PROVIDER QUICK POINTS
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

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ADMINISTRATIVE UPDATES

Member Rights and Responsibilities

Blue Cross is committed to treating its members in a way that respects their rights, while maintaining an expectation of their individual responsibilities. All Blue Cross members have certain rights concerning their care and treatment, and responsibilities as a member, such as following agreed upon instructions for care, or supplying information needed to provide care. A complete listing of Member Rights and Responsibilities can be found online at bluecrossmn.com by entering "member rights" in the search field. Questions or requests for a paper copy may be directed to Lisa K. at (651) 662-2775.

Quality of Care Complaint Report

Your participating provider agreement with Blue Plus outlines the complaint procedure for primary care clinics. MN Rules 4685.1110 and 4685.1900 outline the requirements of complaint collection and analysis of quality of care complaints for the Health Plan. Blue Plus requires providers to report these complaints quarterly. Reporting is required, even if there were no complaints during the reporting period.

Complaints should be submitted via secure email in a report format (e.g., Excel, csv).

Required data elements for the report are as follows:
- Member ID Number
- Patient Name
- Patient Date of Birth
- Date of Service / Incident
- Date Complaint Received by Provider
- Practitioner Named in Complaint
- Practitioner NPI
- Location of Service / Incident
- Summary of Complaint
- Categorizations Used to Classify Complaint
- Summary of Outcome / Resolution, including date

Submit report via secure email to Quality.of.Care.Mailbox@bluecrossmn.com

QUALITY IMPROVEMENT

Utilization Management Clinical Criteria

Upon request, any Blue Cross practitioner may review the clinical criteria used to evaluate an individual case. Medical and behavioral health policies are available for your use and review on our website at providers.bluecrossmn.com.

If you have questions or would like to request a paper copy, please contact Provider Services at (651) 662-5200 or 1-800-262-0820.

Whom to Contact?

Please verify these numbers are correctly programmed into your office phones.

HELPFUL PHONE NUMBERS	
BLUELINE (voice response unit)	**(651) 662-5200 or 1-800-262-0820**
BlueCard® member benefits or eligibility	**1-800-676-BLUE (2583)**
FEP® (voice response unit)	**(651) 662-5044 or 1-800-859-2128**
Provider Services	**(651) 662-5200 or 1-800-262-0820 and 1-888-420-2227** **Notes:** eviCore provider service: **1-844-224-0494** Minnesota Health Care Programs (MHCP) provider service: **1-866-518-8448**

For phone numbers, fax numbers and addresses for Care Management programs and services, please refer to the Provider Policy and Procedure Manual, Chapter 1 "How to Contact Us" section.

Utilization Management Statement

Utilization Management (UM) decision-making is based only on the appropriateness of care and service and on existing coverage provisions. Blue Cross does not compensate providers, practitioners or other individuals making UM decisions for denial of coverage or services. We do not offer incentives to decision makers to encourage denial of coverage or services that would result in less than appropriate care or under-utilization of appropriate care and services.

PHARMACY

Pharmacy Updates for Quarter 4, 2022

Pharmacy Drug Formulary Update
As part of our continued efforts to evaluate and update our formularies, Blue Cross evaluates drugs on a regular basis. This evaluation includes a thorough review of clinical information, including safety information and utilization. Blue Cross has developed several formularies based on each of our products and population requirements. A complete list of all formularies and updates can be found at the following web address.

Formularies: https://www.bluecrossmn.com/providers

In the box titled 'Resources', select 'See all resources', then scroll down and select 'Learn more about prescription drug benefits' under the 'Formularies and drug programs' header. Next, select 'Search a drug list', choosing your patient's affiliated plan type, 'Individual and family and employer plans' or 'Medicare'. If you choose 'Individual and family and employer plans', select a formulary design from the 'choose your drug list' drop-down menu, then select 'Apply'. Scroll down the page to 'Helpful Documents' and select the documents titled 'Drug list' or 'Formulary updates' to review the applicable formulary. If you select 'Medicare', the health plan drop-down is defaulted to 'BCBS Minnesota', select the Medicare plan type formulary you wish to view; Medicare Advantage, Platinum Blue, or SecureBlue. Select 'Continue'. Scroll down the resulting page to 'Helpful documents', select the document titled 'Comprehensive Formulary' to review the applicable formulary.

