

BULLETIN

Blue Cross and Blue Shield of Minnesota
and Blue Plus

March 18, 2009

Blue Plus Minnesota Health Care Program (MHCP) changes in chiropractic authorization process

Effective May 1, 2009, Blue Plus and First Plan will require a prior authorization for chiropractic services beyond 24 visits for Minnesota Health Care Programs members. Commercial lines of business are not impacted by this change.

Minnesota Health Care Programs

Group numbers for the affected products are as follows:

Blue Plus

| Product name | Group numbers |
|-----------------------------------|--|
| Blue Advantage (PMAP & GAMC) | PP011, PP012, PP014, PP015, PP016, PP017, PP021, PP022, PP024, PP025, PP026, PP027, PP031, PP032, PP034, PP035, PP036, PP037, PP081, PP082, PP084, PP091, PP092, PP094 |
| 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 | All group numbers that begin with PP2 |
| CareBlue | All group numbers that begin with PP3 |

First Plan of Minnesota

| Product name | Group numbers |
|-----------------------------------|---|
| PMAP | All group numbers that begin with FPG04 |
| MinnesotaCare | All group numbers that begin with FPG10 |
| Minnesota Senior Care Plus (MSC+) | All group numbers that begin with FPG04 |
| MSHO – First Plan Blue MSHO | All group numbers that begin with FPG05 |
| SNBC – First Plan Blue Basic | All group numbers that begin with FPG06 |

Please route this bulletin to other interested staff.

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Documentation required

Prior authorization for visits beyond 24 should be submitted 2 weeks in advance of reaching the 24th visit. Please fax your Blue Plus member requests to: **(651) 662-6054** or **1-866-800-1665**. First Plan member requests should be faxed to **(218) 727-7250**. Documentation needs to include all of the following information:

- Evaluation and diagnosis: Indicate how the subluxation diagnosis was determined
- Chief complaint: List member's 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 planned
- Rationale for continued treatment: Provide evidence of member's improvement with chiropractic services

Prior authorization process

To initiate prior authorization complete the Chiropractic Medical Information Request Form found in the forms section of **bluecrossmn.com**. You may also submit supporting information from your chart records in addition to completing the form. All documentation needs to be legible.

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 with a fax copy of the denial letter and a follow-up letter sent by mail.

MHCP coverage guidelines are followed for Public 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 service at **(651) 662-5200** or **1-800-262-0820**. For First Plan members please contact provider service at **(218) 740-2336** or **1-800-584-9844**.