PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

WHAT'S INSIDE: **February 1, 2019**

Administrative Updates

Contract Updates

Medical and Behavioral Health Policy Updates

Minnesota Health Care Programs (MHCP) Updates

ADMINISTRATIVE UPDATES

Reminder: Medicare Requirements for Reporting Provider Demographic Changes

(article is published in every monthly Bulletin)

In accordance with Medicare requirements, Blue Cross is required to maintain accurate provider network directories for the benefit of our Subscribers. Blue Cross is hereby reminding all providers to submit a form to us whenever any of the following changes occur:

- Accepting new patients
- Demographic address and phone changes
- Office hours or other changes that affect availability
- Tax ID changes
- Practitioner additions or terminations
- Branch additions

Forms Location

Based on what change has occurred, submit the appropriate form located on our website at **providers.bluecrossmn.com**. Select "Administrative Updates" in the "What's Inside" section to obtain instructions on completing the various forms or access the link below:

https://www.bluecrossmn.com/healthy/public/personal/home/providers/admin-updates.

How do we submit changes?
Send the appropriate form via fax as indicated below:
Fax: 651-662-6684, **Attention: Provider Data Operations**

Professional Liability (Malpractice) Coverage Requirements

(article is published in every monthly Bulletin, through July 2019)

Effective July 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) requires that all participating providers continuously maintain professional liability (malpractice) coverage in the amount of $2 million per incident and $4 million aggregate, unless the practitioner or provider is covered by a State or Federal Tort Claim liability statute, i.e., Minnesota State Statute Section 3.736. Common Carrier and Special Transportation providers are required to carry automobile insurance liability coverage of no less than $2 million per incident and $4 million aggregate.

Practitioners must provide evidence of malpractice coverage (or Federal Tort coverage letter), or provide proof that they have the required amounts through a binder, a copy of which must be provided to Blue Cross via email: Malpractice.Ins@bluecrossmn.com

Reminder: Change to TPA Business

(P14-19, published 2/1/19)

As previously communicated in Provider Bulletins P35-18, P41-18 and P76-18, Independence Health Group (Independence) subsidiary AmeriHealth Administrators, Inc. (AHA) completed an asset purchase May 1, 2018 that included self-insured customer contracts from Blue Cross and Blue Shield of Minnesota's (Blue Cross) third-party administrator (TPA).

Blue Cross informed providers that:

- AHA's platform will manage eligibility, benefits, claims processing and health management services for the purchased customer accounts;
- After transition to the AHA platform, members will carry an ID card with the BlueLink TPA name and logo and access the BlueCard provider network;
- Customer contracts that were part of the purchase migrated to the AHA technology platform over a span of four months beginning October 1, 2018 through January 1, 2019.

As groups were migrated, AHA began providing all functions of claim management including, but not limited to, medical policy, pre-authorizations (PA's), pre-certifications, preadmission notifications (PAN's) and appeals.

- For convenient, online PA or pre-certification requests, providers can access AHA's iExchange portal. Go to www.ahatpa.com, select the provider tab, then locate the "New to iExchange" link to register. Choose the Independence Administrators plan when registering.

- Providers may also send PA or pre-certification requests via FAX to 215-784-0672

- Provider Pre-Certification calls should be directed as follows:

  Mental Health /Substance Abuse……...…..**1-800-778-2119**

  Other Admissions……..……...**1-888-234-2393**

- For all other inquiries……...…**1-888-234-2393**

Update to New CMS Regulation for Preclusion List (P61R1-19, published 2/1/19)

The information in this bulletin replaces Provider Bulletin P61-18 titled New CMS Regulation for Preclusion List change that was published on November 1, 2018

The purpose of this Provider Bulletin is to inform providers that the Centers for Medicare & Medicaid Services (CMS) have a new Medicare Regulation (CMS-4182-F Final Rule) that applies to the Medicare Advantage (MA) items and services or Part D drugs furnished or prescribed to Medicare beneficiaries and is effective April 1, 2019. As a result of the new CMS regulations, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will deny payment for a health care item or service for any Subscriber, in any network if the health care item or service was furnished by an individual or entity on the CMS Preclusion List. Blue Cross will initiate denial of payment upon 60 days' notice to Blue Cross of Provider's addition to CMS Preclusion List.

CONTRACT UPDATES

Purchased Services/Outside Labs (P20-19, published 2/1/19)

The Blue Cross and Blue Shield of Minnesota (Blue Cross) **Laboratory Service – General Guide Policy** was updated to better align with the HIPAA Professional Implementation Guide and to correct the claims transaction loop information that was previously noted incorrectly.

