

PROVIDER BULLETIN

PROVIDER INFORMATION



September 9, 2014

Medical Necessity Criteria and Prior Authorization Updates for MHCP Subscribers

The purpose of this Bulletin is to inform you of changes to medical necessity criteria sources and prior authorization changes for Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) Minnesota Health Care Programs (MHCP) subscribers.

Medical necessity criteria change

Effective November 1, 2014, Blue Cross will use McKesson 2014 InterQual Adult and Pediatric Criteria Set for MHCP subscribers to evaluate selected services submitted for prior authorization.

Blue Cross utilization management reviewers, peer reviewers, and appeals reviewers will utilize this tool to determine medical necessity for the following service:

- Breast reduction for male breast enlargement (gynecomastia)

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

Other criteria that may be used for medical necessity review are Blue Cross Medical Policy, as well as MHCP and Medicare Local and National Coverage Determinations. 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.

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

Prior authorization requirement change

Effective November 1, 2014, prior authorization for MHCP subscribers will no longer be required for penile prostheses or otoplasty.

Questions ?

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