

Bulletin



December 8, 2010

Minnesota Health Care Program (MHCP) changes in chiropractic therapy and outpatient physical, occupational and speech therapy pre-authorization process

Effective January 15, 2011, all of the following services provided to MHCP members will require pre-authorization by Blue Plus:

- Chiropractic services beyond 12 visits per calendar year
- Physical therapy visits beyond 40 visits per calendar year
- Occupational therapy visits beyond 40 per calendar year
- Speech therapy visits beyond 50 per calendar year

These changes are consistent with changes in Minnesota statute regarding chiropractic and therapy services for MHCP members. Commercial lines of business are not impacted by this change.

Minnesota Health Care Programs affected

Product name	Group numbers
Blue Advantage (PMAP)	PP011, PP012, PP014, PP015, PP016, PP017, PP021, PP022, PP024, PP025, PP026, PP027, PP031, PP032, PP034, PP035, PP036, PP037
MinnesotaCare	PP111, PP112, PP151, PP152, PP121, PP122, PP131, PP132, PP141, PP142, PP161, PP162, PP163, PP164
Minnesota Senior Care Plus (MSC+)	PP041, PP042, PP044, PP051, PP052, PP054, PP055, PP056, PP057, PP061, PP062, PP064, PP071, PP072, PP074, PP075, PP076, PP077
SecureBlue SM (HMO)	All group numbers that begin with PP2

Documentation required

Pre-Authorization requests should be submitted 2 weeks in advance of reaching the visit threshold as listed above. Please fax your Blue Plus member requests to: **(651) 662-4022** or **1-866-800-1665**.

Please submit the following documentation when requesting an authorization:

Chiropractic services:

- Evaluation and diagnosis: Indicate how the subluxation diagnosis was determined
- Chief complaint: List member's current symptoms
- Assessment and treatment plan: Provide your physical assessment and treatment plan including when the member will be discharged, number of visits planned and frequency of visits planned
- Rationale for continued treatment: Provide evidence of member's improvement with chiropractic services and goals for further care
- The completed Chiropractic Medical Information Request form, available in the forms section of **providers**. bluecrossmn.com

Outpatient physical, occupational and speech therapy services:

- Initial evaluation
- Any additional evaluations
- Plan of Care including the following:
 - Member's diagnosis
 - Description of member's functional status / limitations
 - Treatment plan
 - Treatment goals (functional, measurable and time-specific)
 - Requested frequency and expected duration of treatment
 - Discharge plan
 - Member's progress toward goals
 - Ordering practitioner

Pre-Authorization process

The timeline for decisions is up to 10 business days. Decisions will be communicated via telephone or fax, and letter. Approvals are communicated via telephone with a letter as follow-up. Denials are communicated with a fax copy of the denial letter and a follow-up letter sent by mail.

MHCP coverage guidelines are followed for Minnesota Health Care Programs members. All services must be medically necessary for continued coverage.

Thank you for your continued commitment to our members.

Questions?

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