Link to updated policy:

https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_15089039

As a reminder, tests sent to an independent laboratory for analysis and billed by the provider that acquired the lab specimen are required to be billed with modifier -90 and the following fields should be populated with information about the independent laboratory that analyzed the specimen:

- **Loop 2400, SV101-2 (procedure/modifier) -** enter the procedure code of the test and the modifier -90.
- **Loop 2310B (Claim Level) or 2420A (Line Level), NM109 Rendering Provider** - Can be left blank if there is no professional component involved from this billing provider. For example, surgeon preparation of surgical pathology specimen requires a rendering provider.
- **Loop 2420B (Line Level only) – Purchased Service Provider** - enter the NPI for the Purchased Service Provider.
- **2420E (Line Level only) – Ordering Provider** – Enter Physician/Practitioner information that ordered the laboratory services.
- **Loop 2310C (Claim Level) or 2420C (Line Level) – Service Facility Location** - enter complete information for the provider submitted in the Purchased Service Provider Loop (including the NPI). Follow HIPAA Standard for usage.

Products Impacted

Commercial fully insured, self-insured and individual plans, BlueCard, Federal Employee Program (FEP), and Medicare Advantage products are included. Minnesota Health Care Programs (MHCP) are not in scope as laboratory services with modifier -90 billed on or after August 1, 2016 aren't reimbursable per MHCP billing guidelines.

Coding Requirements Reminder

All coding and reimbursements are subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (e.g. **HCPCS, CPT, ICD**), only valid codes for the date of service may be submitted or accepted.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

New Medical Drug-Related Prior Authorization Requirements for Zolgensma

(P16-19, published 2/1/19)

Effective April 8, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will expand utilization management requirements for Medicare Advantage and commercial lines of business to require prior authorization (PA) for the new medical drug Zolgensma, when approved by the Food and Drug Administration (FDA).

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through expanded development of medical policies and through management of these policies to include the PA process. The primary purpose of the PA process is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

PA Requirements: starting April 8, 2019, a medical drug PA will be required for the following drugs as they are approved by FDA and become available for use:	
Drug	Medical Policy
Onasemnogene abeparvovec-xxxx (ZOLGENSMA®)	Commercial: II-173 Medicare: L33394

Products Impacted

This PA program applies to subscribers that have coverage through Medicare Advantage and commercial health plans (excluding Federal Employee Program (FEP) which has separate PA requirements).

Submitting a PA Request when Applicable

- Before submitting a PA request, Providers are asked to check applicable Blue Cross policy and attach all required clinical documentation with the request. PA requests will be reviewed when patient-specific, relevant medical documentation has been provided supporting the medical necessity of the service. Failure to submit required information may result in review delays (if outreach is needed to obtain missing clinical information) or a denial of the request due to insufficient information. If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.
- PA approval will be based on the Blue Cross policy criteria. To review Blue Cross criteria:
  - Go to providers.bluecrossmn.com
  - Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
  - Select the “+” (plus) sign next to Medical and Behavioral Health Policies, then select “Blue Cross Blue Shield of Minnesota Medical Policies” to access policy criteria
- Prior Authorization Lists are updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access Prior Authorization Lists for all lines of business:
  - Go to providers.bluecrossmn.com
  - Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
  - Select the “+” (plus) sign next to “Utilization Management” to access the Prior Authorization Lists.

- If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization. The requirement applies to subscribers starting therapy and to those already being treated with a therapy noted above.
- Providers may submit PA requests for any treatment in the above table after the FDA approves the drug.

Providers can Submit an Electronic Prior Authorization (ePA) Request

- Online via our free Availity provider portal – for Blue Cross to review.
- For Medical Drugs, PA's can also be submitted using a NCPDP standard XML file feed to Blue Cross through CenterX, via an integrated Electronic Medical Record (EMR) system. To learn how to do this, providers should contact their EMR vendor for assistance.
- Out of state, non-contracted providers can submit a PA request to Blue Cross by either using the electronic processes above, the Minnesota Uniform Form for PA Request and Formulary Exceptions fax form located under the Forms section on the Blue Cross website, or their own PA form (secure fax: 651.662.2810). Note: An approved PA does not guarantee coverage under a subscriber's benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Reminder Regarding Medical Policy Updates & Changes

Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective at minimum 45 days from the date they were posted. To access the website:

- Go to providers.bluecrossmn.com
- Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement
- Select the "+" (plus) sign next to "Medical and Behavioral Health Policies" to see the Upcoming Medical Policy Notifications section

New Medical, Medical Drug and Behavioral Health Policy Management Updates for Medicare Advantage Lines of Business – Effective April 8, 2019 (P17-19, published 2/1/19)

Effective April 8, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding utilization management requirements for Medicare Advantage lines of business.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through expanded development of medical policies and through management of these policies to include the prior authorization (PA) process. The primary purpose of the PA process is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

The following medical policies will require PA effective April 8, 2019 for Medicare Advantage line of business:

Policy #	Policy Name	Enforcement
IV-165	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	Prior Authorization

Products Impacted

The information in this Bulletin **only** applies to subscribers who have coverage through Medicare Advantage lines of business.

