practices and always know what you are billing. It can save time, money, and gets you paid faster. If you have questions, do not hesitate to call me direct.

Karl Krieger currently serves as a BCBSMT Special Investigator, is a Certified Fraud Examiner, and an Accredited Health Care Fraud Investigator. Karl has been employed by BCBSMT for 18 years, has received the DPHHS Inspector General's Integrity Award for his work in health care fraud, and currently serves 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, ext. 8211, or by email at kkrieger@bcbsmt.com. Visit the BCBSMT anti-fraud website at www.stopfraud.bcbsmt.com for more information.

MEDICAL POLICIES

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 July 2007, and approved the following NEW and 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.

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SPRYCEL (DASATINIB)

Chapter: Drugs
Effective Date: September 1, 2007

DESCRIPTION
The FDA approved Sprycel (Dasatinib) on June 29, 2006. Sprycel, an oral drug, inhibits multiple tyrosine kinases, specifically a BCR-ABL kinase inhibitor that can bind to multiple conformations (active and inactive) of the ABL kinase domain. This action results in reduced activity of one or more proteins responsible for the uncontrolled growth of leukemia cells in patients with chronic myeloid leukemia (CML) or philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL). This reduction allows bone marrow to resume production of normal red blood cells, white blood cells, and platelets.

POLICY
Prior authorization is recommended. To authorize, call the BCBSMT Customer Service Department 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 Sprycel medically necessary for the treatment of:

- Adults with chronic, accelerated, myeloid, or lymphoid blast phase chronic myeloid leukemia (CML) with resistance or intolerance to prior therapy (Gleevec must have been tried and failed)
- Adults with philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL) with resistance or intolerance to prior therapy

Investigational
BCBSMT considers the use of Sprycel investigational:

- For any use not indicated above
- For patients less than 18 years of age

ELAPRASE (IDURSULFASE)

Chapter: Drugs
Effective Date: September 1, 2003

DESCRIPTION
The FDA approved Elaprase (idursulfase) as an orphan drug on July 24, 2006. Orphan products are generally developed to treat rare diseases or conditions that affect fewer than 200,000 people in the U.S. Elaprase is used to treat Hunter syndrome, also known as Mucopolysaccharidosis II (MPS II), an X-linked recessive inherited disorder diagnosed in approximately one in 65,000 to 132,000 births (mostly males). It is given intravenously every week over one to three hours.

POLICY
Prior authorization is recommended. To authorize, call the BCBSMT Customer Service Department 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 Elaprase medically necessary for patients:

- Diagnosed with Hunter syndrome
- Age 5 to 65
- At the recommended intravenous dosage of 0.5 mg/kg weekly

Investigational
BCBSMT considers the use of Elaprase investigational for any use not indicated above.

GENETIC TESTING—PREIMPLANTATION GENETIC DIAGNOSIS (PGD)

Chapter: Medicine: Tests
Effective Date: September 1, 2007

DESCRIPTION
Preimplantation genetic diagnosis (PGD) describes genetically testing maternal or embryonic DNA to deselect embryos harboring a genetic defect prior to implantation of the embryo into the uterus. This provides an alternative to amniocentesis or chorionic villous sampling (CVS) followed by selective pregnancy termination of affected fetuses.

Biopsy of pre-embryos or blastocytes can detect genetic abnormalities arising from the maternal or paternal chromosomes. The biopsied material can be analyzed in a variety of ways. Polymerase chain reaction (PCR) or other amplification techniques can be used to amplify the harvested DNA with subsequent analysis for single genetic defects. This technique is most commonly used when the embryo is at risk for a specific genetic defect, such as Tay Sach's disease or cystic fibrosis. Fluorescent in situ hybridization (FISH) is a technique that allows direct visualization of specific chromosomes to determine the number or absence of chromosomes. This technique is most commonly used to screen for aneuploidy, gender determination, or to identify chromosomal translocations. FISH cannot be used to diagnose single genetic defect disorders.

Three general categories of patients have undergone PGD:

1. Embryos at risk for a specific inherited single genetic defect

   Inherited single gene defects fall into 3 general categories: autosomal recessive, autosomal dominant, and X-linked. When either the mother or father is a known carrier of a genetic defect, embryos can undergo PGD to deselect embryos harboring the defective gene. Gender selection of a female embryo is another strategy when the mother is a known carrier of an X-linked disorder for which there is not yet a specific molecular diagnosis. While there is a growing list of single genetic defects for which molecular diagnosis is possible, the most common indications include cystic fibrosis, B thalassemia, muscular dystrophy, Huntington's disease, hemophilia, and fragile X disease.

2. Identification of aneuploid embryos

   Aneuploidy of embryos is thought to contribute to implantation failure and may also be the cause of recurrent spontaneous abortion. The prevalence of aneuploid oocytes increases in older women. PGD may be considered an adjunct to an assisted reproductive procedure as a treatment of infertility. The FISH technique is most commonly used to detect aneuploidy.

3. Embryos at a higher risk of translocations

   Balanced translocations occur in 0.2% of the neonatal population but at a higher rate in infertile couples or in those with recurrent spontaneous abortions. PGD can be used to deselect embryos carrying the translocations, leading to an increase in fertility or a decrease in the rate of spontaneous abortion.

POLICY
Prior authorization is recommended. To authorize, call the BCBSMT Customer Service Department 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
When the group or member contract covers in vitro fertilization, BCBSMT considers pre-implantation genetic diagnosis as an adjunct to in vitro fertilization (IVF) medically necessary, if the covered member/couple has one or more of the following:

- A history of three failed IVF cycles
- Maternal age is greater than 35 years
- One of the partners is known to harbor a balanced translocation
- Both partners are known carriers of a single autosomal recessive gene

BCBSMT considers pre-implantation genetic diagnosis medically necessary, if the covered member/couple has one or more of the following:

- One partner is a known carrier of a single gene autosomal dominant disorder
- One partner is a known carrier of a single X-linked disorder

GENETIC TESTING FOR INHERITED SUSCEPTIBILITY TO COLON CANCER

Chapter: Medicine: Tests
Effective Date: September 1, 2007

DESCRIPTION
There are currently two well-defined types of hereditary colorectal cancer:

1. Familial Adenomatous Polyposis (FAP)

   - Accounts for 1% of colorectal cancer
   - Tends to have early-onset colorectal cancer, right-sided tumors, and often multiple cancers
   - Typically is apparent by age 10
   - Can be identified by the appearance of characteristic polyps
   - If left untreated, all affected individuals will go on to develop colorectal cancer
   - May be associated with osteomas of the jaw, skull, and limbs, sebaceous cysts, and pigmented spots on the retina (referred to as Gardner's syndrome)

Germ-line mutations in the adenomatous polyposis coli (APC) gene, located on chromosome 5, are responsible for FAP.

2. Hereditary Non-Polyposis Colorectal Cancer (HNPCC)

   - Estimated to account for 3% to 5% of colorectal cancer
   - Associated with an increased risk of other cancers such as endometrial, ovarian, urinary tract, and biliary tract
   - Associated with an approximate 80% lifetime risk of developing colorectal cancer
   - Tend to have early-onset colorectal cancer, right-sided tumors, and often multiple cancers
   - Associated with mutations in one of five different genes, located on chromosomes two, three, or seven (These genes are known as MLH1, MSH2, MSH6, PMS1, and PMS2; all of the genes are involved in DNA mismatch repair (MMR) mechanisms)

The identification of HNPCC is based primarily on family history and related criteria.

Dominantly inherited germ-line genetic mutations have been associated with both FAP and HNPCC.

POLICY
Prior authorization is recommended. To authorize, call the BCBSMT Customer Service Department 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 genetic testing medically necessary to determine if a member is a carrier of the adenomatous polyposis coli gene (APC) for:

- Members with greater than 20 colonic polyps
- First-degree relatives (e.g., siblings, parents, offspring) of members diagnosed with FAP

To determine a carrier of the HNPCC gene, members without a history of colorectal cancer who have a first- or second-degree relative with a known HNPCC mutation, or members with a history of colorectal cancer who meet either the Amsterdam II or revised Bethesda criteria, as described below:

Amsterdam II Criteria (patients must meet all of the following):

- Three or more relatives with a histologically verified HNPCC-associated cancer (colorectal cancer or cancer of the endometrium, small bowel, ureter, or renal pelvis), one of whom is a first-degree relative of the other two
- HNPCC-associated cancer involving at least two generations
- Cancer in one or more affected relatives diagnosed before 50 years of age
- Familial adenomatous polyposis excluded in any cases of colorectal cancer

Modifications allow for small HNPCC families that have two colorectal cancers in first-degree relatives involving at least two generations with at least one individual diagnosed by age 55.

Revised Bethesda Criteria (patients may meet any of the following):

- Individuals diagnosed with colorectal cancer before age 50
- Individuals with HNPCC-related cancer, including synchronous and metachronous colorectal cancers, or associated extracolonic cancers regardless of age
- Individuals with colorectal cancer with the MSI-H histology diagnosed in a patient less than age 60
- Individuals with colorectal cancer and one or more first-degree relatives with colorectal cancer and/or HNPCC-related extracolonic cancer (if the one of the cancers was diagnosed at age less than 50 years)
- Individuals with colorectal cancer diagnosed in two or more first- or second-degree relatives with HNPCC-related tumors regardless of age

GENETIC TESTING

Chapter: Medicine: Tests
Original Effective Date: September 1, 2007

DESCRIPTION

The term "genetic test" is used to refer to any test performed using molecular biology methods to test DNA or RNA, including germline, heritable, and acquired somatic variations of disease. While genetic testing generally refers to testing one or a few genes, genomic tests assess larger numbers or sequences of genes. Pharmacogenetic and Pharmacogenomic tests are used to determine the likelihood of a patient responding to a particular drug and/or having an adverse event.

Genetic tests, like other laboratory services, provide diagnostic information to inform clinical treatment decisions. In the case of heritable mutations, test results may have implications for other family members or family members may need to be tested to ensure correct interpretation of the results. Because of the complexities of genetic testing, genetic counseling is encouraged so members are informed of the implications of their testing decisions and the limitations of the results.

At present, no clinical interventions can modify a genetic mutation (although gene transfer strategies may make this possible in the future). However, genetic and genomic tests may be used to:

- Diagnose disease
- Predict future disease
- Direct clinical management
- Identify carriers of genetic mutations
- Assist in future reproductive choices for parents or family members of an affected individual
- Provide information about an individual's susceptibility to disease. (informed members may then have options to reduce disease risk (e.g., lifestyle changes, increased surveillance, prophylactic interventions)
- Assist with family and long-term care planning
- Facilitate research (this may impact members previously diagnosed with a particular genetic mutation)

The completion of the human genome is increasing the pace of genetic testing advancements. Some genetic tests currently available are not supported by clinical data and may not provide useful, accurate, or interpretable results. Lack of regulation by the FDA of "home brew" laboratory tests (which represent the majority of tests) creates less incentive for genetic test developers to amass clinical validity and utility data used to support evidence-based decisions.