Pharmacy Utilization Management (UM) Updates

Blue Cross employs a variety of utilization management programs such as Prior Authorization, Step Therapy, and Quantity Limits. Blue Cross has implemented additional Prior Authorizations and Quantity Limits depending on the member's prescription drug benefit. Updates also include changes to existing Prior Authorization and Quantity Limit programs. Quantity Limits apply to brand and generic agents. Generic drugs are listed in lower case boldface. Brand name drugs are capitalized.

New Prior Authorization Program Effective 10/1/2022

BRAND NAME (generic name - if available)	UM Program		
PYRUKYND TAPER PACK TABLETS 5 mg	PA		QL
PYRUKYND TAPER PACK TABLETS 7 x 20 mg & 7 x 5 mg	PA		QL
PYRUKYND TAPER PACK TABLETS 7 x 50 mg & 7 x 20 mg	PA		QL
PYRUKYND TABLET 5 mg	PA		QL
PYRUKYND TABLET 20 mg	PA		QL
PYRUKYND TABLET 50 mg	PA		QL
RYPLAZIM SOLUTION 68.8 mg	PA		QL

New Quantity Limit Program Effective 10/1/2022

BRAND NAME (generic name - if available)	UM Program		
CAFERGOT TABLET 1-100 mg			QL
D.H.E 45 INJECTION 1 mg/mL			QL
dihydroergotamine injection 1 mg/mL			QL
ERGOMAR SUBLINGUAL TABLET 2 mg			QL
ergotamine/caffeine tablet 1-100 mg			QL
MIGERGOT SUPPOSITORY 2 mg-100 mg			QL

Changes to Existing Utilization Management Programs Effective 10/1/2022

BRAND NAME (generic name - if available)	UM Program		
DYANAVEL XR CHEWABLE TABLET 5 mg			QL
DYANAVEL XR CHEWABLE TABLET 10 mg			QL
DYANAVEL XR CHEWABLE TABLET 15 mg			QL
DYANAVEL XR CHEWABLE TABLET 20 mg			QL
MOUNJARO INJECTOR 2.5 mg/0.5 mL		ST	QL
MOUNJARO INJECTOR 5 mg/0.5 mL		ST	QL
MOUNJARO INJECTOR 7.5 mg/0.5 mL		ST	QL
MOUNJARO INJECTOR 10 mg/0.5 mL		ST	QL
MOUNJARO INJECTOR 12.5 mg/0.5 mL		ST	QL
MOUNJARO INJECTOR 15 mg/0.5 mL		ST	QL
NURTEC TABLET 75 mg	PA		QL
OLUMIANT TABLET 4 mg	PA		QL
OXYCODONE/ACETAMINOPHEN SOLUTION 5-325 mg/5mL			QL
PAXLOVID TABLET 150-100 mg			QL
PIRFENIDONE TABLET 267 mg	PA		QL
PIRFENIDONE TABLET 801 mg	PA		QL
ROXYBOND TABLET 5 mg			QL
ROXYBOND TABLET 15 mg			QL

BRAND NAME (generic name - if available)	UM Program		
ROXYBOND TABLET 30 mg			QL
SKYRIZI INJECTION 150 mg/mL	PA		QL
tolvaptan tablet 30 mg	PA		QL
TYVASO DPI INHALATION POWDER 16 mcg	PA		QL
TYVASO DPI INHALATION POWDER 32 mcg	PA		QL
TYVASO DPI INHALATION POWDER 48 mcg	PA		QL
TYVASO DPI INHALATION POWDER 64 mcg	PA		QL
TYVASO DPI INHALATION POWDER 16-32 mcg	PA		QL
TYVASO DPI INHALATION POWDER 32-48 mcg	PA		QL
TYVASO DPI INHALATION POWDER 16-32-48 mcg	PA		QL

Key for all above tables:
PA=Prior Authorization; QL=Quantity Limit, ST = Step Therapy

Effective October 1, 2022
- The implementation date of the Pyrukynd Prior Authorization with Quantity Limit program was amended to 10/1/2022 for Commercial.

