

# PROVIDER BULLETIN

## PROVIDER INFORMATION

November 2, 2020

### **Update: eviCore is Changing Prior Authorization Guidelines used to Review Durable Medical Equipment and Post-Acute Care Services (Home Health Care, Inpatient Rehabilitation Facility, Long Term Acute Care Facility and Skilled Nursing Facility) for Medicare Advantage Subscribers**

To help ensure our members receive the highest quality of evidence-based care, eviCore will transition to using Milliman Care Guidelines for Durable Medical Equipment (DME) and Post-Acute Care (PAC) services (Home Health Care, Inpatient Rehabilitation Facility, Long Term Acute Care Facility and Skilled Nursing Facility Services).

In addition, Provider Bulletin P50R1-20 is being updated by changing the effective date from November 1, 2020 to January 1, 2021 for implementation of Milliman Care Guidelines for Durable Medical Equipment, Home Health Care (HHC), Inpatient Rehabilitation Facility (IRF), Long Term Acute Care Facility (LTAC) and Skilled Nursing Facility (SNF) services.

eviCore will begin applying Milliman Care Guidelines to the following services effective January 1, 2021:

- Durable Medical Equipment
- Home Health Care
- Inpatient Rehabilitation Facility
- Long Term Acute Care Facility
- Skilled Nursing Facility

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of Current Procedural Terminology (CPT) codes that require prior authorizations, eviCore clinical guidelines, and other provider resources on the eviCore Implementation Resources website.

#### **To view CPT Code lists:**

- Access the ‘Provider Section’ of the Blue Cross website at [providers.bluecrossmn.com](https://providers.bluecrossmn.com)
- Select “**Medical Policy**” under *Tools and Resources*, read and accept the Blue Cross Medical Policy Statement
- Under “Medical and Behavioral Health Policies” scroll down and click on the “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
- Select “**Solution Resources**” and then click on the appropriate solution (ex: Cardiology)
- Select “**CPT Codes**” to view the current CPT code list that require a prior authorization

#### **To view Clinical Guidelines:**

- Access the ‘Provider Section’ of the Blue Cross website at [providers.bluecrossmn.com](https://providers.bluecrossmn.com)
- Select “**Medical Policy**” under *Tools and Resources*, read and accept the Blue Cross Medical Policy Statement
- Under “Medical and Behavioral Health Policies” scroll down and click on the “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
- Click on the “**Resources**” dropdown in upper right corner
- Click “**Clinical Guidelines**”

- Select the appropriate solution: i.e. Cardiology & Radiology
- Type “**BCBS MN**” (space is important) in ‘Search by Health Plan’
- Click on the “**Current**”, “**Future**”, or “**Archived**” tab to view guidelines most appropriate to your inquiry

## **Products Impacted**

This change only applies to Medicare Advantage subscribers.

## **Prior Authorization Look Up Tool**

Providers should use the Prior Authorization Look Up Tool on the Availity Provider Portal to quickly determine if an authorization is required. By entering Member Group Number, Date of Service and Procedure Code, the tool will indicate whether an Authorization is required. If an Authorization is not required, the tool will allow the user to print the results for their records. If an Authorization is required, the user will move directly into the next field in Authorization application to complete the request.

This feature is accessible for lines of business managed by Blue Cross and will advise providers if Blue Cross or eviCore will review the request.

### **To access the Prior Authorization Look Up Tool:**

1. Log in at **Availity.com**
2. Select **Patient Registration**, choose **Authorizations & Referrals**, then **Authorizations**
3. Select Payer **BCBSMN**, your Organization, Transaction Type **Outpatient** and you will be redirected to the Authorization Look Up Tool application

### **To submit a Prior Authorization (PA) Request to eviCore**

Providers submit eviCore PA requests via the free [Availity](#) provider portal. There is no cost to the provider for using the portal.

Instructions on how to utilize this portal are found on the Availity website. Providers should reference the eviCore clinical guideline criteria, submit prior authorization requests via Availity, and submit all applicable clinical documentation with the PA request. Failure to submit required information may result in review delays or denial of the request due to insufficient information.

Note: An approved PA does not guarantee coverage under a subscriber’s benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

**If a provider does not obtain a required prior authorization before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.**

## **Questions?**

If you have questions and would like to speak to an eviCore representative call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.