Our policies are used as guidelines for coverage determinations. Benefit determinations are based on applicable member contract language. Policies are published in our policy manuals, which are located on our provider website at regence.com: Library>Policies and Guidelines.

Newly established or revised reimbursement and administrative policies, reminders on medical and dental policy changes, and information on quality improvement activities may be communicated by letter or in our bimonthly newsletter, The ConnectionSM.

We publish a monthly supplement to our provider newsletter called The Bulletin. This monthly bulletin includes updates to medical and dental policies, including any related pre-authorization changes and policy changes we are contractually required to communicate to you.

The bulletin is available by the first business day of each month and emailed to those who have subscribed. To subscribe, complete the subscription form on our website: Library>News and Updates>Subscribe.

You can view current and previous bulletins and newsletters on our website: Library>News and Updates.

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<th>Policy manuals</th>
<th>Description</th>
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| Medical policy | Medical policies are guidelines for determining coverage criteria for specific procedures, equipment and services. The Introduction section of this manual includes information about:  
- Approval process  
- Research sources  
- Selecting technologies  
- Technology assessment  
| Reimbursement policy | These policies document our payment policy and correct coding for medical and surgical services and supplies. |
| Dental policy | We developed these policies through consideration of government approval status, dental necessity, generally accepted standards of practice and review of literature. |
| Medication policy | Our medication policies are based on research of scientific literature, government approval status, and evidence-based treatment guidelines supporting clinical best practice/standards of care. |

In this administrative manual, “Regence” refers to the following: Regence BlueShield of Idaho, Regence BlueCross BlueShield of Oregon, Regence BlueCross BlueShield of Utah, and Regence BlueShield (in select counties of Washington). When information does not apply to all these plans across the four states, then this administrative manual will identify the plan(s) or state(s) to which that specific information applies.
Medical Policy
Our medical policies are developed to provide guidance for members and providers regarding coverage in accordance with the member’s contract terms. Benefit determinations are based in all cases on the applicable member contract language. To the extent there may be any conflict between the medical policy and contract language, the contract language prevails.

Review Request
Requests for review of a medical policy determination or disagreements about a medical policy can be submitted using the medical policy form at https://www.assets.regence.com/trg/contact/index.html. The request should include additional references or literature that may not have been reviewed in the policy determination. Use the Adverse Determination Appeals Process for billing dispute and medical necessity/investigational procedure determinations. Information about the process is available on our website: Claims and Payment>Receiving Payment>Appeals.

External Medical Advisors
Participating physicians and other health care professionals from each specialty area serve as external medical advisors to Regence’s Medical Policy Workgroup. External medical advisors are notified of upcoming medical policy reviews and provide their input electronically. This group also reviews policy drafts that have substantial criteria changes. Providers interested in providing routine feedback on policies can complete an online request form.

As a Regence provider, you may review existing medical policies and provide your feedback at https://www.assets.regence.com/trg/contact/index.html. You can also contact your provider consultant either by phone or in writing. If you have questions about an existing policy, contact your provider consultant to find out what information was considered in establishing the policy. Provider consultants’ contact information is published in the Contact us section of our website.

Reimbursement Policy
Reimbursement policy is not intended to dictate medical practice. To the extent that there are any conflicts between reimbursement policy and the member contract or provider agreement language, the member contract and provider agreement language will be followed.

Policy Updates and Dissemination
Regence reimbursement policy is evaluated and updated on a routine basis with changes communicated through provider newsletters or letters.

Requests for Review
Any disagreements with a reimbursement policy determination made by Regence can be submitted by contacting your provider consultant in writing. The request should include additional references or literature not reviewed in the initial policy determination. For specific claim billing disputes and appeals, follow the appeals process described on our website: Claims and Payment>Receiving Payment>Appeals.

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**Dental Policy**

The Regence Dental Policy Manual contains dental policies we have developed through consideration of government approval status, dental necessity, generally accepted standards of dental practice, and review of dental literature. Regence plans use dental policies unless otherwise indicated.

**Conflict with Plan Documents**

In the event of a conflict between a dental policy and any plan document under which a member is entitled to covered services, the plan document will govern. Plan documents include, but are not limited to, member contracts, summary plan documents, and other coverage documents prepared by a plan.

**Restrictions and Limitations**

- Dental policies are interpreted and applied by the sole discretion of the plan.
- Dental policies do not constitute dental advice and do not guarantee any results or outcomes.
- Dental policy application is subject to state and federal laws and specific instructions from plan sponsors of self-insured groups.
- Dental policies do not determine the schedule of benefits. Rather, dental policies are used to determine whether a plan will pay for a service.
- Dental policies are the property of Regence, and you are strictly prohibited from using them for any commercial use whatsoever. Commercial use does not include use of the dental policies for purposes related to the health care of a Regence plan member. In addition, Current Dental Terminology (CDT) codes and descriptions are the property of the American Dental Association with all rights reserved.

**Medication policy**

Our medication policies are developed to provide guidance for members and providers regarding coverage in accordance with the member’s contract terms. Benefit determinations are based in all cases on the applicable member contract language. To the extent there may be any conflict between the medical policy and contract language, the contract language prevails.

Medication policies are routinely assessed based on updated medical literature, national treatment guidelines, practicing provider feedback and pharmaceutical market changes. You can provide feedback or be added to our distribution list by emailing us at RegenceRxMedicationPolicy@regence.com; please indicate your specialty.

New-to-market medications are subject to pre-authorization based on their Food & Drug Administration-labeled indication and dosage limitations until we complete a full medication review and develop a coverage policy.

Links to all medication policies, medication lists and pre-authorization information for our members, are available on our website: Programs>Pharmacy.

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