

PROVIDER BULLETIN

PROVIDER INFORMATION



January 2, 2019

Musculoskeletal Program Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program

eviCore has released clinical guideline updates for the Musculoskeletal program. Updates include, but are not limited to: New information added, criteria updated, indications updated, clarification added, etc.

Updates to the Blue Cross and Blue Shield of Minnesota (Blue Cross) Musculoskeletal program will become **effective March 1, 2019**.

A footnote has been added to the following guideline noting Blue Cross' experimental/investigative position:

- CMM-308 Thermal Intradiscal Procedures

eviCore's Musculoskeletal clinical guidelines are available on the Blue Cross website at providers.bluecrossmn.com

- To access the link, select "**Medical Policy**" under **Tools and Resources**, read and accept the Blue Cross Medical Policy Statement
- Click on the "+" (plus) sign next to "**Medical and Behavioral Health Policies**"
 - Scroll down to locate the "**Medical Policy Supporting Documents**" section
- Click on "**eviCore healthcare Specialty Utilization Management Clinical Guidelines**" link
 - Click on the "**Clinical Guidelines**" link
 - Select "**Musculoskeletal**" solution in dropdown.

Products Impacted

This change only applies to **fully insured commercial** and **Medicare Advantage** subscribers.

The changes do not impact:

- Blue Cross Commercial Self-Insured Subscribers
- Blue Cross Platinum Blue and Senior Gold Subscribers
- Blue Cross Government Programs (Families and Children(F&C), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans)
- Blue Cross Federal Employee Program (FEP)

Continued

To submit a PA Request to eviCore

Providers submit eviCore PA requests via our free <https://www.availity.com> provider portal.

Instructions on how to utilize this portal are found on the Availity website. Providers need to reference the eviCore clinical guideline criteria, submit prior authorization request via Availity, and submit all applicable clinical documentation with the PA request. Failure to submit required information may result in review delays or denial of the request due to insufficient information.

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.

Questions?

If you need to submit a PA by phone or need to speak to an eviCore representative call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.