Submitting a PA Request when Applicable

- Before submitting a PA request, Providers are asked to check applicable Blue Cross policy and **attach all required clinical documentation** with the request. PA requests will be reviewed when patient-specific, relevant medical documentation has been provided supporting the medical necessity of the service**.** Failure to submit required information may result in review delays (if outreach is needed to obtain missing clinical information) or a denial of the request due to insufficient information. If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.
- PA approval will be based on the Blue Cross policy criteria. To review Blue Cross criteria:
  - Go to providers.bluecrossmn.com
  - Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement
  - Select the "+" (plus) sign next to Medical and Behavioral Health Policies, then select "Blue Cross Blue Shield of Minnesota Medical Policies" to access policy criteria.
- Prior Authorization Lists are updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access Prior Authorization Lists for all lines of business:
  - Go to providers.bluecrossmn.com
  - Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement
  - Select the "+" (plus) sign next to "Utilization Management" to access the Prior Authorization Lists.
- If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization. The requirement applies to subscribers starting therapy and to those already being treated with a therapy noted above.
- Providers may submit PA requests for any treatment in the above table starting April 1, 2019.

Providers can Submit an Electronic Prior Authorization (ePA) Request

- Online via our free Availity provider portal – for Blue Cross to review.
- For Medical Drugs, PA's can also be submitted using a NCPDP standard XML file feed to Blue Cross through CenterX, via an integrated Electronic Medical Record (EMR) system. To learn how to do this, providers should contact their EMR vendor for assistance.
- Out of state, non-contracted providers can submit a PA request to Blue Cross by either using the electronic processes above, the Minnesota Uniform Form for PA Request and Formulary Exceptions fax form located under the Forms section on the Blue Cross website, or their own PA form (secure fax: 651.662.2810).

Note: An approved PA does not guarantee coverage under a subscriber's benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Reminder Regarding Medical Policy Updates & Changes:
Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective at minimum 45 days from the date they were posted. To access the website:

- Go to providers.bluecrossmn.com
- Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement
- Select the "+" (plus) sign next to "Medical and Behavioral Health Policies" to see the Upcoming Medical Policy Notifications section

New Requirements for Non-Emergent Air Ambulance Transport for FEP Standard and Basic Option & FEP Blue Focus Lines of Business – Effective April 8, 2019

(P18-19, published 2/1/19)

Effective April 8, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding utilization management requirements for Federal Employee Program® (FEP) Standard and Basic Option & FEP Blue Focus lines of business to include all scheduled, non-emergent air ambulance transports. This applies to all FEP members covered by FEP Standard and Basic Option in addition to FEP Blue Focus Benefits. FEP benefit book information can be found in the Standard and Basic Benefit Booklet (pages 23 & 97) and in the Blue Focus Benefit Book (pages 19 & 24) online at fepblue.org.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through expanded development of medical policies and through management of these policies to include the PA process. The primary purpose of the PA process is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

The following will require prior authorization effective April 8, 2019 for FEP Standard and Basic Option & FEP Blue Focus lines of business:

Policy #	Policy Name	Enforcement
II-160	Air Ambulance	Prior Authorization **Non-Emergent Only;** Emergent does **NOT** require Prior Authorization

Products Impacted
The information in this Bulletin **only** applies to subscribers who have coverage through FEP Standard and Basic Option & FEP Blue Focus lines of business.

Submitting a PA Request when Applicable

- Before submitting a PA request, Providers are asked to check applicable Blue Cross policy and **attach all required clinical documentation** with the request. PA requests will be reviewed when patient-specific, relevant medical documentation has been provided supporting the medical necessity of the service**.** Failure to submit required information may result in review delays (if outreach is needed to obtain missing clinical information) or a denial of the request due to insufficient information.

- PA approval will be based on the Blue Cross policy criteria. To review Blue Cross criteria:
  - Go to providers.bluecrossmn.com
  - Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement
  - Select the "+" (plus) sign next to Medical and Behavioral Health Policies, then select "Blue Cross Blue Shield of Minnesota Medical Policies" to access policy criteria.
- Prior Authorization Lists are updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access Prior Authorization Lists for all lines of business:
  - Go to providers.bluecrossmn.com
  - Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement
  - Select the "+" (plus) sign next to "Utilization Management" to access the Prior Authorization Lists.

