

# PROVIDER BULLETIN

## PROVIDER INFORMATION



October 1, 2020

### Removal of Six Commercial Prior Authorization Requirements—Effective November 16, 2020

Upon review, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has determined that the following services are now consistently performed in alignment with evidence-based clinical guidelines for commercial subscribers. As a result, Blue Cross will remove the prior authorization requirement to help improve administrative efficiencies for providers.

Policy	Service	Codes
IV-166	Penile Prosthesis Implantation	C1813, C2622, 54400, 54405, 54410, 54416
II-192	Plasma Exchange	36514
IV-27	Prophylactic Mastectomy	19303
VII-54	Pressure Reducing Support Surfaces	Group 2 - E0193, E0277, E0371, E0372, E0373 Group 3 - E0194
IV-150	Endothelial Keratoplasty	65756, 65757
II-194	Extracorporeal Photophoresis	36522

The above codes will no longer require prior authorization submissions effective **November 16, 2020**.

#### Products Impacted

The information in this bulletin applies **only** to subscribers who have coverage through commercial lines of business.

#### Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.