Effective December 1, 2022
- Camzyos Prior Authorization with Quantity Limit program will be implemented for Medicaid.
- Radicava Prior Authorization with Quantity Limit program will be implemented for Medicaid.
- Vijoice Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Vtama Prior Authorization program will be implemented for Medicaid.

Effective January 1, 2023
- Camzyos Prior Authorization with Quantity Limit program will be implemented for Commercial.
- Radicava Prior Authorization with Quantity Limit program will be implemented for Commercial.
- Vtama Prior Authorization program will be implemented for Commercial.

A detailed list of all drugs included in these programs can be found at the following web address:
Utilization Management information: https://www.bluecrossmn.com/providers

In the box titled 'Resources', select 'See all resources', then scroll down and select 'Learn more about prescription drug benefits' under the 'Formularies and drug programs' header. Next, select 'Search a drug list', choosing your patient's affiliated plan type, 'Individual and family and employer plans' or 'Medicare'. If you choose 'Individual and family and employer plans', select a formulary design from the 'choose your drug list' drop-down menu, then select 'Apply'. Scroll down the page to 'Helpful Documents' and select the documents titled 'Drug list' or 'Utilization Management Updates' to review the applicable formulary. If you select 'Medicare', the health plan drop-down is defaulted to 'BCBS Minnesota', select the Medicare plan type formulary you wish to view; Medicare Advantage, Platinum Blue, or SecureBlue. Select 'Continue'. Scroll down the resulting page to 'Helpful documents', select the document with 'Utilization management updates' in the title. These will list all applicable drugs currently included in one of the above programs.

Pharmacy Benefit Exclusions and Updates
Blue Cross will no longer cover the following medications under the Commercial pharmacy benefit. Subscribers must use a medication alternative that is covered under the pharmacy benefit plan or pay full price for continued use of their current medication.

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Adlarity® (donepezil transdermal system) topical patch for once weekly administration 5 mg/day, 10 mg/day	January 1, 2023
Aspruzyo Sprinkle™ (ranolazine) extended-release granules for oral use 500 mg, 1000 mg	January 1, 2023
Cetraxal® (ciprofloxacin) otic solution 0.2%	January 1, 2023
diclofenac sodium topical solution 2%	January 1, 2023
fluticasone propionate HFA aerosol for oral inhalation 44 mcg/act, 110 mcg/act, 220 mcg/act	January 1, 2023
fluticasone furoate/vilanterol ELLIPTA powder for oral inhalation 100-25 mcg/inh, 200-25 mcg/inh	January 1, 2023
Fulphila® (pegfilgrastim-jmdb) injection solution for subcutaneous use	January 1, 2023
Insulin Glargine injection solution for subcutaneous use 100 unit/ml	January 1, 2023
Insulin Glargine Solostar injection solution for subcutaneous use 100 unit/ml	January 1, 2023
Katerzia® (amlodipine) oral suspension 1 mg/ml	January 1, 2023
Lyvispah™ (baclofen) granules for oral use 5 mg, 10 mg, 20 mg	January 1, 2023
megestrol acetate oral suspension 625 mg/5ml	January 1, 2023
Norliqva® (amlodipine) oral solution 1 mg/ml	January 1, 2023

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Nyvepria™ (pegfilgrastim-apgf) injection solution for subcutaneous use	January 1, 2023
Pennsaid® (diclofenac sodium) topical solution 2%	January 1, 2023
Picato® (ingenol mebutate) topical gel 0.015%, 0.05%	January 1, 2023
Prednisone Intensol™ (prednisone) oral solution (concentrate) 5 mg/ml	January 1, 2023
Roxybond™ (oxycodone) oral tablet 5 mg, 15 mg, 30 mg	January 1, 2023
Tlando™ (testosterone undecanoate) oral capsule 112.5 mg	January 1, 2023
Udenyca® (pegfilgrastim-cbqv) injection solution for subcutaneous use	January 1, 2023
Voquezna Dual Pak™ (vonoprazan fumarate and amoxicillin kit) oral tablet/capsules 20 mg-500 mg	January 1, 2023
Voquezna Triple Pak™ (vonoprazan fumarate, amoxicillin, clarithromycin) oral tablets/capsules 20 mg-500 mg-500 mg	January 1, 2023

Due to their route of administration and/or clinician required administration, the following drugs will no longer be covered under the pharmacy drug benefit but may be covered and processed under the medical drug benefit. For drugs that require a prior authorization under the medical benefit, failure to obtain authorization prior to service will result in a denied claim and payment.

