

PROVIDER BULLETIN

PROVIDER INFORMATION



March 2, 2015

Elimination of Prior Authorization Requirements for Three Medical Policies

Effective April 20, 2015, Blue Cross and Blue Shield of Minnesota (Blue Cross) will eliminate the prior authorization requirements for three of our medical policies. Please see the information below for further details.

Elimination of prior authorization requirement for commercial (fully insured and self-insured) members for:

Blue Cross Medical Policy #IV-125: Cervical Fusion

Note: the prior authorization requirement still applies for cervical fusion for Minnesota Health Care Programs (MHCP) members. McKesson InterQual criteria for cervical fusion are used for MHCP members.

Elimination of prior authorization requirement for commercial (fully insured and self-insured) members and MHCP members for:

Blue Cross Medical Policy #II-87: Thrombopoietin Mimetic Agents for Treatment of Thrombocytopenia

Blue Cross Medical Policy #II-102: Treatment of Hereditary Angioedema with C1 Inhibitor

The above Blue Cross medical policies will be inactivated, as posted on January 29, 2015, in the “Upcoming Policies” section of the Medical Policy Manual. Please note that services performed still need to meet medically necessary criteria to be eligible for reimbursement.

Reminder

Policy changes are communicated in the Upcoming Policies section of the Blue Cross and Blue Shield of Minnesota 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 and 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.”

Questions?

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