

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



February 13, 2019

### Online Medical Policy Surveys for Authorizations

On February 23, 2019, Blue Cross and Blue Shield of Minnesota (Blue Cross) is adding a new feature to the prior authorization (PA) process for specific outpatient procedure and medical drug codes submitted through the Availity Portal. Providers submitting PA requests for identified services will have the ability to complete an online survey to determine if the medical necessity criteria are met prior to attaching medical records to the request. If the medical necessity criteria are met based on the applicable clinical guidelines, the request may be immediately approved. Medical policy surveys will be available for subscribers with Commercial and Medicare Advantage products.

The following procedures and drugs may lead to a survey for Commercial subscribers:

- Certolizumab Pegol
- Belimumab
- Vedolizumab
- Abatacept
- Golimumab
- Uvulopalatopharyngoplasty (UPPP)
- Panniculectomy
- Wireless Endoscopy
- Balloon Ostial Dilation

The following procedures may lead to a survey for Medicare Advantage subscribers:

- Uvulopalatopharyngoplasty (UPPP)
- Panniculectomy
- Wireless Endoscopy
- Balloon Ostial Dilation

Additional surveys will be added on a monthly basis.

If the provider is unable to answer one of the clinical questions in the survey, the question can be skipped. If a question is skipped, the request will be reviewed by Blue Cross and will not be eligible for a real-time approval. Clinical records that support the medical necessity of the requested procedure or drug will be required. To avoid delays in the review process, include clinical records that answer any skipped questions in the online survey.

Continued

When all questions have been answered in the survey, click **Submit**.

- If the request is approved, no further action is required. Close the window and return to Availity to check the request status in your Auth/Referral Dashboard.
- If the request is not immediately approved, it will be pended for review. The provider will then be prompted to attach medical records.
  - Records must be attached in order to successfully submit the request to Blue Cross for review. The request will stay in “incomplete” status until clinical records are attached to support the request.
  - More than one attachment can be added by selecting “Update” in the Auth/Referral Dashboard in Availity. Only one file can be added at a time, but there is no limit to the number of files you can attach.
  - If the request is pended for review, it may still be approved. The survey and attached medical records will be used by Blue Cross as clinical documentation in the review process.

### **Success with surveys:**

- Please review the prior authorization (PA) lists to determine which codes require PA. When submitting the authorization request on Availity, request only the codes that require PA. Additional codes that are incidental to the primary code should not be submitted. For example, when requesting a drug that requires PA, use the J code and do not include the incidental CPT code for administration. **Requests with surveys cannot be immediately approved when there are incidental codes that do not require PA included.**
  - To find the PA lists for Commercial and Medicare Advantage, 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 “+” sign next to “Utilization Management” to access the PA lists

### **Questions?**

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