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Amvuttra™ (vutrisiran) injection solution for subcutaneous use	September 1, 2022
Byooviz™ (ranibizumab-nuna) intravitreal injection solution for ophthalmic use	September 14, 2022

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Skyrizi® (risankizumab-rzaa) injection solution for intravenous (IV) use	September 1, 2022
Zynteglo® (betibeglogene autotemcel) suspension for intravenous (IV) infusion	November 1, 2022

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Alymsys® (bevacizumab-maly) injection solution for intravenous (IV) use	September 14, 2022
Amvuttra™ (vutrisiran) injection solution for subcutaneous use	August 10, 2022
Byooviz™ (ranibizumab-nuna) intravitreal injection solution for ophthalmic use	September 14, 2022
Igalmi™ (dexmedetomidine) sublingual film for sublingual or buccal use	September 14, 2022
Pemetrexed (pemetrexed ditromethamine) lyophilized powder for intravenous (IV) use	August 10, 2022
Sandostatin® LAR Depot (octreotide acetate) suspension for intragluteal injection	January 1, 2023
Somatuline Depot® (lanreotide) solution for deep subcutaneous use	January 1, 2023
Skyrizi® (risankizumab-rzaa) injection solution for intravenous (IV) use	August 10, 2022
Zynteglo® (betibeglogene autotemcel) suspension for intravenous (IV) use	October 12, 2022

Exception Requests
Prescribing providers may request coverage of a non-preferred drug for a Subscriber by completing the Minnesota Uniform Form for Prescription Drug Prior Authorization (PA) Requests and Formulary Exceptions. Subscriber liability for non-preferred drugs is subject to the Subscriber specific benefit design. This form can be found at the following web address:

Exception Request: https://www.bluecrossmn.com/providers

Under 'More resources', select 'See all tools & resources', then scroll down and select 'Learn more about prescription drug benefits' under the 'Formularies and drug programs' header. Next, select 'Search a drug list', choosing your patient's affiliated plan type, 'Individual and family and employer plans' or 'Medicare'. If you choose 'Individual and family and employer plans', select a formulary design from the 'choose your drug list' drop-down menu, then select 'Apply'. Scroll down the page to 'Helpful Documents' and select the documents titled 'Drug list' or 'Formulary updates' to review the applicable formulary. If you select 'Medicare', the health plan drop-down is defaulted to 'BCBS Minnesota', select the Medicare plan type formulary you wish to view; Medicare Advantage, Platinum Blue, or SecureBlue. Select 'Continue'. Once you have selected the applicable pharmacy plan on the top bar of the web page, select 'Forms' and then 'Coverage Exception Form' or you may call Provider Services to obtain the documentation.

Additional Resources
For tools and resources regarding Pharmacy, please visit our website at bluecrossmn.com and select 'Shop Plans' then 'Prescription Drugs' (found at the bottom of the page), select 'See prescription drug info'. Tools include information on preventive drugs (if covered by plan), specialty drugs and other pharmacy programs. You will also be able to search for frequently asked questions and answers. Formulary updates are completed quarterly and posted online for review.

Additional information regarding Pharmacy is also located in the Provider Policy and Procedure Manual. To access the manual, go online to bluecrossmn.com/providers and under 'Publications and manuals', select 'Manuals'. From the 'Category' drop down menu, select 'Provider Policy and Procedure Manual'. Topics in the manual include, but are not limited to, claims submission and processing, formulary exceptions, quantity limits and step therapy.

Similar Pharmacy Management for Federal Employee Program (FEP) subscribers can be found online at https://www.fepblue.org – FEP subscribers have a different PBM (Caremark) and will have a different formulary list and procedures for prior authorizations and quantity limits than listed above. This information can be found by scrolling down to 'Pharmacy' and selecting 'Learn more'.

