

Reminder of 2019 Benefit Preauthorization Changes: eviCore Training, Reminders and Resources

As we head into 2019 we want to thank our providers for making 2018 a healthier year for so many of our members. We also want to take this time to remind providers of the upcoming changes for 2019.

As we announced in November 2018, Blue Cross and Blue Shield of Montana (BCBSMT) will expand its benefit preauthorization requirements for certain outpatient services. These changes will affect both PPO and HMO plans effective Jan. 1, 2019.

These changes may mean you need to obtain benefit preauthorization through eviCore healthcare (eviCore), an independent specialty medical benefits management company that provides utilization management for BCBSMT, for the following new care category:

- Advanced Imaging

Also, members will be requested to get authorization through BCBSMT for:

- Expanded specialty pharmaceuticals

If you have not already attended any of the eviCore training sessions, it's not too late. Visit the [Provider Resource page](#) on the eviCore website, where you will find the training session invite, along with registration instructions.

Benefit preauthorization through BCBSMT will continue to be required for other services/care categories. For benefit preauthorization through BCBSMT, we encourage you to use our online tool, [iExchange®](#).

Predeterminations may be submitted using the BCBSMT predetermination form to request review for services subject to medical necessity that do not require a preauthorization. Visit the BCBSMT provider website to find predetermination forms on the [Forms and Documents page](#).

Always Check Eligibility and Benefits First

Benefits will vary based on the service being rendered policy elections. It is critical to check eligibility and benefits for every patient to confirm coverage details. This step will also identify benefit preauthorization requirements and specify utilization management vendors that must be used, if applicable. Submit online eligibility and benefits requests (electronic 270 transactions) via the [Availity® Provider Portal](#) or your preferred web vendor portal.

Learn More About Availity and iExchange

We offer a variety of webinars with an emphasis on using electronic options. We encourage you to attend a BCBSMT Back to Basics: "Availity 101" webinar for an overview of electronic transactions, such as eligibility and benefits, that can be conducted via the Availity Portal. Also, be sure to sign up for an iExchange webinar to learn how to access and navigate our online benefit preauthorization tool.

Dates, times and online registration links for upcoming BCBSMT webinars, visit the [Provider Training](#) webpage at bcbsmt.com/provider.

Stay Informed

Continue to watch the [News and Updates](#) for more information in the coming weeks.

eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSMT. Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSMT. iExchange is a trademark of Medecision, Inc. (Medecision), a separate company that provides collaborative health care management solutions for payers and providers. BCBSMT makes no endorsement, representations or warranties regarding any products or services

provided by third party vendors such as eviCore, Availity or Medecision. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Checking eligibility and benefits and/or obtaining preauthorization/pre-notification for a service is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider. **If you have any questions, please call the number on the member's BCBSMT ID card.**