

# PROVIDER BULLETIN

## PROVIDER INFORMATION



June 1, 2021

### **Change to Medical Review Process for Outpatient Therapies Services**

As communicated in Provider Bulletin P34-19, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has been managing outpatient therapies (physical, occupational, and speech therapy) for Medicare Advantage subscribers through retrospective medical necessity review at the point of claim processing.

Effective May 17, 2021, Blue Cross will no longer request records to complete medical necessity reviews for outpatient physical, occupational or speech therapy services at the point of claim processing. Prior authorization is not required for outpatient therapy services, and it is not necessary to submit a request for Organization Determination.

As stated in the [Provider Policy and Procedure Manual](#):

- Providers should make sure they understand the applicable Medicare Advantage reimbursement rules (Section 7, Reimbursement for Medicare Advantage PPO, HMO, POS).
- Providers will be held financially liable for Health Services rendered that are determined to be not Medically Necessary during a review or an audit process, even if prior authorization and/or concurrent review is not recommended (Section 4, Provider Contractual Obligations – Important Program Points).

Blue Cross will continue to request records for retrospective medical necessity review for chiropractic claims submitted by providers who are not contracted with SecureCare (as previously communicated in P34-19).

#### **Products Impacted**

This information only applies to Medicare Advantage.

#### **Questions?**

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