MEDICAL AND BEHAVIORAL HEALTH

Medical and Behavioral Health Policy Updates

Policies Effective: October 31, 2022　　　　**Notification Posted: September 1, 2022**

Policies Developed
- Adjunctive Techniques for Screening and Surveillance of Barrett Esophagus and Esophageal Dysplasia, VI-61
- Vutrisiran, II-264

Policies Revised
- Wireless Capsule Endoscopy, V-12
- Extended Hours Skilled Nursing in the Home for Patients with Medically Complex Conditions, IX-01
- Bariatric Surgery, IV-19
- Panniculectomy/ Excision of Redundant Skin or Tissue, IV-24
- Acupuncture, III-01
- Genetic Cancer Susceptibility Panels, VI-56
- Organ Transplantation, IV-128
- Patisiran, II-220
- Brexucabtagene Autoleucel, II-245

Policies Inactivated
None

Policies Delegated to eviCore
None

Policies Effective: December 5, 2022　　　　**Notification Posted: October 3, 2022**

Policies Developed
- Surgery for Groin Pain, IV-173
- Risankizumab, II-265

Policies Revised
- Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, II-118

- Amino Acid-Based Elemental Formulas, II-69
- Axicabtagene ciloleucel, II-187
- Intravenous Iron Replacement Therapy, II-243

Policies Inactivated
None

Policies Delegated to eviCore
None

Policies Effective: January 2, 2023   **Notification Posted: November 1, 2022**

Policies Developed
- Betibeglogene autotemcel, II-267

Policies Revised
- Ustekinumab, II-168
- Lisocabtagene Maraleucel, II-249
- Anifrolumab, II-255
- Air Ambulance, II-160
- Wheelchairs – Mobility Assistive Equipment, VII-04

Policies Inactivated
None

Policies Delegated to eviCore
None

Policies reviewed with no changes in August, September, and October 2022
- Abatacept (Orencia), II-161
- Accepted Indications for Medical Drugs Which are not Addressed by a Specific Medical Policy, II-173
- Actigraphy, II-127
- Aducanumab (Aduhelm) – Commercial, II-253
- Aducanumab (Aduhelm) – Medicare, II-254
- Alpha-1 Proteinase Inhibitors, II-206
- Angioplasty and/or Stenting for Intracranial Aneurysms and Atherosclerosis, IV-48
- Artificial Retinal Devices, IV-154
- Bioengineered Skin and Soft Tissue Substitutes, IV-137
- Breast Ductal Lavage and Fiberoptic Ductoscopy, IV-108
- Brexanolone (Zulresso), II-231
- Bronchial Thermoplasty, IV-117
- Burosumab (Crysvita), II-212
- Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting, II-43
- Cardiovascular Disease Risk Assessment and Management: Laboratory Evaluation of Non-Traditional Lipid and Nonlipid Biomarkers, VI-24
- Cerliponase alfa (Brineura), II-176
- Certolizumab Pegol (Cimzia), II-179
- Chiropractic Services, III-04
- Continuous Glucose Monitoring Systems, VII-05
- Coverage of Routine Care Related to Clinical Trials, II-19
- Cranial Electrotherapy Stimulation, X-32
- Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis, II-155

