

PROVIDER BULLETIN

PROVIDER INFORMATION

May 3, 2021

eviCore Healthcare Specialty Utilization Management (UM) Program – Musculoskeletal Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers

eviCore has released clinical guideline updates for the Musculoskeletal Management program. Guideline updates will become **effective July 1, 2021**.

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- CMM-200 Epidural Steroid Injections
- CMM-201 Facet Joint Injections/Medial Branch Blocks
- CMM-202 Trigger Point Injections
- CMM-203 Sacroiliac Joint Injections
- CMM-208 Radiofrequency Joint Ablations/Denervations
- CMM-209 Regional Sympathetic Blocks
- CMM-211 Spinal Cord Stimulators
- CMM-311: Knee Replacement Arthroplasty
- CMM-312: Knee Surgery Arthroscopic and Open Procedures
- CMM-313: Hip Replacement/Arthroplasty
- CMM-314: Hip Surgery- Arthroscopic and Open
- CMM-315: Shoulder Surgery- Arthroscopic and Open
- CMM-318: Shoulder Arthroplasty-Arthrodesis
- CMM-605: Cervical Microdiscectomy
- CMM-608: Lumbar Decompression
- CMM-609: Lumbar Fusion (Arthrodesis)
- CMM-610: Lumbar Total Disc Arthroplasty

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**
- 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: Musculoskeletal Management)
- 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**
- 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 the upper right corner
- Click “**Clinical Guidelines**”
- Select the appropriate solution: i.e. Musculoskeletal Management
- 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:

- Individual subscribers
- Fully insured commercial subscribers
- 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 **Authorization & 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 our 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.