

# PROVIDER BULLETIN

## PROVIDER INFORMATION



August 3, 2020

### **New Prior Authorization Timeframes Required by Legislation**

The Minnesota legislature recently passed legislation (SF3204 3<sup>rd</sup> Engrossment) that will require prior authorization review timeframes to change effective January 1, 2021 for subscribers with commercial **fully insured coverage**. Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is evaluating current prior authorization processes to meet these requirements in a way that ensures a standardized, simplified process for providers and commercial subscribers.

New prior authorization requirements beginning January 1, 2021 include:

- Electronically submitted prior authorizations must have a decision communicated no later than 5 business days after receipt
- Prior authorizations submitted by phone, fax or mail must have a decision communicated no later than 6 business days after receipt
- Urgent prior authorizations must have a decision communicated within 48 hours of receipt or the end of the first business day after receipt of the initial request, whichever is later
- Denials of prior authorizations for medical and behavioral health services must be determined by a like-specialty reviewer
- Pre-service appeals of denied prior authorizations must have a decision communicated no later than 15 calendar days after receipt

### **Partnering for success now and in the future**

In order to ensure a smooth transition to these new timeframes as soon as possible, Blue Cross asks that providers strive to submit all of the necessary clinical information at the time of submission, and work to return any additional requested information in an expedited manner.

- All prior authorization requests should be submitted with clinical records supporting the requirements found in the applicable Blue Cross medical policy or eviCore clinical guideline.
- Blue Cross medical policies include a “Documentation Submissions” section which outlines additional documents that must be submitted, when applicable.
- For inpatient hospital admission authorization requests, please be sure to include any information supporting the need for acute inpatient level of care, including the patient’s History & Physical and physician notes and any other relevant clinical information, such as emergency department, nursing and therapy notes, diagnostic test results, lab results, patient monitoring plan, medications and treatment plan.

### **Products Impacted**

This change applies only to commercial subscribers.

### **Questions?**

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