- Drug Testing for Substance Use Disorder and Chronic Pain Management, VI-47
- Edaravone (Radicava), II-178
- Elosulfase Alfa (Vimizim), II-218
- Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus, II-94
- Endovascular Stent Grafts for Abdominal Aortic Aneurysms, IV-156
- Endovascular Stent Grafts for Disorders of the Thoracic Aorta, IV-157
- Esketamine (Spravato), II-226
- Galsulfase (Naglazyme), II-217
- Golimumab (Simponi Aria), II-180
- Hematopoietic Stem Cell Transplantation for Acute Myeloid Leukemia, II-115
- Hematopoietic Stem Cell Transplantation for Multiple Myeloma and POEMS Syndrome, II-138
- Hematopoietic Stem Cell Transplantation for Solid Tumors of Childhood, II-131
- Hematopoietic Stem Cell Transplantation in the Treatment of Germ Cell Tumors, IV-114
- Humanitarian Use Devices, IV-11
- Hyperbaric Oxygen Therapy, II-04
- Idursulfase (Elaprase), II-215
- Implantable Middle Ear Hearing Aids (Semi-Implantable and Fully Implantable) for Moderate to Severe Sensorineural Hearing Loss, IV-37
- Infliximab, II-97
- Intermittent Intravenous Insulin Therapy, II-189
- Intravenous Enzyme Replacement Therapy for Gaucher Disease, II-214
- Investigative Indications for Medical Technologies which are Not Addressed by a Specific Medical Policy, XI-01
- Laronidase (Aldurazyme), II-216
- Laser and Photodynamic Therapy for Onychomycosis, II-153
- Liposuction, IV-82
- Lyme Disease: Diagnostic Testing and Intravenous Antibiotic Therapy, II-165
- Mastopexy, IV-33
- Medical Necessity Criteria for Medical Technologies Which Are Not Addressed by a Specific Medical Policy, XI-02
- Microprocessor-Controlled Prostheses for the Lower Limb, VII-16
- Myoelectric Prostheses for the Upper Limb, VII-60
- Nerve Fiber Density Measurement, II-177
- Orthognathic Surgery, IV-16
- Ovarian and Internal Iliac Vein Embolization as a Treatment for Pelvic Congestion Syndrome, V-26
- Percutaneous Left Atrial Appendage Occluder Devices, IV-169
- Percutaneous Ultrasonic Ablation of Soft Tissue, IV-160
- Plasma Exchange, II-192
- Responsive Neurostimulation for the Treatment of Refractory Focal (Partial) Epilepsy, IV-161
- Risk-Reducing Mastectomy, IV-27
- Selected Treatments for Hyperhidrosis, II-55
- Single Photon Emission Computed Tomography (SPECT) of the Head, V-29
- Sublingual Immunotherapy Drops for Allergy Treatment, II-169
- Temporomandibular Disorder (TMD): Diagnosis and Selected Treatments, II-07
- Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease (GERD), II-31
- Vagus Nerve Stimulation, IV-131
- Vestronidase Alfa (Mepsevii), II-219
- Vitamin D Screening, VI-60
- Wound Healing: Electrostimulation and Electromagnetic Therapy, II-85

To access medical and behavioral health policies:
Medical and behavioral health policies are available for your use and review on the Blue Cross and Blue Shield of Minnesota website at https://www.bluecrossmn.com/healthy/public/personal/home/providers/medical-affairs. From this site, there are two ways to access medical policy information depending on the patient's Blue Plan membership.

For out-of-area Blue Plan patients:
Under "Medical Policy and Pre-Certification/Authorization Router," click Go. You will be taken to the page where you select either medical policy or pre-certification/prior authorization and enter the patient's three-digit prefix as found on their member identification card and click Go. Once you accept the requirements, you will be routed to the patient's home plan where you can access medical policy or pre-certification/pre-authorization information.

For local Blue Cross and Blue Shield of Minnesota Plan patients:
Select "Medical policy" (under Tools & Resources), and then read and accept the Blue Cross Medical Policy Statement. You have now navigated to the Blue Cross and Blue Shield of Minnesota Medical Policy web page.

Click on the "+" (plus) sign next to "Medical and Behavioral Health Policies."
- The "Upcoming Medical Policy Notifications" section lists new or revised policies approved by the Blue Cross Medical and Behavioral Health Policy Committee. Policies. are effective a minimum of 45 days from the date they were posted.
- The "Medical and Behavioral Health Policies" section lists all policies effective at the time of your inquiry.

Click on the "+" (plus) sign next to "Utilization Management."
- The Pre-Certification/Pre-Authorization/Notification lists identify various services, procedures, prescription drugs, and medical devices that require pre-certification/pre-authorization/notification. These lists are not exclusive to medical policy services only; they encompass other services that are subject to pre-certification/pre-authorization/notification requirements.

If you have additional questions regarding medical or behavioral health policy issues, call provider services at (651) 662-5200 or 1-800-262-0820 for assistance.