

# PROVIDER BULLETIN

## PROVIDER INFORMATION



January 2, 2019

### **Update: Prior Authorization Requirements for Blue Cross Medicare Advantage – Effective January 1, 2019**

*The information in this Provider Bulletin provides a correction to Provider Bulletin P64-18, which was published on November 1, 2018. Reviews for prior authorization requests for new Part B medical drugs and injectables will apply Medicare National Coverage Determination (NCD) and Local Coverage Determinations (LCD), unless none exist, and the Medicare Advantage PA List identifies a local Blue Cross policy will be applied.*

Blue Cross and Blue Shield of Minnesota (Blue Cross) will publish an updated list of Prior Authorization (PA)/notification requirements that will be effective January 1, 2019 for Medicare Advantage (MA) members. **The 2019 list with procedure codes will be available online by November 16, 2018.** To access Blue Cross prior authorization lists:

- Go to [providers.bluecrossmn.com](http://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. Or Select the “+” (plus) sign next to “Medical and Behavioral Health Policies” to see the Upcoming Medical Policy Notifications section.

### **PA Requirements**

Only the services on the PA/Notification and eviCore CPT Code Lists require prior authorization.

However, if a Medicare member wants to know if a service is covered, the member, their appointed representative, or any provider that furnishes, or intends to furnish services to a Medicare member may also ask the plan if the service is covered. (See Provider Bulletin P19-14, *Discontinuation of the Advance Beneficiary Notices of Non-Coverage (ABN)* dated July 14, 2014).

When PA is required for a service, procedure or item, the provider must submit the clinical information in advance. The prior authorization must be completed before the service is rendered.

**PA requirements listed below will be added to the existing MA PA list effective January 1, 2019.** As noted above, the full PA list with procedure codes will be published on the Blue Cross website by November 16, 2018.

### **CHANGES**

- Prior authorization required for **all** planned and unplanned medical and behavioral inpatient admissions
- Non-emergent ground and air ambulance
- Ancillary Services (chiropractic and outpatient therapies) - PA required from the first visit (after initial evaluation)

## NEW

Policy #	Policy Name / Description
II-04 Medicare	Hyperbaric oxygen treatment
II-26 Medicare	Part B drugs and injectables
II-154 Medicare	Bone marrow transplants
II-190	Transcatheter arterial chemoembolization
II-192	Plasma exchange
II-194	Extracorporeal photopheresis (Transplant services)
II-205	Photodynamic therapy
III-03	Cognitive Rehabilitation
IV-01	Balloon Ostial Dilation for Treatment of Chronic Rhinosinusitis
IV-123	Gender dysphoria
IV-143, IV-144, IV-149, IV-152 Medicare	Vagus Nerve Stimulation
IV-150	Endothelial Keratoplasty
IV-17 Medicare	Blepharoplasty and Brow Ptosis Repair
IV-74	Spinal Cord Stimulation
IV-84	Implantable Cardioverter-Defibrillator

**Important:** PA approvals for Platinum Blue members do not automatically carry over for members moving from Platinum Blue to Medicare Advantage. Providers will need to reference the Medicare Advantage PA list to determine what services require a PA in 2019.

### eviCore Healthcare Specialty UM

As notified through separate Bulletins, Blue Cross has contracted with eviCore Healthcare (eviCore), an independent specialty medical benefits management company, to manage benefit preauthorization requests for:

- Post-Acute Care (PAC) services. See Provider Bulletin P39R1-18, published on October 1, 2018.
- Durable Medical Equipment (DME). See Provider Bulletin P62-18, published on November 1, 2018.
- Core Specialty UM programs. See Provider Bulletin P66-18, published on November 1, 2018.

### Providers should Submit an Electronic Prior Authorization (ePA) Request

- Online via our free [Availity](#) provider portal – for Blue Cross and eviCore to review.
- For medical drugs, prior authorizations 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).

**An approved PA does not guarantee coverage under a member's benefit plan.** Members' 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:

- Changes to Blue Cross Medical Policy 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](http://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
- Changes to eviCore clinical guidelines and prior authorization code lists are available on Blue Cross website at [providers.bluecrossmn.com](http://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**” and locate the “**Medical Policy Supporting Documents**” section
  - ✓ Click on the “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
- Changes to CMS medical polices for LCD and NCD can be found on CMS.gov

## Questions?

If you have questions regarding a request you have submitted, for:

- Blue Cross, call Provider Services **(651) 662-5200** or **1-800-262-0820**, 8:00a.m. to 5:00p.m. CST, Monday – Friday.
- eviCore, call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.