Providers can Submit an Electronic Prior Authorization (ePA) Request

- Online via our free Availity provider portal – for Blue Cross to review.
- For Medical Drugs, PA's can also be submitted using a NCPDP standard XML file feed to Blue Cross through CenterX, via an integrated Electronic Medical Record (EMR) system. To learn how to do this, providers should contact their EMR vendor for assistance.
- Out of state, non-contracted providers can submit a PA request to Blue Cross by either using the electronic processes above, the Minnesota Uniform Form for PA Request and Formulary Exceptions fax form located under the Forms section on the Blue Cross website, or their own PA form (secure fax: 651.662.2810).

Note: An approved PA does not guarantee coverage under a subscriber's benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Reminder Regarding Medical Policy Updates & Changes:

Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective at minimum 45 days from the date they were posted. To access the website:

- Go to providers.bluecrossmn.com
- Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement
- Select the "+" (plus) sign next to "Medical and Behavioral Health Policies" to see the Upcoming Medical Policy Notifications section

Questions?

If you have questions regarding FEP members, please contact FEP provider services at **(651) 662-5044** or **1-800- 859-2128**.

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Change in Coverage Criteria for Chiropractic Manipulations for MHCP and MSHO
(P19-19, published 2/1/19)

Effective April 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will reimburse chiropractors for covered services when billed with a diagnosis of subluxation of the spine. This change is being made to align with the benefits as published by the Minnesota Department of Human Services. Blue Cross had previously allowed additional diagnoses for services billed by a chiropractor.

M99.01-M99.05 are the ICD10 codes identifying Subluxation of the Spine. Services billed with any other diagnosis will deny as not a covered benefit.

Products Impacted
This information applies to the following products:

- Minnesota Health Care Programs (MHCP), including Blue Advantage Families and Children (formerly Prepaid Medical Assistance Program), Minnesota Senior Care Plus (MSC+) and MinnesotaCare (MNCare)
- SecureBlue (MSHO)

Questions?
If you have questions, please contact Blue Cross Provider Services at **1-866-518-8448**.

Updated Minnesota Health Care Programs and Minnesota Senior Health Options Prior Authorization and Medical Policy Requirements (P22-19, published 2/1/19)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has revised its government programs prior authorization (PA) and medical policy lists published on February 1, 2019. The updated lists clarify medical policy and PA requirements for the Minnesota Health Care Programs (Families and Children, MNCare, and MSC+) and Minnesota Senior Health Options (MSHO) products. Providers are encouraged to access online PA and medical policies to determine current requirements as certain policies may have been added or removed. The codes that are included are for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

Blue Cross has implemented a pay and educate phase to allow providers the ability to become accustomed to the policy criteria and documentation required with a PA request. Blue Cross' expectation is that the providers take this opportunity to familiarize themselves with the new policies and authorization requirements during this initial implementation phase. **The pay and educate phase for outpatient authorizations has been extended until April 1, 2019.** Enforcement of prior authorizations will begin for dates of service on or after April 1, 2019.

Effective Dates of Service: January 1, 2019 – March 31, 2019:

- Provider will submit all relevant clinical information for review
- Clinical information will be reviewed to determine if the requests meet the clinical guidelines
- Requests that do not meet criteria per the evidence-based guidelines will receive a denial with educational language in the rationale to help providers understand why a PA request did not meet the clinical guidelines

Outpatient claims for dates of service beginning April 1, 2019 will deny provider liability without an approved prior authorization.

Inpatient Pre-Certification Requirements for Behavioral Health (BH) Inpatient Psychiatric and Substance Use Disorder (SUD) Hospitalization Admissions:

- Beginning February 1, 2019, all inpatient psychiatric and SUD hospitalization admissions will require pre-certification for Blue Advantage Families and Children (F&C) and Minnesota Senior Care Plus (MSC+) members.

- BH policies will be managed via MCG Guidelines as listed above and previously communicated in the December Behavioral Health Provider Bulletin.

Where do I find the current government programs PA list?

Go to **providers.bluecrossmn.com**

- Under Tools & Resources, select "Medical Policy," and read/accept the Blue Cross Medical Policy and UM Statement
- Click on the '+' next to 'Utilization Management' and under the 'Precertification Lists' select the 'MN Government Programs Pre-Certification/Pre-Authorization/Notification List'

OR

Go to **providers.bluecrossmn.com**

- Under Tools & Resources, select "Migration of Minnesota Health Care Programs"
- Click on the '+' next to 'Prior Authorizations' and select the 'Prior Authorization Grid (PDF)'

Where do I find the current government programs Medical Policy Grid?

