

PROVIDER BULLETIN

PROVIDER INFORMATION



April 6, 2015

New Prior Authorization Requirement for Hip Arthroplasty and Hip Resurfacing

Effective June 1, 2015, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is implementing a prior authorization (PA) requirement for hip arthroplasty (hip replacement) and hip resurfacing procedures. Please see the details below for which products are impacted.

For **Commercial fully insured and self-insured products**, PA is required **ONLY** when **BOTH** of the following criteria are met:

1. The provider performing the hip arthroplasty **or** hip resurfacing is located in Minnesota or a bordering county; **AND**
2. The member is less than 60 years of age **or** 80 years of age or older

Federal Employee Program (FEP) members are excluded from this PA requirement.

For **Minnesota Health Care Programs (MHCP) members of Blue Advantage Prepaid Medical Assistance Program (PMAP) and MinnesotaCare**, PA is required **ONLY** when **BOTH** of the following criteria are met:

1. The member is under 60 years of age; **AND**
2. The provider is performing a hip arthroplasty (27130) only. McKesson InterQual criteria will be utilized.

No PA is needed for hip arthroplasty **or** hip resurfacing procedures for Platinum Blue and SecureBlue members.

Medical Policy IV-107

For a full description of the Blue Cross Medical Policy IV-107 for Hip Arthroplasty (Hip Replacement) and Hip Resurfacing, refer to the "Upcoming Policies" section of the Blue Cross Medical and Behavioral Health Policy Manual. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee which are effective 50 days from the date they were posted. To access the Manual, go to **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."

Policy changes are also communicated in the Provider Press, which is a quarterly publication that is posted on the website in March, June, September, and December. All Medical Policies reviewed by the Blue Cross Medical and Behavioral Health Policy Committee during the previous three months are listed under Medical and Behavioral Health Policy Updates. To access the Provider Press, go to **providers.bluecrossmn.com**. Under Forms & Publications, select "Provider Press" from the drop-down list of categories.

Some Reminders

Blue Cross and Blue Shield of Minnesota Medical Policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the Medical Policies.

Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its Medical Policies at any time without notice.

Questions?

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

Distribution: All participating providers impacted by the information in this bulletin
Bulletin P13-15

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

L08R04 (12/13)