POLICY

Prior authorization is recommended. To authorize, call the BCBSMT Customer Service Department 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.

Refer to the following genetic testing medical policies for specific coverage criteria:

- Genetic Testing for Germline Mutations for the RET Proto-Oncogene in Medullary Carcinoma of the Thyroid
- Genetic Testing for Inherited Susceptibility to Colon Cancer
- Genetic Testing—Preimplantation Genetic Diagnosis (PGD)
- Genetic Testing for Inherited BRCA1 or BRCA2 Mutations
- Pharmacogenetics (e.g., Cytochrome p450)
- Cystic Fibrosis Testing

- Breast Cancer - Assays of Genetic Expression (e.g., OncotypeDM™ and MammaPrint®)

For all other genetic tests, the following criteria apply:

Medically Necessary

BCBSMT considers genetic testing medically necessary when all of the following criteria are met:

- The member has one or more of the following:
  - Current signs and/or symptoms suggesting a genetic disease
  - A family history indicating a genetic cause for current or future disease
- Conventional diagnostic testing, history, and physical examination are inconclusive

- The test is not considered experimental or investigational
- The test is performed by a CLIA-certified laboratory

Not Medically Necessary
BCBSMT considers genetic testing not medically necessary for:

- Population-based screening when there is no personal or family history of disease, except:
  - State mandated newborn screening
  - Preconception or prenatal carrier screening for certain conditions such as, but not limited to, cystic fibrosis (see medical policy), Tay-Sachs disease, sickle cell disease, and other hemoglobinopathies
- Minors (under age 18) for adult-onset conditions

Investigational
BCBSMT considers the following genetic tests investigational including, but not limited to, the following:

- **Alzheimer's disease.** Genetic testing includes, but is not limited to, testing for the apolipoprotein E epsilon 4 allele, presenelin genes, or amyloid precursor gene
- **Congenital long QT syndrome.** Patients with known or suspected congenital long QT syndrome
- **Malignant melanoma.** Genetic testing for mutations associated with hereditary cutaneous malignant melanoma or associated with susceptibility to cutaneous malignant melanoma
- **Prostate cancer.** Gene-based testing for screening, detection, and/or management of prostate cancer

GENETIC TESTING FOR MEDULLARY CARCINOMA OF THE THYROID (RET PROTO-ONCOGENE)

Chapter: Medicine: Tests
Effective Date: September 1, 2007

DESCRIPTION
Medullary carcinoma of the thyroid is an uncommon type of thyroid cancer. Three distinct but related familial cancer syndromes are responsible for approximately one-fourth of the incidence of medullary carcinoma of the thyroid; the remaining three-fourths are sporadic. The three inherited syndromes include multiple endocrine neoplasia (MEN) types 2A and 2B and familial medullary thyroid cancer (FMTC). MEN 2A, MEN 2B, and FMTC are all dominantly inherited. Point mutations of the germline RET gene, located on chromosome 10, are associated with inheritance of MEN 2A, MEN 2B, or FMTC.

Medullary thyroid cancer is curable surgically if detected before it has spread to regional lymph nodes. However, if a thyroid nodule is the first sign of disease, lymph node involvement at diagnosis may be found in up to 75% of patients. Surveillance by annual biochemical monitoring for C-cell hyperplasia has been used to identify those with the inherited disease before it progresses beyond the earliest stages. Recently, genetic assays for RET mutations have been used as an alternative to annual biochemical testing in patients with a known family history of MEN 2A, 2B, or FMTC.
Annual biochemical screening can be stopped in patients who test negative for mutations. Patients who test positive may undergo immediate thyroidectomy or postpone thyroidectomy until biochemical tests suggest evolving medullary cancer. Genetic assays have also been used to determine if new cases of medullary thyroid cancer without a family history are truly sporadic in origin. A positive test in this setting should initiate evaluation of family members. In addition, a positive test may prompt screening for pheochromocytoma, a component of MEN 2A and 2B, in the affected patient.

POLICY
Prior authorization is recommended. To authorize, call the BCBSMT Customer Service Department 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 genetic testing for RET proto-oncogene point mutations medically necessary for the following:

- Members of families with defined RET gene mutations
- Members of families known to be affected by inherited medullary thyroid cancer, but not previously evaluated for RET mutations
- Members with medullary thyroid cancer (with or without a family history)

BREAST CANCER - ASSAYS OF GENETIC EXPRESSION (E.G., ONCOTYPE AND MAMMAPRINT)

Chapter: Medicine: Tests
Effective Date: September 1, 2007

DESCRIPTION
Prognosis in breast cancer is based on patient age, tumor size, histology, status of the axillary lymph nodes, histologic type, and hormone receptor status. However, patients with the same set of risk factors can have markedly different prognoses. For example, not all patients with larger breast primary tumors but node-negative disease are destined to develop detectable metastases after surgery. Adjuvant chemotherapy is routinely recommended for most of these patients. A set of more sensitive and specific prognostic factors for distant disease recurrence would improve patient selection criteria for adjuvant therapy and other aspects of the treatment of breast cancer.

The FDA approved MammaPrint® (Agendia) gene testing February 7, 2007. It is the first In Vitro Diagnostic Multivariate Index Assay (IVDMIA) to acquire market clearance and marks the agency's first step toward standardizing multi-gene expression tests. IVDMIAs work by comparing the expression of multiple genes (e.g., on a microarray or a gene "chip") to outcome databases to identify specific gene expression patterns associated with prognosis. Oncotype DX™ (Genomic Health) is another example of a gene profile test designed to examine gene expression in breast cancer.

The practice guideline from the National Comprehensive Cancer Network panel for invasive breast cancer notes: "Limited data supports that a 21 gene RT-PCR assay (Oncotype DX) may provide both prognostic information and prediction

of benefit, or lack thereof, from chemotherapy in women with axillary lymph node negative, hormone receptor-positive breast cancer treated with Tamoxifen."

POLICY
Prior authorization is recommended. To authorize, call the BCBSMT Customer Service Department 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 assays of genetic expression for breast cancer medically necessary for members who meet all of the following criteria:

- The member is diagnosed with breast cancer
- The member's breast cancer is hormone receptor-positive and axillary lymph node negative
- The decision to administer chemotherapy is dependent on test results

Investigational
BCBSMT considers assays of genetic expression in tumor tissue investigational for member's who don't meet the criteria above or when test results won't influence the decision to administer chemotherapy.

BRACHYTHERAPY, BREAST

Chapter: Radiology
Effective Date: September 1, 2007

DESCRIPTION
In current practice, most conventional breast conservation therapy (BCT) includes surgical excision of the tumor—lumpectomy, segmentectomy, or quadrantectomy, and whole-breast radiotherapy (WBRT)—delivered five days-a-week over five–seven weeks using external beam radiation. Meta-analysis has shown the efficacy of BCT with WBRT is equivalent to mastectomy. For patients at higher risk of recurrence (based on age younger than 50 years, tumor size <2–3 cm, lymph node involvement, inadequate tumor-free margins, etc.), additional "boost" radiotherapy directed to the tumor bed is included in WBRT. Breast brachytherapy as the sole radiation therapy has also been explored. Breast brachytherapy may consist of:

- Interstitial brachytherapy
- Balloon brachytherapy
- Mammosite™
- Electronic brachytherapy

Interstitial brachytherapy uses multiple radiation sources spaced in two or more planes through the breast. Various interstitial brachytherapy techniques have been investigated. Both low- and high-dose rate interstitial techniques are used, with high-dose rate techniques increasing in popularity. In the low-dose rate technique, radioactive seeds are temporarily implanted in hospitalized patients. They deliver radiation continuously over four days and are then removed. In the high-dose rate technique, a computer-controlled device loads highly radioactive isotope sources into catheters that have been placed into the tumor bed. The patient is exposed to the radiation therapy for a brief period (e.g., 15 minutes) and then the radioactive sources are withdrawn. High-dose rate brachytherapy (HDR) is typically administered to outpatients as eight fractions given twice daily over four days.

Balloon brachytherapy uses a single radioactive source to deliver radiation to a spherical or elliptical target volume placed in an inflatable catheter inside the surgical cavity. It treats the cavity plus a surrounding margin of 1–2 cm, with a radiation dose declining as a function of distance from the source.

Mammosite™ RTS device (Cytyc Corp; Alpharetta, GA) is an example of a balloon brachytherapy delivery system. The device is implanted in the lumpectomy cavity during or shortly after breast-conserving surgery. A high-dose rate source of iridium-192 is then centrally positioned within the applicator by a remote after-loader. This system is used to deliver 34 Gy in 10 fractions over five days.

Electronic brachytherapy uses an X-ray tube as its radiation source to deliver HDR radiation without radioactive isotopes. The FDA cleared the Axxent™ Electronic Brachytherapy System for accelerated partial breast irradiation (APBI).

These methods of brachytherapy are typically delivered in the course of one week providing a shortened, more convenient radiation treatment course. APBI may increase the proportion of patients choosing breast-conserving surgery, (e.g., those living in remote locations, the elderly, or disabled). On the other hand, APBI may sacrifice some or all of the radiobiological advantage associated with fractionated doses and the slower repair of sub-lethal radiation damage in tumor versus normal cells.

Using partial breast brachytherapy after breast-conserving surgery in the place of EBR is based partly on the observation that most ipsilateral breast recurrences after breast-conserving surgery and radiation therapy occur near the tumor bed with only a minority of recurrences located elsewhere in the breast. In trials of breast-conserving surgery with radiation therapy versus without, most recurrences also occurred near the tumor bed.

The American Society of Breast Surgeons (ASBS) and the American Brachytherapy Society (ABS) have issued position statements on partial breast irradiation, advocating it as an accepted technique for women with small tumors and negative axillary nodes. The updated 2002 report from the ABS consists of a literature review of data on local recurrences of breast cancer after APBI using brachytherapy. The authors concluded that the majority of breast cancers recur at the site of the tumor bed. While the ABS recommendations are based on this data, the same observations served as the impetus to further study of long-term outcomes in the randomized inter-group trial sponsored by the U.S. National Cancer Institute that began in early 2005 comparing WBRT and APBI. The primary objective of the trial is to compare recurrence rates for whole-breast versus partial-breast irradiation.

