

PROVIDER BULLETIN

PROVIDER INFORMATION



August 6, 2014

Medical Necessity Criteria Update for MHCP Subscribers

The purpose of this Bulletin is to inform you that Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will begin using the McKesson 2014 InterQual Adult and Pediatric Criteria Set tool for Minnesota Health Care Programs (MHCP) subscribers to evaluate selected services submitted for prior authorization.

Effective October 1, 2014, clinicians, peer reviewers, and appeals reviewers will utilize this tool to determine medical necessity for all of the following services:

- Hysterectomy
- Esophogastric fundoplasty
- Arthroscopic knee debridement
- Chiropractic services (with MHCP guidelines)

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.

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.

Questions?

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