

PROVIDER BULLETIN

PROVIDER INFORMATION



April 1, 2019

Change to Prior Authorization Requirements for Outpatient Therapies and Chiropractic Services for Commercial and Medicare Products

Blue Cross and Blue Shield of Minnesota (Blue Cross) will remove the prior authorization (PA) requirements for outpatient therapies, including physical, occupational, and speech therapy, and chiropractic services beginning June 3, 2019 for most commercial and Medicare products. Blue Cross has contracted with SecureCare to provide network management services for physical therapy and chiropractic services. Please note the following:

Self-Insured Groups may have benefits that require a PA for outpatient therapy or chiropractic services. These services may be managed as a PA or a retrospective review.

Medical Necessity Review at Point of Claim

As stewards of healthcare expenditures for our members, we are charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through expanded development of medical policies and through management of these policies to include the medical necessity review of services. The primary purpose of the review process is to ensure that evidence-based care is provided to our members, driving quality, safety, and affordability. While PA will no longer be required for these services, claims may be monitored to verify appropriate care is being delivered through a retrospective review process.

SecureCare does not contract with facilities that provide physical therapy services. In addition, they do not contract any occupational or speech therapy services. Blue Cross will be pending claims for retrospective medical necessity review for outpatient therapy and chiropractic claims submitted by providers not contracted with SecureCare.

The number of visits outlined below provides an example of when Blue Cross would typically begin reviewing therapies for medical necessity at point of claim.

Commercial

- Physical Therapy – 40 visits
- Occupational Therapy – 40 visits
- Speech Therapy – 50 visits
- Chiropractic Services – 30 visits

Medicare Advantage

- Physical Therapy – 10 visits
- Occupational Therapy – 10 visits
- Speech Therapy – 10 visits
- Chiropractic Services – 10 visits

Continued

If claims do not meet medical necessity guidelines upon review of the medical records, claims will be denied as provider liability. Providers may submit medical records as claim attachments to expedite the claim processing. The following guidelines apply based on the line of business:

- Medicare Advantage – Medicare guidelines apply for PT/OT/ST and Chiropractic Services
- Commercial – Chiropractic Services, Medical Policy III-04, effective 5/6/19. InterQual criteria prior to 5/6/19.
- Commercial – InterQual guidelines apply for PT/OT/ST

All services are subject to the member's benefits and medical necessity guidelines. Guidelines applied are based upon the member's product.

Questions?

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