BCBSMT awaits results from the randomized inter-group trial and bases the policy decision on the recommendation from the National Comprehensive Cancer Network who recommend partial breast irradiation be performed only as part of a high

quality prospective clinical trial. They also recommend whole breast radiation therapy with boost for patients with clinical stages I, II, and T2N1M0 breast cancer undergoing lumpectomy. Boost to the tumor bed is especially encouraged in those 50 years of age or younger.

POLICY
Prior authorization is recommended. To authorize, call the BCBSMT Customer Service Department 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 interstitial or balloon brachytherapy medically necessary for patients undergoing initial treatment for stage I or II breast cancer when used as local boost irradiation in patients also treated with breast-conserving surgery and whole-breast external beam radiotherapy.

Investigational
BCBSMT considers partial breast irradiation using interstitial or balloon brachytherapy as the sole form of radiotherapy after surgical excision, investigational.

LASER TREATMENT OF ACTIVE ACNE

Chapter: Medicine: Treatments
Effective Date: September 1, 2007

DESCRIPTION
The causal factors of acne are:

- Androgen-mediated sebaceous gland hyperplasia with excess sebum production
- Abnormal follicular keratinization which results in plugging of the follicles and comedo formation
- Proliferation of propionibacterium acnes (P-acnes)
- Inflammation resulting from the chemo-attractant and pro-inflammatory byproducts of P-acnes

Genetic factors, diet, and stress may also contribute to the development and severity of acne. Treatment of active acne usually consists of a good skin care regimen, benzoyl peroxide, antibiotics, and retinoids. Active acne is distinct from acne scarring, which may occur from tissue damage after inflammatory lesions subside.

Laser therapy at various irradiation levels or fluences (e.g., low- and mid-level irradiation lasers and long-pulse diode lasers) has been investigated for the treatment of active inflammatory acne. Lasers are believed to improve active acne lesions by reducing the presence of P-acnes. They do this by destroying porphyrins within the organism using light of specific wavelengths (e.g., blue light of 405-420 nm). Lasers may also have anti-inflammatory affects (e.g., red light of 660 nm) which may improve active acne. Low fluence pulsed dye lasers are less ablative and purpuric and may be preferred in active acne treatment to limit tissue damage and potential treatment-related scarring. Laser treatment of active acne lesions may also reduce potential acne scarring that can occur in severe cases. Published research on laser treatment for active acne has focused on no more than one or two laser treatment sessions.

A number of laser and focused light devices have received marketing clearance for the treatment of acne through the FDA 510(k) process. These include:

- Lasers that emit light at 1320 nm (Candela Smoothbeam™ and CoolTouch®—Candela Smoothbeam™ is indicated solely for the treatment of acne on the back)
- Intense pulsed light systems which emit light in the range of 590 to 1200 nm (Radiancy ClearTouch, MED flash II, and Ellispse I2PL)
- Lasers or high-intensity light devices, which emit violet or blue (around 414 nm) and red (around 633 nm) light (Aura, Clearlight, Dermillume and Blue U)
- A thermal device (ThermaClear) for the treatment of mild to moderate inflammatory acne in both a practitioner's office environment and a consumer home-use environment

ClearTouch was named as a predicate device in the FDA approval process. Equivalence was based on the proposition that ThermaClear and its predicate devices are all devices that use either heat or light to treat the dermatological condition of mild to moderate acne by exposing the surface of the skin to precise energy fluence.

Note: This policy does not apply to the treatment of acne scarring.

POLICY
Prior authorization is recommended. To authorize, call the BCBSMT Customer Service Department 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 laser treatment of active acne medically necessary in the case of severe acne when standard medical treatment has been unsuccessful. Examples include, but are not limited to, the following:

- Oral therapy
- Topical comedolytic agents
- Chemical peels
- Microdermabrasion

Office records will be requested and must include documentation of all therapies and pre-treatment photographs. No more than two laser treatment sessions will be authorized

Investigational
BCBSMT considers all other uses of laser to treat active acne investigational.

MEDICAL POLICIES—NEW AND REVISED POLICIES

DENTAL: TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMD)

Chapter: Dental
Effective Date: September 1, 2007

POLICY
Diagnostic Procedures
BCBSMT consider the following procedures and tests medically necessary including, but not limited to, the following:

- Panoramic radiograph
- Tomogram
- Arthrogram
- Transcranial X-rays
- MRI
- CT scan
- Cepthalogram
- Diagnostic arthroscopy
- Full-mouth x-rays

BCBSMT consider the following procedures and tests investigational including, but not limited to, the following:

- Electromyograph
- Mandibular kineosiography (MKG)

Non-Surgical Treatment
Most group and member contracts exclude:

"Nonsurgical treatment for malocclusion of the jaw, including services for temporomandibular joint dysfunction, anterior or internal dislocations, derangements and myofascial pain syndrome, orthodontics (dentofacial orthopedics), or related appliances."

Conservative (non-surgical) therapy may include, but is not limited to, the following:

- Pain and/or anti-inflammatory medication
- Physical therapy
- Hot and cold packs
- TENS
- Acupuncture (contract specific benefit)
- Manual assisted exerciser
- Continuous passive motion (considered non-covered except for use with the knee joint)
- Splints used in splint therapy. These include:
  - Diagnostic
  - Repositioning (used in the diagnosis and treatment of TMD)
  - Pain control
  - Bruxism

Surgical Treatment
Most BCBSMT group and member contracts cover surgical treatment of TMD that includes, but is not limited to, the following:

- Arthroplasty
- Meniscectomy, disc plication, and condylectomy
- Coronoidectomy
- Replacement of the articular disc/meniscus
- Total joint replacement
- Microvascular second metatarsophalangeal total joint transplant

The following arthroscopy procedures (an invasive procedure using an arthroscope) may be diagnostic or surgical:

- Arthroscopy, surgical or diagnostic
- Arthroscopy, surgical assistant (not considered medically necessary)
- Arthroscopic lysis of adhesions or debridement, and lavage (surgical)
- Arthroscopic repair or reconstruction of the meniscus/disc (surgical)

Exclusions
BCBSMT considers the following dental services not eligible for medical benefits including, but not limited to, the following:

- Occlusal adjustment
- Full mouth reconstruction
- Dentures
- Orthodontia (excluded in most group and member contracts)
- Appliance or restoration to increase vertical dimension or restore occlusion
- Devices promoted to maintain joint range of motion and to develop muscles involved in jaw function

REVISED POLICIES

BIRTH CONTROL FOR MEDICAL CONDITIONS

Chapter: Maternity/Gyn/Reproduction
Effective Date: September 1, 2007

POLICY
Coverage for contraception is contract specific for all self-insured groups. Refer to the member contract or call BCBSMT Customer Service Department at 1-800-447-7828 for specific information. BCBSMT considers contraceptives to prevent conception non-covered unless included in the group or member contract.

Prior authorization is recommended for contraceptives to treat a medical condition when they are not a benefit of the member contract. To authorize, call the BCBSMT Customer Service Department 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.

BCBSMT provides coverage for contraceptives including, but not limited to, oral contraceptives, injections (e.g., depo-provera), and IUD's (e.g., Mirena) when the member has a contraceptive benefit, or it is necessary to treat a medical condition (even when the member doesn't have a specific benefit for contraceptives).

MEDICAL POLICIES—REVISED POLICIES

MAGNETIC RESONANCE IMAGING (MRI) OF THE BREAST– WITH OR WITHOUT COMPUTER-AIDED DETECTION (CAD)

Chapter: Radiology
Upcoming/Revised Policy: November 1, 2007

BCBSMT added two medically necessary indications:

- A personal history of breast cancer
- An MRI-guided breast biopsy is medically necessary when a specific area of interest to biopsy cannot be determined through physical examination, ultrasound, or mammography;

BCBSMT has added the following computer-aided detection information to the policy:

Computer-Aided Detection (CAD)

BCBSMT considers the billing of CAD for interpretation of contrast-enhanced MRI of the breast inclusive of the breast MRI charge. Additional compensation is not paid.

BONE GROWTH STIMULATORS

Chapter: Durable Medical Equipment
Effective Date: September 1, 2007

POLICY
Prior authorization is recommended. To authorize, call the BCBSMT Customer Service Department 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.

Electrical Bone Growth Stimulation

The non-invasive method of electrical bone growth stimulation is considered medically necessary as a treatment of:

- Long-bone non-union secondary to trauma. Long bones act as levers to facilitate motion and include the metatarsals. The diagnosis of long-bone non-union must meet all of the following criteria:
  - At least three months have passed since the date of the fracture
  - Serial radiographs over three months show no progressive signs of healing
  - The fracture gap is one centimeter or less
  - The fracture site can be adequately immobilized
  - The patient is likely to comply with non-weight bearing requirements
- Failed joint fusion secondary to failed arthrodesis of the ankle or knee
- Congenital (infantile) pseudoarthrosis of the appendicular skeleton (the appendicular skeleton includes the bones of the shoulder girdle, upper extremities, pelvis, and lower extremities. Pseudoarthrosis is defined as a false joint or abnormal union between parts of bone such as the formation of fibrous tissue between the ends of a fractured bone)
- Patient's with failed spinal fusion (failed spinal fusion is defined as a spinal fusion that has not healed, as evidenced by serial x-rays, over a course of three months)
- Non-union fractures of short bones (i.e., scaphoid, navicular) when the following criteria are met:
  - Non-union is established when serial x-rays show no visible signs of healing over a period of three months with alternative treatments
  - The fracture gap is one centimeter or less

The non-invasive or invasive methods of electrical bone stimulation are considered medically necessary as an adjunct to spinal fusion surgery for patients with one or more of the following risk factors:

- Fusion to be performed at more than one level
- Grade II, or worse, spondylolisthesis
- Prior unsuccessful fusion attempt(s)
- Obesity
- Current smoker
- Osteoporosis, diabetes, or other metabolic diseases which influence bone healing
- Renal disease
- Alcoholism

Investigational applications of electrical bone growth stimulation include, but are not limited to, the following:

- The treatment of fresh fractures
- The treatment of delayed union (delayed union is defined as a decelerating fracture healing process, identified by serial x-rays)

Ultrasound Accelerated Fracture Healing Device

Low-intensity ultrasound treatment may be considered medically necessary when used:

- As an adjunct to conventional management (e.g., closed reduction and cast immobilization) for the treatment of fresh, closed fractures in skeletally mature individuals
- As a treatment of non-union fractures, excluding the skull and vertebra

Other applications of low-intensity ultrasound treatment are investigational, including, but not limited to, treatment of delayed unions (defined as a decelerating healing process as determined by serial x-rays), congenital pseudarthroses, or open fractures.

LENSES AND FRAMES AFTER CATARACT SURGERY

Chapter: Vision
Effective Date: September 1, 2007

POLICY

Covered
Most patients require a change in their corrective lenses following cataract surgery. For members who do not have a

vision benefit, BCBSMT compensates:

- For corrective lenses when the member's vision prescription is altered by the cataract surgery (the maximum allowance for lenses is $100. The claim is processed from the medical benefit and is in addition to the standard, non-accomodating intraocular lens implanted at the time of surgery)
- Frames are provided only when the member did not have frames prior to cataract surgery (the maximum allowance for frames is $200. The claim is processed from the medical benefit)

Non-Covered
BCBSMT considers the accommodating inter-ocular lenses non-covered. However, compensation up to the cost of a standard plastic intraocular lens is allowed when patients having cataract surgery choose to upgrade to the accommodating intraocular lens.

PATENT FORAMEN OVALE (PFO) CLOSURE DEVICES

Chapter: Surgery - Procedures
Effective Date: November 1, 2007

POLICY
Investigational

BCBSMT considers transcatheter closure of a patent foramen ovale investigational as no device is currently FDA approved. Member contract defines an investigational procedure, drug, or device as one which "has not received the required final approval to market from appropriate government bodies."

ARTIFICIAL INTERVERTEBRAL DISC

Chapter: Surgery - Procedures
Effective Date: September 1, 2007

On July 17, 2007, the FDA approved the first artificial cervical disc for the treatment of cervical degenerative disc disease (Prestige Cervical Disc, made by Medtronic Sofamor Danek of Memphis). BCBSMT will address this new device in a future revision of this medical policy.

POLICY
Prior authorization is recommended. To authorize, call the BCBSMT Customer Service Department 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 the CHARITETM or ProDisc artificial intervertebral lumbar disc replacement medically necessary for patients who meet all of the following eligibility criteria:

- Patients are at least 18 years old and skeletally mature
- Patients have a diagnosis of degenerative disc disease located between L4 - S1 (Charite) or L3 - S1 (ProDisc) that causes chronic pain and disability confirmed by patient history and radiographic studies (chronic pain and disability must be demonstrated by a minimum pain score of 40 mm using a 100 mm visual analog scale (VAS) and a disability score of 40 or greater using the Oswestry Disability Index (ODI), and the patient also should have a normal psychometric profile by pain diagram and consideration of Waddel signs)
- Patients have only one level of disease involvement when considering the operative site and its adjacent discs (adjacent discs must have normal appearance on CT or MRI and if the adjacent disc is abnormal in appearance, the patient must have discography studies that confirm the adjacent disc is not a source of pain)
- Patients have failed an adequate trial of conservative, non-surgical treatment of at least six months

Investigational

BCBSMT considers the use of artificial intervertebral disc surgery investigational for patients with any of the following contraindications:

- Replacement of more than one disc
- Replacement of a disc located outside of L4 – S1 (Charite) or L3 – S1 (ProDisc)
- The presence of any of the following conditions at the planned operative site (which includes adjacent levels):
  - Isolated radicular compression syndromes due to disc herniation as determined by MRI or CT scan showing lateral recess stenosis (consideration is given for cases where previously present radicular compression has largely resolved as demonstrated by pain map—at least 80% of the back pain and less than or equal to 20% radicular—and radiologic studies)
  - Moderate or severe degenerative facet disease
  - Greater than three mm of spondylolisthesis
  - Unilateral or bilateral spondylolysis
  - Prior spinal fusion
  - Previous spinal surgery at the same level, except for discectomy, laminotomy, or nucleolysis;
  - Discectomy or decompression with remaining posterior lesion
  - Local infection
- The presence of any of the following spinal conditions:
  - Scoliosis greater than 10 degrees
  - Bony lumbar stenosis
  - Spinal tumor
    Note: degenerative disc disease at a non-continguous segment should be carefully evaluated
- The presence of any of the following extraspinal or systemic conditions:
  - Obesity with a body mass index of 35 or greater
  - Metal allergy or sensitivity to implant materials
  - Pregnancy

- Autoimmune disorder
- Active systemic infection
- Patients at risk for osteoporosis such as post-menopausal women or individuals with a history of steroid use (such patients should have pre-operative bone density studies. The presence of osteopenia is a relative contraindication, and the presence of osteoporosis with T scores of less than 2.5 is an absolute contraindication)
- A chronic condition that might require use of steroids in the future

TOTAL HIP RESURFACING

Chapter: Surgery - Procedures
Effective Date: September 1, 2007

POLICY
Prior authorization is recommended. To authorize, call the BCBSMT Customer Service Department 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 total hip resurfacing medically necessary as an alternative to total hip arthroplasty when all of the following criteria are met:

- An FDA approved total hip resurfacing device is used
- The patient is younger than 65 years of age and is expected to outlive a total hip arthroplasty
- The patient has:
  - A debilitating joint disease of the hip (e.g., osteoarthritis, avascular necrosis, ankylosis, traumatic arthritis, and/or inflammatory arthritis such as rheumatoid arthritis) and standard medical therapy (e.g., analgesics, weight loss, assistive devices) is no longer effective
  - Stable osteonecrosis (less than 30% of the femoral head)
  - Adequate proximal femoral bone stock and bone quality
  - Minimal hip deformity

Contraindications
BCBSMT considers total hip resurfacing non-covered for members with contraindications including, but not limited to, the following:

- Age greater than 75 years
- Impaired renal function
- Developmental dysplasia of the hip of high Crowe types
- Osteonecrosis with greater than 40% of the femoral head or who may develop further osteonecrosis under the implant head
- Patients who have, or may have, osteopenia or osteoporosis (not focal osteoporosis)

POSITRON EMISSION TOMOGRAPHY (PET)

Chapter: Radiology
Effective Date: September 1, 2007

POLICY
Prior authorization is recommended. To authorize, call the BCBSMT Customer Service Department 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.

PET scanning is considered investigational for other indications in patients with an unknown primary including, but not limited to, the following:

- As part of the initial workup of an unknown primary
- As part of the workup of patients with multiple sites of disease

To facilitate PET scan prior authorization, use the following PET scan prior authorization form (copy included in the online policy).

Medically Necessary Cardiac Applications
BCBSMT considers PET scans for the following cardiac applications medically necessary:

- Myocardial perfusion to diagnose coronary artery disease when used instead of, but not in addition to, single photon emission computed tomography (SPECT), or following an inconclusive SPECT
- Myocardial viability in patients with severe left ventricular dysfunction as a technique to determine candidacy for a revascularization procedure

Medically Necessary Oncologic Applications
NOTE: Limitation of PET scan coverage by cancer diagnoses is based on Medicare criteria for coverage.

BCBSMT considers PET scans for the evaluation of malignancy medically necessary for the following and when one or more of the additional criteria are met:

- **Solitary Pulmonary Nodules:** Characterization.
- **Non-Small Cell Lung Cancer:** In patients with a solitary pulmonary nodule as a technique to distinguish between benign and malignant disease when prior CT scan and chest x-ray findings are inconclusive or discordant, and as a staging technique in patients with known non-small cell lung cancer (PET scanning is considered investigational in staging of small cell lung cancer)
- **Esophageal Cancer:** Diagnosis, staging, **and restaging**
- **Colorectal Cancer:** As a technique to detect and assess resectability of hepatic or extrahepatic metastases of colorectal cancer and also for determining location of tumors if rising CEA level suggests recurrence (PET scanning is considered investigational as a technique to assess the presence of scarring versus local bowel recurrence in patients with previously resected colorectal cancer)

- **Lymphoma:** Diagnosis, staging, and restaging
- **Melanoma:** PET scanning is considered:
  - Medically necessary as a technique for assessing extranodal spread of malignant melanoma at initial staging or during follow-up treatment
  - Investigational as a technique to detect regional lymph node metastases in patients with clinically localized melanoma who are candidates to undergo sentinel node biopsy
- **Breast Cancer:** As an adjunct to standard imaging modalities for staging patients with distant metastasis or restaging patients with locoregional recurrence or metastasis, and as an adjunct to standard imaging modalities for monitoring tumor response to treatment for women with locally advanced and metastatic breast cancer when a change in therapy is anticipated
- **Head and Neck Cancers (excluding CNS and thyroid):** In the following clinical situations:
  - Identifying an unknown primary suspected to be head and neck cancer
  - In patients with known head and neck cancer, as a technique of staging the cervical lymph nodes and assessing resectability of the tumor
  - For detecting residual or recurrent disease in patients being followed up after treatment for head and neck cancer
- **Thyroid Cancer:** Restaging of recurrent or residual thyroid cancers of follicular cell origin that have been previously treated by thyroidectomy and radioiodine ablation and have a serum thyroglobulin greater than 10 ng/ml and negative I-131 whole body scan
- **Unknown Primary:** PET scanning may be considered medically necessary in patients with an unknown primary who meet all of the following criteria:
  - Patients with a single site of disease outside the cervical lymph nodes
  - The patient is considering local or regional treatment for a single site of metastatic disease
  - After a negative workup for a occult primary tumor
  - The PET scan will be used to rule out or detect additional sites of disease that would eliminate the rationale for local or regional treatment

ADDITIONAL CRITERIA

Diagnosis
PET is covered only in clinical situations where the results may assist in avoiding an invasive diagnostic procedure, or the results may assist in determining the optimal anatomical location to perform an invasive diagnostic procedure. For most solid tumors, a tissue diagnosis is made prior to the performance of PET scanning. PET is covered for the following clinical situations:

Staging and Restaging

- The stage of the cancer remains in doubt after completion of a standard diagnostic workup, including biopsy and conventional imaging such as computed tomography, magnetic resonance imaging, or ultrasound
- The use of PET is considered reasonable and necessary if it could potentially replace one or more conventional imaging studies when it is expected the conventional study information is insufficient for the clinical management of the patient
- Clinical management of the patient would differ depending on the stage of the cancer identified
- PET is covered for restaging after the completion of treatment to:
  - Detect residual disease
  - Detect suspected recurrence
  - Determine the extent of a known recurrence

Monitoring
The use of PET to monitor tumor response during a planned course of therapy (e.g., when no change in therapy is being contemplated) is not medically necessary. For example, BCBSMT will not cover a PET scan after two weeks of a planned six-week course of chemotherapy. Long-term treatment with drugs such as Tamoxifen or anti-androgens is not considered a 'course of therapy' for the purposes of the above criterion and periodic PET scans may be warranted. Restaging only occurs after a course of treatment is completed.

