

PROVIDER BULLETIN

PROVIDER INFORMATION



January 2, 2020

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

eviCore has released clinical guideline updates for the Musculoskeletal Management Program. Guideline updates will become **effective March 2, 2020**:

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- CMM 200 Epidural Steroid Injections
- CMM 311 Knee Replacement/Arthroplasty
- CMM 312 Knee Surgery-Arthroscopic and Open Procedures
- CMM 315 Shoulder Surgery-Arthroscopic and Open Procedures
- CMM 601 Anterior Cervical Discectomy and Fusion
- CMM 604 Posterior Cervical Decompression with or without Fusion
- CMM 606 Lumbar Microdiscectomy
- CMM 609 Lumbar Fusion
- CMM 611 Sacroiliac Joint Fusion or Stabilization

eviCore’s Musculoskeletal Management clinical guidelines are available on the Blue Cross and Blue Shield of Minnesota (Blue Cross) website at providers.bluecrossmn.com

- To access the link, select “**Medical Policy**” under **Tools and Resources**, read and accept the Blue Cross Medical Policy Statement
- Click on the “+” (plus) sign next to “**Medical and Behavioral Health Policies**”
- Click on “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
 - Click on the “**Resources**” dropdown in upper right corner
 - Click “**Clinical Guidelines**”
 - Select “**Musculoskeletal Management**” solution
 - Type “**BCBS MN**” (space is important) in ‘Search by Health Plan’
 - Click on “**Future**” tab to view guidelines becoming effective on March 2, 2019
 - Select desired document

Products Impacted

This change only applies to:

- Individual subscribers
- Fully insured commercial subscribers
- Medicare Advantage subscribers

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Distribution: Available online at: <https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications>

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Members who **do not require prior authorization through eviCore** are:

- Blue Cross Commercial Self-Insured Members
- Blue Cross Federal Employee Program (FEP) Members
- Blue Plus Minnesota Health Care Programs Subscribers (Families and Children (F&C), MNCare, MSC+), SecureBlue (MSHO)
- Blue Cross Platinum Blue and Senior Gold Members

Prior Authorization Look Up Tool

As previously communicated in Provider Quick Point QP59-19, 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'll be redirected to the Authorization Look Up Tool application

To submit a PA Request to eviCore

Providers submit eviCore PA requests via our free [Availity](#) provider portal.

Instructions on how to utilize this portal are found on the Availity website. Providers need to reference the eviCore clinical guideline criteria, submit prior authorization request 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.

As a reminder, 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.