



BlueCross BlueShield of Montana

New 2018 Additional Benefit Preauthorization Requirements

October 6, 2017

Beginning January 1, 2018, providers will be required to obtain preauthorization through Blue Cross and Blue Shield of Montana (BCBSMT) or eviCore for certain procedures as noted below. These new preauthorization requirements will apply to the **fully insured** members within the following networks;

- Blue Focus POS
- Blue Preferred PPO
- Blue Options
- Managed Care Network
- Including both on and off exchange products

Additionally, these preauthorization's will also apply to fully insured membership with Blue Choice PPO and Administrative Services Only (ASO) membership with Blue Choice PPO with the Health Advocacy Solutions (HAS)* option.

*Effective 1/1/2018 the Health Advocacy Solutions (HAS) program, which will apply to National Accounts and BCBSMT's employer group, will require certain care categories preauthorization for more information go to <https://www.bcbsmt.com/provider/claims-and-eligibility/evicore>.

The new preauthorization requirements care categories are listed below:

Musculoskeletal (MSK)

- Interventional Pain Management
 - Percutaneous and Implanted Nerve Stimulation and Neuromodulation
 - Spinal Cord Stimulation
- Orthopedic
 - Functional Neuromuscular Electrical Stimulation (FNMES)
 - Artificial Intervertebral Disc
 - Lumbar Spinal Fusion

Sleep studies

- Adult and Pediatric Facility-Based Polysomnography
- Adult and Pediatric Facility-Based PAP Titration

Non-emergent Air Ambulance

***Please Note: Large Group PPO ASO** (National Accounts and BCBSMT Employer Group) with HAS effective 1/1/2018 requires preauthorization through eviCore for sleep studies and sleep durable medical equipment.

Services performed without benefit preauthorization may be denied for payment and in whole or in part, you may not seek reimbursement from members. Please note a member penalty may also apply based on the benefit plan.



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Member eligibility and benefits should be checked prior to every scheduled appointment. Eligibility and benefit quotes include membership status, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. It is strongly recommended that providers **ask to see the member's ID card for current information** and a photo ID to guard against medical identity theft. When services may not be covered, members should be notified that they may be billed directly.

To obtain benefit preauthorization through BCBSMT for the care categories noted above, you may continue to use iExchange®. This online tool is accessible to physicians, professional providers and facilities contracted with BCBSMT. For more information or to set up a new account, refer to the iExchange page in the Provider Tools section of our Provider website.

Our goal is to provide our members with access to quality, cost-effective health care. If you have any questions, please contact your Provider Network Representative.

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Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or predetermined for benefits is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.

iExchange is a trademark of Meddecision, Inc., 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 Availity and Meddecision. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.