Other Medically Necessary Applications

BCBSMT considers PET scans for the evaluation of the following medically necessary:

- For the diagnosis and treatment of mild cognitive impairment and early dementia in patients who meet all of the following criteria:
  - Documented cognitive decline of at least six months
  - Who meet the diagnostic criteria for both Alzheimer's disease and fronto-temporal dementia
  - Have been evaluated for specific alternate neurodegenerative diseases or causative factors and the cause of the clinical symptoms remains uncertain
- When used in the assessment of selected patients with refractory epileptic seizures who are candidates for surgery. Appropriate candidates for FDG PET scans for epileptic seizure patients are those patients who meet the following criteria:
  - Have complex partial seizures that have failed to respond to medical therapy
  - Have been advised to have a resection of a suspected epileptogenic focus located in the region of the brain accessible to surgery
  - Conventional techniques for seizure localization have been tried and provided data that suggest a seizure focus but are not sufficiently conclusive to permit surgery
  - The purpose of the PET examination should be to avoid subjecting the patient to extended pre-operative electroencephalographic recording with implanted electrodes

Investigational
BCBSMT considers PET scans for any disease or condition not listed above investigational. The progress of PET scan

MEDICAL POLICIES—REVISED POLICIES

technology continues to change rapidly. BCBSMT extends our willingness to update the medical policy when research demonstrates effectiveness.

PROLONGED PHYSICIAN SERVICE

Chapter: Administrative
Effective Date: September 1, 2007

POLICY
BCBSMT provides compensation for prolonged physician service only when the patient's condition warrants care beyond the evaluation and management (E&M) service provided. For low or moderate complexity E&M services when medical necessity dictates prolonged face-to-face counseling or discussion, CPT guidelines allow for billing a higher-level E&M to capture the extra time spent with the patient. Prolonged services codes are used appropriately only with the highest level E&M code in the code range.

Medical records documenting the prolonged service must be submitted with the claim. Claims submitted without documentation are denied. Documentation must support the medical necessity of the prolonged services as well as the specific amount of time the provider spent fact-to-face with the patient. Examples of services that meet prolonged service criteria may include, but are not limited to, the following:

- Patient with an acute asthma attack treated in the office setting
- Inpatient treatment of a patient with multi-system disease or trauma requiring complex decision making (e.g., treatment of a patient with diabetic ketoacidosis)
- Treatment of an unstable patient in intensive care requiring multiple visits to manage care during a 24-hour period

Non-Covered Services
BCBSMT considers the following examples of prolonged physician service non-covered including, but not limited to, the following:

- Prolonged service without direct face-to-face care. For example:
  - Time spent dictating
  - Reviewing laboratory or imaging studies
  - Talking with family members or other providers
  - Waiting for patient transport to a higher level facility
  - Time spent by hospital, clinic, or office personnel carrying out provider orders
- When the time spent with the patient and not the complexity of the patient care, prompts the billing of prolonged service (e.g., extensive history and physical but low or moderate complexity decision making)
- When a prolonged service is billed with a low or moderate complexity E&M service
- When a prolonged service is billed without also billing an E&M service on the same date

AUDIOLOGIST REIMBURSEMENT (TITLE CHANGE TO: EVALUATION OF HEARING AND BALANCE IMPAIRMENT)

Chapter: Administrative
Effective Date: November 1, 2007

POLICY
Routine Hearing Exams
BCBSMT compensates for routine hearing exams only when the member contract has a screening benefit. Some contracts have specific hearing benefits. The member contract overrides medical policy when there is a conflict.

Medically Necessary
BCBSMT considers audiometric studies medically necessary when diagnosing hearing loss and/or the member has one or more of the following diagnoses:

- Acoustic Neuroma (225.1)
- Bacterial meningitis (320.81 - 320.9)
- Congenital anomalies
- Facial nerve paralysis (Bell's palsy) (351.0)
- Fractures of the temporal bone or trauma affecting the central auditory pathways
- Labyrinthitis (386.30-386.9)
- Meniere's disease (386.00-386.03)
- Neoplasm of the auditory or central nervous system
- Otitis media (381.0-385.19)
- Otosclerosis (387.0-387.9)
- Ototoxic drug use
- Surgery involving the auditory and/or central nervous system, (e.g., skull-based tumors such as acoustic neuroma and meningioma)
- Tinnitus (388.30-388.32)
- Vertigo (dizziness) (780.4, 386.10-386.2, 078.81)
- Sudden hearing loss (388.2)

Investigational
BCBSMT considers the following audiometric studies investigational including, but not limited to, the following:

- Computerized dynamic posturography (CPT 92548)
- Staggered spondaic word test (CPT 92572)
- Synthetic sentence identification test (CPT 92576)

Non-Covered
BCBSMT considers the following audiometric studies non-covered including, but not limited to, the following:

- Audiometric testing of groups (CPT 92559)

Not Medically Necessary
The following audiometric tests are considered obsolete, and BCBSMT considers them not medically necessary:

- Bekesy audiometry (CPT 92560, 92561)
- Alternate binaural loudness balance test (CPT 92562)
- Short increment sensitivity test (replaced by pure tone audiometry, auditory evoked potential) (CPT 92564)

MEDICAL POLICIES—REVISED AND RETIRED POLICIES

COLON CANCER SCREENING AND SURVEILLANCE

Chapter: Medicine: Tests
Effective Date: September 1, 2007

POLICY
Routine Colorectal Cancer Screening

Benefits for routine colorectal cancer screening vary according to contract specifications. Examples include fecal occult blood test (FOBT), sigmoidoscopy, double contrast barium enema, or fluoroscopic barium enema, and colonoscopy.

Computed tomographic colonography (CTC)

BCBSMT considers computed tomographic colonography (CTC) investigational.

Stool DNA Tests

BCBSMT considers stool DNA tests investigational.

Wireless Capsule Endoscopy

Refere to the Wireless Capsule Endocsopy medical policy.

GENERATION OF AUTOMATED DATA

Chapter: Radiology
Effective Date: September 1, 2007

POLICY

BCBSMT considers generation of automated data non-covered.

RETIRED POLICIES

"RETIRED" policies are no longer considered active policies. Retired policies address services that fit one or more of the following criteria:

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

Once a policy is retired, it is available upon request but is not available electronically. The following polices are retired:

- Hormone Pellet Implantation
- Endoscopic Sinus Surgery and Global Care
- Cochlear Implantation
- Brachytherapy for Prostate Cancer

Two New Provider Development Representatives Join HCS

Two new Provider Development Representatives have recently joined the provider relations' staff in Health Care Services (HCS). Provider Network Development Representatives negotiate contracts with professional and facility healthcare providers for all lines of business and support providers through education at your office. Provider Network Development Representatives also host BCBSMT provider workshops and attend Montana healthcare conferences.

Ronda DeMars comes to HCS from the Marketing Department. Ronda has over 26 years experience with BCBSMT. 17 of those years were spent during the implementation and development of the electronic claims industry while working for Health-e-Web as an e-business consultant. The past five years she worked as a large account manager in the BCBSMT Marketing Department. Ronda has extensive knowledge of health insurance plans, claims, and benefit management.

Debbie Dahl, R.N., recently transferred from the Credentialing Department where she worked as a credentialing specialist for the past five years. Her prior experience includes 18 years in nursing working in hospital operating rooms, labor and delivery, intensive care units, and emergency rooms. Debbie's healthcare administration experience includes office management, triage nursing, patient care systems' development, policies, and standards, and strategic planning.

Ronda and Debbie are excited to be working closely with their friends and associates in Montana's healthcare community. If you would like to schedule an on-site education session or have questions about your provider contract with BCBSMT, Montana HealthLink PPO, Medicare Advantage (MedicareBlue PPO), Federal Employee Program, TriWest/TriCare, Children's Health Insurance Plan, Caring Program for Children, or managed care contract, call 1-800-447-7828 and ask for Debbie at extension 8849 or Ronda at extension 8525.

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To Better Serve You

1-800-447-7828, Extension 3600

The Health Care Services (HCS) department at BCBSMT has implemented changes to better serve you. Three Provider Service Representatives have been dedicated to provide education, answer general contracting questions, and resolve complex claim issues for health care providers. Sheri French, Leah Martin, and Jenifer Sampson have extensive knowledge of BCBSMT and the Montana medical community.

Contact Jenifer, Leah, or Sheri at 1-800-447-7828, extension 3600, for new provider contracts and provider contract questions, BCBSMT provider ID number and NPI questions, credentialing and re-credentialing status, provider workshops, and complex claims issues beyond the scope of Customer Service. If they are unavailable at the time of your call, your message will be returned within 24 hours.

For routine benefits, eligibility, and claims questions register with Secure Services at www.bluecrossmontana.com. Secure Services is designed to answer the questions you have when it's convenient for you!

BLUE DISTINCTION CENTERS FOR TRANSPLANTS

The Blue Cross and Blue Shield companies, in partnership with the Blue Cross Blue Shield Association, have developed the national Blue Distinction Centers for Transplants. Blue Distinction℠ is a nationwide program to measurably improve the way healthcare is accessed and delivered. The program has two goals: engage consumers to make healthier decisions and collaborate with medical professionals to increase the quality and affordability of care.

There is great variation among providers in terms of how transplant patients are evaluated and treated. The Blue Distinction Centers for Transplants are designated facilities within participating Blue companies' service areas that meet rigorous criteria, as determined by expert physician panels and national professional societies. By meeting these requirements, the Centers promote better aggregate outcomes and consistency of care and provide greater value for Blue members. The review process for hospital quality focuses on hospitals' self-reported, aggregate clinical data such as registry, rather than claims data.

Blue Distinction Centers for Transplants span multiple states, with subspecialty designations for various types of transplant care. As of April 2007, the Blues have designated 69 providers as Blue Distinction Centers for Transplants (approximately 212 subspecialty transplant programs) in 29 states. Institutions that are part of the program are subject to periodic reevaluation, measuring structure, process, and aggregate outcomes.

The criteria for becoming a Blue Distinction Centers for TransplantsSM limits participation to providers that offer:

- Full-service, accredited inpatient hospital facility or affiliate
- Established transplant program, performing transplants for the preceding 24 months and performing a required volume of transplant procedures
- Experience and credentialing of the transplant team
- Patient and graft aggregate outcomes, including evaluation of graft failures and mortality rates
- Ongoing quality management and improvement programs
- Patient care and follow-up care procedures, including referral back to primary care physician

Blue Distinction Centers for Transplants, along with the Blue Distinctions Centers for Cardiac Care℠ and the Blue Distinction Centers for Bariatric Surgery℠, are a key part of the Blues' effort to collaborate with physicians and hospitals to improve the overall quality and affordability of specialty care.

