

PROVIDER BULLETIN

PROVIDER INFORMATION



March 1, 2019

Prior Authorization Start Date for Urgent and Non-Urgent Preservice Requests

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) use the prior authorization (PA) process to review services **prior to being rendered** to help subscribers and providers determine when services are medically necessary and contractually eligible for coverage. Evidence based medical policy criteria and member contract language are used to assist in determining if benefits are available for the requested services.

Effective May 1, 2019, in order to ensure subscribers can make informed care decisions, Blue Cross will no longer include “planned” dates of service in the authorization approved date span if the planned date is prior to the date of determination. The approved date span will begin the date the approval determination is made. Providers submitting a request for prior authorization should wait to provide the service until a determination has been made. If the service is provided prior to the approved date span, the claim will deny for lack of prior authorization.

This change does not impact requests for services with a prescribed treatment plan or the retrospective review process described below.

PA requests for services that are provided over time as part of prescribed treatment plan, such as home health care, outpatient therapies, chiropractic service, and ongoing drug renewals, are reviewed and determined based on the patient’s medical condition and contract benefits available on the first date of service. If the treatment plan is medically necessary and approved, the authorization date span will align with the proposed treatment plan and will include the first date of service. These requests should be submitted within 14 days from the first date of service.

A retrospective review request is accepted when prior authorization is required, but the provider did not obtain the authorization prior to the service being rendered. Retrospective review requests should be submitted to Blue Cross within 14 days of the date of service and prior to the claim being submitted and should include a comment with the actual date the service was performed. Retrospective review will be completed based on the patient’s medical condition on the date of service and are processed and completed within 30 calendar days of receipt.

Please note:

- Retrospective review requests will not be accepted for chemotherapy requests reviewed by eviCore
- Genomic and Molecular Lab services will be accepted for up to 60 days from the date of specimen collection
- Retrospective authorization requests and pre-admission notifications for facility admissions must be submitted within one business day from the date of admission

As a reminder, services provided in an emergency room to treat an emergency medical condition² **do not** require prior authorization.

Questions?

If you have any questions, please contact provider services:

- For Federal Employee Program (FEP) Subscribers call **(651) 662-5044** or **1-800-859-2128**.
- For Minnesota Health Care Programs (MHCP) Subscribers call **1-866-518-8448**.
- For all other Subscribers call **(651) 662-5200** or **1-800-262-0820**.

¹An urgent (expedited) determination is completed as the enrollee's medical condition requires. Requests not meeting the conditions for an urgent request will be considered non-urgent and processed accordingly. Both urgent and non-urgent requests will be reviewed and completed within current state and federal timelines. A request is considered urgent when, "The attending health care professional believes that a standard decision time frame could seriously jeopardize the member's life, health or ability to regain maximum functioning, based on a prudent layperson's judgment, or in the opinion of the treating physician, would subject the individual to severe pain that cannot be adequately managed without the treatment being requested. An urgent condition is a situation that has the potential to become an emergency in the absence of treatment."

²An emergency medical condition is defined as "a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health (or the health of an unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs."