

PROVIDER BULLETIN

PROVIDER INFORMATION



June 4, 2015

Medical Necessity Review Criteria Update for MHCP Subscribers

The purpose of the Bulletin is to inform you of changes to medical necessity criteria sources for Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) Minnesota Health Care Programs (MHCP) subscribers, which includes Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Senior Care Plus (MSC+) and SecureBlueSM (HMO SNP).

Medical necessity criteria change

Effective for dates of service on and after August 3, 2015, Blue Cross will primarily use McKesson InterQual[®] criteria for prior authorization for certain procedures and durable medical equipment.

For details about which guidelines are used for a specific procedure, please refer to the MN Government Programs prior authorization list available on our website. To access the Blue Cross Medical Policy Manual, go to our website at providers.bluecrossmn.com. Under Tools & Resources, select “Medical Policy”, read and accept the Blue Cross Medical Policy Statement, and then select “View All Active Policies.”

In addition to McKesson InterQual[®] criteria, Blue Cross continues to use other sources to evaluate services which may include:

- Minnesota Health Care Programs (MHCP) / Community-Based Services Manual (CBSM)
- Medicare Local and National Coverage Determinations
- Blue Cross Medical Policy

Blue Cross utilization management reviewers, peer reviewers, and appeals reviewers will utilize these tools to determine medical necessity of services.

McKesson InterQual[®] criteria are available for review, on a case-by-case basis, upon request. Contact provider services at the number below.

Questions?

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