To obtain more information about the Blue Distinction Centers for Transplants, contact the Blue Cross and Blue Shield Association at 1-800-810-BLUE or visit www.BCBS.com/innovations/bluedistinction/centers. Prior authorization is recommended. You may fax your treatment plan and transplant initial evaluation to the BCBSMT Medical Review Department at 1-406-444-8451.

CAI UPDATE: WOUND REPAIR AND OTHER SERVICES WITH ORTHOPEDIC PROCEDURES

Effective November 1, 2007, BCBSMT will implement new inclusive rules for wound closure and repair and other services with certain orthopedic procedures. These rules are based on the American Academy of Orthopaedics Surgeons Complete Global Service Data for Orthopaedic Surgery 2007.

INCLUSIVE WOUND REPAIRS	ORTHOPEDIC PROCEDURE
12001-12007	22526-22527
12001-12007	64910-64911
12011-12018	64910-64911
12020-12021	22526-22527
12020-12021	64910-64911
12041-12047	22526-22527
12041-12047	64910-94911
12051-12057	64910-94911
13100-13102	22526-22527
13100-13102	22857-22865
13100-13102	64910-94911
13120-13122	25109
13120-13122	26170-26180
13120-13122	27325-27326
13120-13122	28055
13120-13122	64910-94911
13131-13133	22526-22527
13131-13133	22857-22865
13131-13133	25109
13131-13133	25607-25609
13131-13133	26170-26180
13131-13133	27325-27326
13131-13133	28055
13131-13133	64910-94911
13150-13153	64910-94911

OTHER INCLUSIVE SERVICES	ORTHOPEDIC PROCEDURE
22102-22103	22857
26055	26170-26180
26105	26170-26180
26135	26170
26145	26170
26135	26180
26140	26180
26145	26180
26440	26170-26180
62287	22526-22527
62290	22526-22527
63087-63088	22857
63090-63091	22857
63087-63088	22862
63090-63091	22862
64774-64782	64910-94911
64831-64857	64910-94911
64859	64910-94911

For more information see the Claims Accuracy Initiative provider manual published at www.bluecrossmontana.com (click on Provider Services and then Provider Manuals). If you have questions, contact your Provider Network Service Representative (see page 18).

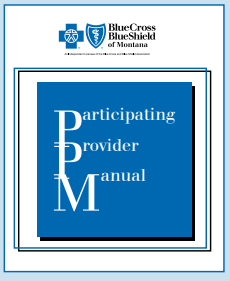
REGULAR BUSINESS

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. Clarified corrected claim instructions (4-7).
2. Clarified billing instructions in box 24j and 33a (4-11).
3. Clarified no balance billing instructions for Blue on Blue members (11-2).
4. Clarified adjustments and reversals on new Provider Claims Remit (10-7 and 10-9).
5. Displayed NPI numbers placement on the QNXT PCR (10-8 and 10-9).

If you have suggestions for improvements or content, contact your Provider Network Representative (see page 18).



2007 PROVIDER WORKSHOPS

BCBSMT will be hosting provider workshops starting in September. Watch your mailbox for more information.

Billings
Bozeman
Butte
Glendive
Great Falls
Havre
Helena
Kalispell
Miles City
Missoula
Plentywood
Sidney
Wolf Point

If you have questions, call 1-800-447-7828, Extension 3600.

MEDICAREBLUE PPO

Clinical Practice Guidelines Available Online

MedicareBlue℠ PPO
A Medicare Advantage Plan

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.yourmedicaresolutions.com (click For Providers). If you have questions, contact your provider network representative (see page 18).

ARE YOU ACCEPTING NEW PATIENTS?

The BCBSMT Customer Service Department recently received complaints about providers not accepting new patients when our online directory at www.bcbsmt.com lists the provider as accepting new patients. All providers are set up as accepting new patients unless we are notified about any patient restrictions your office may have.

The online provider directory is the most popular application on our website (click on Find A Doctor). The directory is updated daily and includes more information than printed directories. In 2007, over 62,000 fully insured members were given the opportunity to use the online directory or receive a printed copy. Only 364 members requested a printed directory.

Log on to www.bcbsmt.com and click Find A Doctor. Type in your last name or facility name and click search to verify all the information we have on file for you is correct and up to date. You will be able to view all of your locations (if applicable), and you can also see a list of all of your contracted provider networks. If you find that your information needs updating, you may send an e-mail message from the directory web page to a Provider Network Service Representative and have your information updated very quickly.

Thank you for helping ensure that your patients receive the right information about you and your practice. If you have questions, contact your Provider Network Service Representative (see page 18).

TRIWEST/TRICARE LOCUM TENENS AND COVERING PROVIDERS

TriWest has received several inquiries regarding whether or not TRICARE recognizes Locum Tenens providers. The TRICARE manuals do not specifically address Locum Tenens providers at all because a provider, at a minimum, must be certified to be eligible for TRICARE reimbursement. Furthermore, if the provider expects to be reimbursed under a network agreement, that provider must be fully credentialed. This requirement applies to all providers regardless of whether the provider is going to be working with the group for two days or two years.

Covering Providers

TriWest has received questions regarding compensating a provider if they are "covering" for a contracted network provider. If the covering provider bills for services under a network provider's information (TEPRV, TIN, name, etc.) this is considered fraud. It is a requirement that the rendering provider's information is on the claim.

If a non-network covering provider bills for services with their own information as the rendering provider and bills with the network provider's tax identification number, the claim will be reimbursed as Prime, but the provider will be paid non-network rates. WPS will certify the provider.

Medicare allows providers to use the Q6 modifier to identify that the provider is "on call". If the covering provider bills TRICARE using the Q6 modifier, WPS will certify the provider and the provider will be paid as a non-network provider.

If you have questions, contact your Provider Network Service Representative (see inside back cover).
More operational information is available in the TRIWEST Provider Handbook at www.triwest.com or call 1-888-TRIWEST (1-888-874-9378).

PROVIDER SATISFACTION SURVEYS

BCBSMT and the BCBS Association BlueCard program are conducting annual satisfaction surveys. The BlueCard survey is conducted twice a year (June/August and October/November), and the BCBSMT provider satisfaction 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 20 different attributes about BCBSMT. A new question will be added this year rating our online and telephone services.

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. 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.

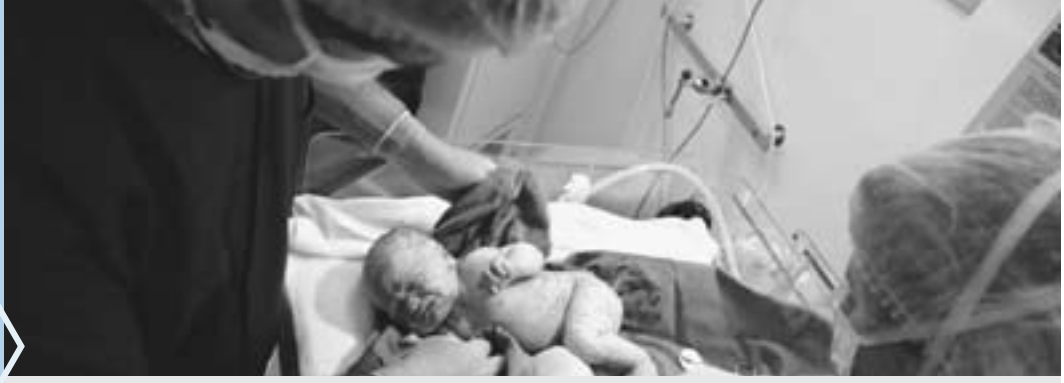
CMS-1500 BOX 24J GUIDELINE REVISED

BCBSMT has clarified instructions on how to complete box 24j on the CMS-1500 claim form. The BCBSMT provider manual (4-11) previously stated that this field is not required.

If the rendering provider and the billing provider are the same, this number should also appear in box 33a.

If the rendering provider and the billing provider are different, the rendering provider's ID number should be in box 24j. The billing provider's ID number should appear in box 33a.

More information about submitting claims is published in the BCBSMT Provider manual at www.bcbsmt.com (click on Provider Services and then Provider Manuals). If you have questions, contact your Provider Network Service Representatives at 1-800-447-7828, Extension 3600, or by e-mail at hcs-x3600@bcbsmt.com.



REGULAR BUSINESS

MAY 3, 2007 TO AUGUST 1, 2007

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.

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

James H. Attarian, MD	Bozeman	Internal Medicine
Andrew S. Balsam, LCPC	Billings	Licensed Clinical Professional Counselor
Richard D. Bartlett, LCPC	Kalispell	Licensed Clinical Professional Counselor
Erin M. Bauman, PT	Kalispell	Physical Therapy
Tondy M. Baumgartner, LCSW	Missoula	Licensed Clinical Social Worker
Michele M. Beebe, FNP	Glasgow	Nurse Practitioner
Kathleen S. Blair, DO	Great Falls	Internal Medicine
Andrew G. Boyce, DDS	Billings	Dentist
Scott D. Burry, MD	Kalispell	Emergency Medicine
Andrew J. Carter, DO	Helena	Cardiovascular Disease
Nancy N. Cotten, DO	Missoula	Neuromusculoskeletal Medicine
Stuart A. Davis, MD	Billings	Orthopaedics
Terry D. Dennis, MD	Billings	Internal Medicine
Heath R. Diel, MD	Great Falls	Anesthesiology
Tammie R. Espenlaub, NP	Helena	Nurse Practitioner
Megan H. Fiero, LCPC	Missoula	Licensed Clinical Professional Counselor
Shannon C. Gabel-Dorr, PA	Billings	Physician Assistant
Anthony J. Galeo, MD	Great Falls	Interventional Cardiology
Albert L. Geisen, MD	Great Falls	Family Medicine
Arthur W. Giebel, MD	Great Falls	Ophthalmology
Darren F. Gray, MD	Missoula	Anesthesiology
Jennifer L. Hannifan, PT	Belgrade	Physical Therapy
Arthur K. Harris, MD	Ronan	Radiology
Barbara J. Harrold, LCPC	Billings	Licensed Clinical Professional Counselor
Daniel M. Hartmann, MD	Missoula	Emergency Medicine
Gary P. Harvey, MD	Missoula	Obstetrics and Gynecology
Karen D. Heberling, FNP	Whitefish	Nurse Practitioner
Erica R. Hight, OT	Billings	Occupational Therapy
Stephen E. Holmes, MD	Glasgow	Family Medicine
Robert J. Hoolsema, MD	Missoula	Anesthesiology
Joseph J. Keel, MD	Billings	Family Medicine
Jessica E. Kehoe, DPT	Missoula	Physical Therapy
Janfried L. Kemmerer, APRN	Billings	Nurse Practitioner
James H. Killpack, MD	Butte	Psychiatry
Benjamin W. Kingan, PT	Whitefish	Physical Therapy
Melody B. Knauf, MD	Missoula	Rheumatology
Anastasios K. Konstantakos, MD	Billings	Surgery, Cardiovascular
Amy E. Korten, MD	Bozeman	Obstetrics and Gynecology
Alexander B. LeGrand, MD	Bozeman	Orthopaedics
Tara M. Lemke, DC	Billings	Chiropractic
Daniel J. Lewis, MD	Billings	Emergency Medicine
Yaacov Michael Markus, MD	Billings	Occupational Medicine
Amy E. Martin, MD	Great Falls	Surgery
Matthew D. McLaren, MD	Great Falls	Anesthesiology