Go to **providers.bluecrossmn.com**

- Under Tools & Resources, select "Migration of Minnesota Health Care Programs"
- Click on the '+' next to 'Medical Policies' and select the 'MHCP Medical Policy Grid (PDF)'

Please note that the Precertification Look Up Tool (PLUTO) will not be available for prior authorization look up.

Questions?

If you have questions, please contact Blue Cross Provider Services at **1-866-518-8448**.

Reminder Regarding Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Pre-certification Requirements (P21-19, published 2/1/19)

As previously communicated, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross**) requires pre-certification for all inpatient admissions effective January 1, 2019**. Pre-certification prior to admission is required for all inpatient stays excluding urgent/emergent admissions and Obstetric Deliveries.

- **Inpatient admissions for MSHO members will remain notification only**

Claims for dates of service beginning March 1, 2019 will deny as provider liability without an approved authorization.

Planned Inpatient Admissions
Planned inpatient stays require pre-certification prior to admission.

- A medical necessity review will be conducted using MCG criteria
- Determinations will be communicated to the facility
  - For standard requests, a decision will be communicated as expeditiously as required by the subscriber's condition, not to exceed ten (10) calendar days**.**
  - For expedited/urgent requests, decisions will be communicated as expeditiously as required by the subscriber's condition, not to exceed 72 hours.

Urgent/Emergent Admissions and Obstetric Deliveries
An authorization request for urgent/emergent admissions or obstetric deliveries must be submitted within one business day following the admission.

Urgent/emergent inpatient admissions are defined as the unplanned, acute necessity of a member moving to a higher level of care. For example: Moving from the Emergency Room, Observation, or a Nursing Facility to an Inpatient hospital setting as required by their condition.

If the clinical documentation needed for certification is available at the time of notification the provider may submit to expedite the review process.

- All medical emergent inpatient hospital admissions will be reviewed within one business day of the facility notification to Amerigroup.
- Clinical information for the initial (admission) review will be requested by Amerigroup at the time of the admission notification.
  - For medical admissions, the facilities are required to provide the requested clinical information within 24 hours of the request.
  - If the information is not received within 24 hours, a lack of information adverse determination (i.e., a denial) may be issued.
  - If the clinical information is received, a medical necessity review will be conducted using applicable nationally recognized clinical criteria. (MCG)
  - Decisions are communicated verbally or via fax within 24 hours of the determination

Inpatient pre-certifications and clinical documentation should be submitted in one of the following ways:

- Phone: **1-866-518-8448**
- Fax:

Acute inpatient	For Blue Advantage Families and Children (F&C), MinnesotaCare, and Blue Advantage Minnesota Senior Care Plus (MSC+) members	**1-844-480-6839**
Elective admissions	For F&C, MinnesotaCare and MSC+ members	**1-844-480-6839** Precertification **1-844-480-6840** Clinical or Discharge information
Planned elective admissions	For MSHO members (Notification Only)	**1-866-959-1537**

- Web: To access the ICR through Availity for the first time, contact your Availity administrator and request to be assigned the *Authorization and Referral Request* role. Once you have the role assignment, you can immediately access ICR by taking the following steps:
  - From the Availity home page (https://www.availity.com), select Patient Registration in the top navigation.
  - Select Authorizations & Referrals, then select Authorizations.
  - Select the Payer (BCBSMN Blue Plus Medicaid) and Organization and submit.

Additional information and training materials for the Interactive Care Reviewer tool are located at: https://www.bluecrossmn.com/providers/migration-minnesota-health-care-programs

- Select Tools and Resources.
- Select Migration of Minnesota Health Care Programs, and then Training References.

Providers will find the following ICR training opportunities:

- Power Point presentation for the ICR tool
- A link out to individual recorded training videos for different topics within ICR
- A link to register for monthly live ICR webinar trainings as scheduled.

Inpatient Pre-Certification Requirements for Behavioral Health (BH) Inpatient Psychiatric and Substance Use Disorder (SUD) Hospitalization Admissions:

- Beginning February 1, 2019, all inpatient psychiatric and SUD hospitalization admissions will require pre-certification for Blue Advantage Families and Children (F&C) and Minnesota Senior Care Plus (MSC+) members.

- BH policies will be managed via MCG Guidelines as listed above and previously communicated in the December Behavioral Health Provider Bulletin.

Questions?

If you have questions, please contact Blue Cross Provider Services at **1-866-518-8448**.