PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

January 4, 2021

Retro Reviews for Post-Acute Care and Home Health Prior Authorizations

In order to best support coordination of care for our members, effective March 1, 2021 retrospective reviews for Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) Medicare Advantage members for Post-Acute Care and Home Health prior authorizations will be limited to 14 calendar days following the initial date of service.

Any authorization requests after 14 days will require the provider to submit a claim. When the claim is administratively denied for no PA, an appeal for medical necessity will not be accepted, but an administrative appeal may be submitted for limited situations. These exceptions are listed below, and must be supported by submitted documentation (Bulletin P35R1-19):

- Blue Cross is the subscriber's secondary coverage and PA is not required (e.g., Medicare is primary).
- Another insurance company is identified as the payer and a claim was submitted to the other payer within the timely filing guidelines with Blue Cross subsequently identified as the patient's primary coverage.
- The patient is identified as the payer and is billed for the service, but later the patient reports Blue Cross coverage for the date of service.
- The subscriber was enrolled in the plan retrospectively, after the service was provided.
- A previously prior-authorized service unexpectedly changed for medically necessary reasons, or it was determined that an unforeseen additional service was necessary.
- Extenuating circumstances beyond the control of the rendering provider or facility that make it impractical to obtain or validate the existence of a precertification of coverage prior to rendering the service (e.g., natural disaster or Availity outage).

Products Impacted
This change only applies to **Medicare Advantage** subscribers.

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

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