PARTICIPATING PROVIDERS

Glenn W. Mclaughlin, MD	Helena	Obstetrics and Gynecology
Teresa J. Merkel, LCPC	Helena	Licensed Clinical Professional Counselor
Bruce D. Mikesell, MD	Big Sandy	Family Medicine
Greg J. Moore, MD	Missoula	Emergency Medicine
Patrick E. Muffley, DO	Billings	Obstetrics and Gynecology
Kimberly R. Myers, SLP	Billings	Speech Therapy
Richard K. O'Connor, MD	Helena	Anesthesiology
Sarah B. Ondov, PT	Kalispell	Physical Therapy
Samuel L. Paczkowski, MD	Billings	Emergency Medicine
Michael R. Paradise, MD	Bozeman	Radiology
Christine M. Paynter, PA	Missoula	Physician Assistant
Janine L. Peterson-Hale, MD	Missoula	Emergency Medicine
Joy S. Poppell, OD	Great Falls	Optometry
Marcia B. Prather, MD	Missoula	Emergency Medicine
Theodore R. Preiss, PA	Bozeman	Physician Assistant
Michael G. Rhode, MD	Bozeman	Pathology
Chadley M. Runyan, MD	Great Falls	Family Medicine
Donald R. Sawdey, DO	Scobey	Family Medicine
Cristin R. Scharnweber, DC	Helena	Chiropractic
Jesse O. Scharnweber, DC	Helena	Chiropractic
Kristin K. Schram, DPT	Corvallis	Physical Therapy
Megan E. Silzly, LCSW	Butte	Licensed Clinical Social Worker
Cindy J. Simpkins, NP	Great Falls	Nurse Practitioner
Gail D. Stockman, MD	Kalispell	Pulmonary Disease
Lyudmila O. Toole, PA-C	Missoula	Physician Assistant
Nancy A. Trangmoe, MD	Missoula	Emergency Medicine
Susan M. Wicklund, MD	Kalispell	General Practice
Richard C. Wise, MD	Kalispell	Family Medicine
Chill C. Yee, MD	Billings	Family Medicine
Elizabeth M. Zaluski, LCPC	Butte	Licensed Clinical Professional Counselor

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

Jaber J. Abawi, MD	Wolf Point	Internal Medicine
Donald J. Alzner, OD	Kalispell	Optometry
American Medical Oxygen	Butte	Oxygen Supplier
Tamra A. Anderegg, OT	Great Falls	Occupational Therapy
Hal G. Astle, MD	Great Falls	Neurology
Robert Bateen, PHD	Helena	Psychology
Jason L. Blaser, MD	Billings	Pathology
Jeannie J. Brandt, MD	Helena	Internal Medicine
Robert A. Bronecki, DDS	Great Falls	Dentist
Maurice D. Brown, MD	Polson	Orthopaedics
Karl E. Buechsenschuetz, DO	Missoula	Orthopaedics
James R. Burton, MD	Missoula	Orthopaedics
Susan Cahill, PA-C	Missoula	Physician Assistant
Colleen M. Carew, LCSW	Polson	Licensed Clinical Social Worker
Megan Chatriand, PT	Butte	Physical Therapy
Roger E. Combs, DC	Libby	Chiropractic
Michael B. Curtis, MD	Missoula	Internal Medicine
Michael E. Daugherty, MD	Cut Bank	Surgery
Jack L. Davis, MD	Kalispell	Internal Medicine
Tom F. Dell, LCPC	Billings	Licensed Clinical Professional Counselor
Richard C. Dewey, MD	Kalispell	Surgery, Neurological
Ward S. Dewitt, MD	Missoula	Otolaryngology
Ursula A. Dieterle, PT	Noxon	Physical Therapy
Donna R. Dobson-Tobin, NP	Billings	Nurse Practitioner
Bradley K. Draper, MD	Billings	Dermatology
Thomas J. Egan, DPM	Hamilton	Podiatry
Cherish L. Estep, PA-C	West Yellowstone	Physician Assistant
Patricia J. Evans, MD	Darby	Emergency Medicine
Desiree A. Fehr, LCSW	Missoula	Licensed Clinical Professional Counselor
Tricia M. Flohr, PT	Belgrade	Physical Therapy

PARTICIPATING PROVIDERS

Tim R. Fox, LCSW	Townsend	Licensed Clinical Social Worker
M. Clark Fultz, DO	Cut Bank	Family Medicine
Henry H. Gary, MD	Missoula	Surgery, Neurological
Stephen S. Gillett, LCSW	Lewistown	Licensed Clinical Social Worker
Harry G. Gillis, MD	Hamilton	Pediatrics
Carolyn C. Goren, MD	Missoula	Cardiovascular Disease
Kathy R. Green, PA	Wolf Point	Physician Assistant
Hamid A. Hai, MD	Helena	Cardiovascular Disease
Francis J. Handwerk, MD	Great Falls	Obstetrics and Gynecology
Molly A. Hannan, PT	Bozeman	Physical Therapy
Sandra Hansen, LCPC	Livingston	Licensed Clinical Professional Counselor
Bill N. Henderson, DC	Whitefish	Chiropractic
Paul F. Henke, MD	Butte	Obstetrics and Gynecology
Frances B. Herbert, MD	Great Falls	Urology
Carol Highland-Fritz, LCSW	Billings	Licensed Clinical Social Worker
Pearle P. Hintz, LCPC	Butte	Licensed Clinical Professional Counselor
Patricia Holl, DC	Billings	Chiropractic
Home Ox LLC	Helena	Medical Equipment
Kara J. Hubbard, LCPC	Missoula	Licensed Clinical Professional Counselor
Rebecca Sue Huffman, PT	Havre	Physical Therapy
Elaine M. Johnson, LPC	Kalispell	Licensed Clinical Professional Counselor
Katie E. Jones, FNP	Billings	Nurse Practitioner
Nivedita Karmakar, MD	Butte	Pediatrics
Mark E. Lach, MD	Missoula	Radiology
Chad R. Lamer, DC	Helena	Chiropractic
Lawrence O. Larock, OD	Butte	Optometry
Darwin C. Lehfeldt, MD	Bozeman	Pathology
Eric L. Livers, MD	Bozeman	Pediatrics
Janice A. Lundeen, LCSW	Polson	Licensed Clinical Social Worker
Richard G. Lusk, PT	Helena	Physical Therapy
Edward J. Madler, MD	Kalispell	Anesthesiology
Mark J. Magilner, MD	Missoula	Pathology
John W. Mahan, MD	Great Falls	Internal Medicine
Sandra C. McAdams, LCPC	Butte	Licensed Clinical Professional Counselor
Roque Miramontes, PA-C	West Yellowstone	Physician Assistant
Nathan Munson, LCSW	Missoula	Licensed Clinical Social Worker
Mark G. Newbrough, MD	Cut Bank	Surgery
Barbara L. Noble, CRNA	Billings	Certified Registered Nurse Anesthestist
Thomas C. Olson, MD	Billings	Obstetrics and Gynecology
Stacy L. Padden, PT	Billings	Physical Therapy
Monica A. Palmer, PT	Butte	Physical Therapy
Yong H. Park, MD	Superior	Surgery
Bruce D. Patterson, MD	Great Falls	Pathology
Kirby W. Peden, MD	Livingston	Family Medicine
Lorena Pettet, PT	Bozeman	Physical Therapy
Legrande J. Phelps, MD	Libby	Internal Medicine
Brock M. Ping, OT	Billings	Occupational Therapy
Laura L. Polster, OD	Colstrip	Optometry
Pro Med Inc	Columbia Falls	Medical Equipment
Michael C. Rafferty, MD	Anaconda	Family Medicine
Cheryl M. Reichert, MD	Great Falls	Pathology
E. Lee Richardson, MD	Laurel	Family Medicine
Thomas H. Roberts, MD	Missoula	Internal Medicine
Shari L. Rogler, CRNA	Dillon	Certified Registered Nurse Anesthestist
Jane P. Rudd, MD	Corvallis	Family Medicine
George J. Saari, MD	Bozeman	Internal Medicine
Carly J. Sather-Heyne, PT	Whitefish	Physical Therapy
Robert D. Scarr, DDS	Helena	Dentist
Patricia L. Schindeldecker, LCPC	Stevensville	Licensed Clinical Professional Counselor
Garold Schwartzenberger, DDS	Kalispell	Dentist
Susan M. Shepherd, MD	Butte	Pediatrics
Glenn M. Shiotani, MD	Miles City	Family Medicine
Maria B. Smith, OD	Great Falls	Optometry

Stephanie Megan Smith, PT	Bozeman	Physical Therapy
Herman D. Sorensen, MD	Billings	Internal Medicine
Julie St. Clair, LCPC	Billings	Licensed Clinical Professional Counselor
Michael A. Sugarman, MD	Kalispell	Anesthesiology
Sunshine Oxygen Service Inc.	Lolo	Oxygen Supplier
Michael P. Theisen, MD	Bozeman	Anesthesiology
Keri J. Thorn, MD	Kalispell	Emergency Medicine
Tidymans Pharmacy	Kalispell	Medical Equipment
Darci L. Truax, SLP	Billings	Speech Therapy
Donald I. Twito, MD	Billings	Oncology
David A. VanEngelenhoven, MD	Wolf Point	Family Medicine
Gus George Varnavas, MD	Butte	Surgery, Neurological
Lauren M. Velk, CRNA	Great Falls	Certified Registered Nurse Anesthestist
Alexis D. Wagner, FNP	Hamilton	Nurse Practitioner
Catherine R. Ward, LCSW	Missoula	Licensed Clinical Social Worker
Brooke J. Wattam, PT	Billings	Physical Therapy
Tina L. Wermerskirchen, LCSW	Missoula	Licensed Clinical Social Worker
Glenda C. Wickstrom, MD	Billings	Internal Medicine
Lisa A. Williams, LCPC	Wolf Point	Licensed Clinical Professional Counselor
Kathleen D. Wilson, PA	Kalispell	Physician Assistant
Rick Winking, LCPC	Bozeman	Licensed Clinical Professional Counselor
Douglas L. Woolley, MD	Missoula	Orthopaedics
Anne M. Yeakey, MD	Missoula	Pediatrics
Amy J. Zuroff, SLP	Bozeman	Speech Therapy

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

John-Henry Anderson, PT	Missoula	Physical Therapy
Brooks W. Baer, LCPC	Kalispell	Licensed Clinical Professional Counselor
Erin M. Bauman, PT	Kalispell	Physical Therapy
Tondy M. Baumgartner, LCSW	Missoula	Licensed Clinical Social Worker
Charles E. Bell, MD	Butte	Pediatrics
Big Sky Surgery Center	Missoula	Surgery Center
Kathleen S. Blair, DO	Great Falls	Internal Medicine
Robert A. Botkin, PT	Missoula	Physical Therapy
Aaron A. Boysen, LCSW	Kalispell	Licensed Clinical Social Worker
Christina Boysen, LCSW	Kalispell	Licensed Clinical Social Worker
Daniel E. Braby, MD	Missoula	Otolaryngology
Laurie L. Brown, PA-C	Butte	Physician Assistant
Harold W. Bruce, NP	Butte	Nurse Practitioner
Blackshear M. Bryan III, MD	Billings	Physical Medicine & Rehabilitation
Scott D. Burry, MD	Kalispell	Emergency Medicine
Andrew J. Carter, DO	Helena	Cardiovascular Disease
Marcel C. Chappuis, PHD	Thompson Falls	Psychology
Philip H. Crissman, LPC	Kalispell	Licensed Clinical Professional Counselor
Lianna M. Danielson, FNP	Whitefish	Nurse Practitioner
Paul K. Dokey, LCSW	Missoula	Licensed Clinical Social Worker
Kathryn Dolese, PT	Missoula	Physical Therapy
Patrick J. Duey, MD	Billings	Family Medicine
Timothy A. DuMontier, MD	Polson	Orthopaedics
Tammie R. Espenlaub, NP	Helena	Nurse Practitioner
Kimberly N. Everingham, OD	Missoula	Optometry
Megan H. Fiero, LCPC	Missoula	Licensed Clinical Professional Counselor
Roger C. Furlong, MD	Missoula	Ophthalmology
Joseph M. Gassenberg, MD	Butte	Family Medicine
Albert L. Geisen, MD	Great Falls	Family Medicine
Jonnie K. Gilbert, DC	Great Falls	Chiropractic
M. Steven Gliko, LCPC	Great Falls	Licensed Clinical Professional Counselor
P. Duane Goicoechea, OD	Hamilton	Optometry
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Darren F. Gray, MD	Missoula	Anesthesiology
Michael B. Griffen, DO	Butte	Pediatrics

PARTICIPATING PROVIDERS

Tacey E. Griffin, PA	Kalispell	Physician Assistant
Jeffrey R. Haller, MD	Missoula	Otolaryngology
Carl R. Hansen, PT	Kalispell	Physical Therapy
Arthur K. Harris, MD	Ronan	Radiology
Gary P. Harvey, MD	Missoula	Obstetrics and Gynecology
Rodney G. Heaton, DO	Butte	Family Medicine
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Kathleen Heyneman, MSW	Billings	Licensed Clinical Social Worker
Janine L. Hieb, LCPC	Great Falls	Licensed Clinical Professional Counselor
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Kristin H. Janczewski, MD	Missoula	Surgery
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Jessica E. Kehoe, DPT	Missoula	Physical Therapy
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Melody B. Knauf, MD	Missoula	Internal Medicine
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Scott M. Malloy, LCSW	Butte	Licensed Clinical Social Worker
Elaine M. Maronick, LCPC	Helena	Licensed Clinical Professional Counselor
Cynthia D. Marquardt, LCSW	Missoula	Licensed Clinical Social Worker
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Lauri L. McCommon, CRNA	Bozeman	Certified Registered Nurse Anesthestist
Dennis L. McCrea, PT	Missoula	Physical Therapy
Maureen A. McInnis, LCPC	Great Falls	Licensed Clinical Professional Counselor
Joy E. McKay, PT	Missoula	Physical Therapy
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Teresa J. Merkel, LCPC	Helena	Licensed Clinical Professional Counselor
Angela M. Meyers, LCPC	Great Falls	Licensed Clinical Professional Counselor
Josh B. Moser, PA-C	Missoula	Physician Assistant
Deborah K. Nelles, LCSW	Missoula	Licensed Clinical Social Worker
Shannon J. Noon, LCPC	Superior	Licensed Clinical Professional Counselor
Jill A. Olson, PT	Missoula	Physical Therapy
Sarah B. Ondov, PT	Kalispell	Physical Therapy
Michael R. Paradise, MD	Bozeman	Radiology
Christine M. Paynter, PA	Missoula	Physician Assistant
Michael R. Peterson, MD	Butte	Ophthalmology
Theodore R. Preiss, PA	Bozeman	Physician Assistant
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Kathleen A. Russell, NP	Butte	Nurse Practitioner
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Megan E. Silzly, LCSW	Butte	Licensed Clinical Social Worker
Brian D. Sippy, MD	Missoula	Ophthalmology
Marianne Smith, LCPC	Libby	Licensed Clinical Professional Counselor

Gail D. Stockman, MD	Kalispell	Pulmonary Disease
Nolita J. Sweet, LCPC	Bozeman	Licensed Clinical Professional Counselor
Ellen A. Talboom, LCPC	Thompson Falls	Licensed Clinical Professional Counselor
Audrey K. Thompson, LCPC	Helena	Licensed Clinical Professional Counselor
Jill S. Thorn, PA-C	Kalispell	Physician Assistant
Timothy W. Thornton, PA	Kalispell	Physician Assistant
Lyudmila O. Toole, PA-C	Missoula	Physician Assistant
Timothy W. Urell, DO	Great Falls	Urgent Care
Peter G. Von Doersten, MD	Missoula	Otolaryngology
Brooke E. White, SLP	Whitefish	Speech Therapy
Jessica E. Wilcox, RD	Bozeman	Registered Dietitian/Nutritionist
Richard C. Wise, MD	Kalispell	Family Medicine
Stacy G. York, LCSW	Billings	Licensed Clinical Social Worker
Elizabeth M. Zaluski, LCPC	Butte	Licensed Clinical Professional Counselor

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

American Medical Oxygen	Billings	Oxygen Supplier
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Susan J. Anderson, FNP	Helena	Nurse Practitioner
Hal G. Astle, MD	Great Falls	Neurology
Jason L. Blaser, MD	Billings	Pathology
Maurice D. Brown, MD	Polson	Orthopaedics
Karl E. Buechsenschuetz, DO	Missoula	Orthopaedics
Susan Cahill, PA-C	Kalispell	Physician Assistant
Robert Caldwell, MD	Butte	Psychiatry
Colleen M. Carew, LCSW	Polson	Licensed Clinical Social Worker
Michael B. Curtis, MD	Missoula	Internal Medicine
Jack L. Davis, MD	Kalispell	Cardiovascular Disease
Desiree A. Fehr, LCSW	Missoula	Licensed Clinical Professional Counselor
Tricia M. Flohr, PT	Belgrade	Physical Therapy
Michael K. Garver, MD	Great Falls	Pediatrics
Henry H. Gary, MD	Missoula	Surgery, Neurological
Harry G. Gillis, MD	Hamilton	Pediatrics
Carolyn C. Goren, MD	Missoula	Cardiovascular Disease
Sandra C. Hackford, RD	Great Falls	Registered Dietitian/Nutritionist
Hamid A. Hai, MD	Helena	Cardiovascular Disease
Francis J. Handwerk, MD	Great Falls	Obstetrics and Gynecology
Molly A. Hannan, PT	Bozeman	Physical Therapy
Paul F. Henke, MD	Butte	Obstetrics and Gynecology
Laura J. Hillis, PA-C	Conrad	Physician Assistant
Rebecca Sue Huffman, PT	Havre	Physical Therapy
Terrell W. Jessee, LCPC	Billings	Licensed Clinical Professional Counselor
Katie E. Jones, FNP	Billings	Nurse Practitioner
Nivedita Karmakar, MD	Butte	Pediatrics
Dennis L. Kramer, CRNA	Butte	Certified Registered Nurse Anesthestist
Mark E. Lach, MD	Missoula	Radiology
Karen R. Ladanye, PHD	Havre	Psychology
Chad R. Lamer, DC	Helena	Chiropractic
Janice A. Lundeen, LCSW	Polson	Licensed Clinical Social Worker
Richard G. Lusk, PT	Helena	Physical Therapy
John W. Mahan, MD	Great Falls	Internal Medicine
Sandra C. McAdams, LCPC	Butte	Licensed Clinical Professional Counselor
Roque Miramontes, PA-C	West Yellowstone	Physician Assistant
Kristi Lea Moore, PT	Missoula	Physical Therapy
Stacy L. Padden, PT	Billings	Physical Therapy
Bruce D. Patterson, MD	Great Falls	Pathology
Kirby W. Peden, MD	Livingston	Family Medicine
Christina M. Quijano, MD	Billings	Psychiatry
Michael C. Rafferty, MD	Anaconda	Family Medicine
Cheryl M. Reichert, MD	Great Falls	Pathology
E. Lee Richardson, MD	Laurel	Family Medicine
Thomas H. Roberts, MD	Missoula	Internal Medicine

PARTICIPATING PROVIDERS

Shari L. Rogler, CRNA	Dillon	Certified Registered Nurse Anesthestist
Jane P. Rudd, MD	Corvallis	Family Medicine
George J. Saari, MD	Bozeman	Internal Medicine
Patricia L. Schindeldecker, LCPC	Stevensville	Licensed Clinical Professional Counselor
Laureli M. Scribner, FNP	Roundup	Nurse Practitioner
Susan M. Shepherd, MD	Butte	Pediatrics
Keri J. Thorn, MD	Kalispell	Emergency Medicine
Lauren M. Velk, CRNA	Havre	Certified Registered Nurse Anesthestist
Alexis D. Wagner, FNP	Hamilton	Nurse Practitioner
Joseph D. Walsh, LCPC	Billings	Licensed Clinical Professional Counselor
Catherine R. Ward, LCSW	Missoula	Licensed Clinical Social Worker
Glenda C. Wickstrom, MD	Billings	Internal Medicine
Ati U. Yates, MD	Anaconda	Internal Medicine
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Amy J. Zuroff, SLP	Bozeman	Speech Therapy

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