

PROVIDER QUICK POINTS

PROVIDER INFORMATION



February 10, 2021

New Request Form for Medical Policy Coverage Exception Requests for Commercial Members

As communicated in Provider Bulletin P84-20 (published 11/2/2020), effective January 1, 2021, Blue Cross and Blue Shield of Minnesota no longer accepts predetermination requests for services that do not require prior authorization (PA) unless the service warrants a clinical review for medical necessity based on extenuating circumstances.

An extenuating circumstance may warrant a medical necessity review if one of the following applies:

- The member's diagnosis/condition is addressed in the clinical guidelines or medical policy criteria, but the provider believes coverage should be considered based on the member's unique circumstance.
- The published clinical guidelines or medical policy criteria do not address the member's diagnosis/condition.

Medical Policy Coverage Exception Request Process

If one of these circumstances applies and a coverage exception request is needed, providers can complete the following steps:

1. Prior to submitting a medical policy coverage exception request:
 - **Verify the member's eligibility and benefits.** Make sure the member has active coverage with this plan and has benefit coverage for the service you are requesting.
 - **Review the medical policy** for the requested services, if applicable, by using our [medical policy search](#) page. Additional resources related to clinical criteria used are available at bluecrossmn.com/providers/medical-policy-and-utilization-management under *Medical Policy*.
 - **Check if prior authorization is required.** If required, submit a prior authorization instead of using the medical policy coverage exception request process.
 - Current and future PA requirements can be found using the *Is Authorization Required* tool in the Availity® portal. Providers outside of Minnesota can access Availity through the out-of-area member router provided by each state's plan.
 - Providers without Availity access can refer to the prior authorization lists posted at bluecrossmn.com/providers/medical-policy-and-utilization-management under *Utilization Management*.
2. Complete a *Medical Policy Coverage Exception Request* form and submit it to the fax number indicated on the form along with pertinent clinical records that support the exception request.
 - A Blue Cross representative may contact you to discuss the case and the reason for the coverage exception request. Please provide a good contact phone number.

Note: Please **DO NOT** use the *Medical Policy Coverage Exception Request* form for:

- **Urgent requests.** Requests for medical policy coverage exceptions follow the standard review timeline. Please do not delay urgently needed care if the standard review time may seriously jeopardize the life or

health of the member or the member's ability to regain maximum function. Claims for these services will process through the claims system according to the member's benefits and can be appealed if the claim is rejected based on the medical policy coverage criteria.

- **Members with Medicare and/or Medicaid products or Federal Employee Plan members.** Requests for medical policy coverage exceptions for these members should be submitted following the prior authorization request process.

Products Impacted

This information applies only to subscribers who have commercial coverage.

Questions?

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