

PROVIDER BULLETIN

PROVIDER INFORMATION



October 9, 2014

Medical Necessity 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.

Medical necessity criteria change

Effective December 1, 2014, Blue Cross may use various criteria to evaluate services submitted for prior authorization for MHCP subscribers.

This criteria may include the following:

- MHCP criteria where available
- Medicare Local and National Coverage Determinations (for SecureBlueSM (HMO SNP) subscribers only)
- McKesson 2014 InterQual Adult and Pediatric Criteria Set
- Blue Cross Medical Policy

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 at providers.bluecrossmn.com.

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

Criteria are available for review, on a case-by-case basis, upon request. The Blue Cross clinician who is communicating the results of the case review will be able to assist you with your questions.

Please note for commercial subscribers we will continue to use McKesson criteria along with Blue Cross Medical Policy.

Questions?

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