

PROVIDER BULLETIN

Provider information



May 3, 2013

Cervical spinal fusion pre-certification/pre-authorization review requirement

Blue Cross and Blue Shield of Minnesota (Blue Cross) will be implementing a pre-certification/pre-authorization requirement surrounding cervical spinal fusion procedures for **all** subscribers effective July 1, 2013. Subscribers having coverage with Blue Plus Government Programs (SecureBlueSM [HMO SNP], Blue Advantage [PMAP], Blue Plus [MinnesotaCare], Blue Advantage [MSC+]) already require pre-certification/pre-authorization for cervical spinal fusion.

The purpose of pre-certification/pre-authorization is to review services prior to being rendered to determine if the services are contractually eligible and medically necessary. Medical policy criteria and subscriber contract language is used to assist in determining if benefits are available for the requested service.

Pre-certification/pre-authorization for a service, device or drug **does not** in itself guarantee coverage, but notifies you that as described, the service, device or drug meets the criteria for medical necessity and appropriateness.

Medical policy information

Specifics of the medical policy requirements are outlined in the medical policy IV-125, Spinal Fusion: Cervical, which is available in the online Blue Cross Medical Policy Manual.

To access medical policy IV-125, Spinal Fusion: Cervical, go to **providers.bluecrossmn.com** and follow these steps:

1. Select “Medical policy” (under Tools and Resources)
2. Read and accept the Blue Cross medical policy statement
3. Select “View All Active Policies”
4. Select “Spinal Fusion: Cervical” from the alphabetical list of topics or use the “search” function to narrow the list

Pre-certification/pre-authorization

Providers can obtain pre-certification/pre-authorization by completing the Pre-Authorization Request form. To access the form, go to **providers.bluecrossmn.com** and select “Forms & publications” then “forms: precertification and preauthorization.” Fax the completed form along with evidence of medical necessity to **(651) 662-2810**. Blue Cross will use criteria set forth in Blue Cross medical policy IV-125 in conducting a medical necessity review.

Review requirements

Providers have a contractual obligation as noted in Chapter 4 of the online Blue Cross Provider Policy and Procedure Manual to adhere to care management programs.

Questions?

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