PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

Note: Refer to Provider Bulletin P23R2-19 for updated info

October 1, 2019

Alignment of Start Date for Prior Authorization Requests

In an ongoing effort to simplify and ease provider administration related to the prior authorization processes for procedures, services, and DME, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be implementing changes to better align the Utilization Management process across vendors and lines of business. The information in this document replaces content published in Provider Bulletin P23-19.

The following changes will be implemented for commercial (fully and self-insured) and Medicare (Medicare Advantage and Platinum Blue) subscribers for Prior Authorization (PA) requests received on or after December 1, 2019:

- PA requests that are approved will begin the date the request was received by Blue Cross or eviCore, rather than the date of determination.

  Important note: The PA process is in place to determine when services meet medical necessity guidelines and are contractually eligible for coverage, prior to being rendered. Evidence based medical policy criteria and subscriber contract language are used to determine if benefits are available for the requested services. Providers who render a service that requires PA after the PA is submitted but before a determination is made are financially liable if the service is found to be not medical necessary. Requests for PA that do not meet medical necessity guidelines will be denied as of the date the determination is made. **Claims for denied services rendered after a PA is submitted but prior to the date of determination will be rejected for no PA and will not be billable to the subscriber.**

- Effective December 1, 2019, Blue Cross will no longer accept requests for retrospective review for procedures, services or DME that require PA, except where specified below.

  Retrospective review requests will only be accepted by Blue Cross for home health care services. When medically necessary and approved, the authorization for home health care will align with the proposed treatment plan. Retrospective review requests should only be submitted when PA cannot be done prior to the start of care and must be made prior to the date of claim submission. Services found to be not medically necessary upon retrospective review will be denied, and **rejected claims for these services will not be billable to the subscriber.**

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Bulletin P23R1-19.
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Effective December 1, 2019:

	Commercial and Medicare (Administered by Blue Cross)	Minnesota Health Care Programs	Commercial, Medicare (Administered by eviCore)
PA Start Date for Approved Services	Date of receipt	Date of receipt*	Date of receipt
Pre-claim Retrospective Review	Limited to home care	Not Available*	Limited to radiology & molecular lab*

*No change

Inpatient admissions processes are not impacted by this change.

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