Lien Claim Payment Policy for Non-Participating Providers

Blue Cross and Blue Shield of Montana

Service Operations Policy

Version: N001.1

Original Effective Date: 05/03/2004 Version Effective Date: 09/13/2022

Replaces: N001

Scope

This policy applies to all lines of business and self-insured groups (unless the employer group specifically requests otherwise). This policy does not apply to the Federal Employee Program or Medicare Advantage.

Purpose

This policy establishes the responsibility of BCBSMT when a non-participating provider, who is allowed by Montana law, files a lien against a claim.

Policy

BCBSMT honors liens filed by a non-participating provider when the lien is in writing and contains the following information:

- Nature of services (ICD-10-CM, CPT, HCPCS codes).
- For whom (Patient).
- When rendered (Date of service).
- The value of the services (Charge).
- A lien is requested (Lien identified on claim or attached notice of lien).

The check is payable to the member and the provider and is mailed to the member. Checks are mailed directly to dentists, oral surgeons, orthodontists, and periodontists instead of the member.

The following non-participating professional and facility providers are eligible to file a lien:

- Acupuncturists
- Ambulances
- Ambulatory Surgical Facilities (Surgery Centers)
- Chiropractors
- Dentists
- Hospitals
- Licensed Clinical Professional Counselors
- Licensed Clinical Social Workers

- Long Term Care Facility
- Naturopathic Physicians
- Nurses
- Occupational Therapists
- Optometrists
- Physical Therapists
- Physicians
- Podiatrists
- Psychologists
- Rehabilitation Facility

Rationale/ Source

This policy complies with requirements of the following:

• Mont. Code Ann. § 71-3-1111, et. seq.

Formal Review or Revision Date History

This procedure was reviewed or revised, and approved as documented below:

Version	Date
V01	05/03/2004
V02	04/19/2006
V03	10/01/2007
V04	09/23/2013
V05	01/05/2016
V06	03/15/2019
V07	09/08/2020
N001	09/14/2021
N001.1	09/13/2022

Governance

Responsibility for adoption and/or implementation of this policy is as follows:

Executive Approval	Date
BreeAnn Rieder	09/13/2022
Unit Manager, Provider Relations	
Kelli Swanson	09/13/2022
Director, Network Management	

© 2004 Blue Cross and Blue Shield of Montana