

# PROVIDER BULLETIN

## PROVIDER INFORMATION



**This Bulletin was revised on 7/26/16. Please see P28R1-16 for the revision.**

June 8, 2016

### Elimination of Prior Authorization Requirements for Select Services for Government Programs

Effective July 25, 2016, Blue Cross and Blue Shield of Minnesota (Blue Cross) will eliminate prior authorization (PA) requirements for a **select number of services** for Government program subscribers that have coverage through Prepaid Medical Assistance Program (PMAP), MinnesotaCare, MSC+ and SecureBlue (MSHO). This change does not impact subscribers that have coverage with a commercial (fully insured or self-insured), Federal Employee Program (FEP), or Platinum Blue plan as those lines of business have separate PA requirements. A bulletin containing PA changes for commercial lines of business is also being published. For further details see [providers.bluecrossmn.com](http://providers.bluecrossmn.com).

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring the highest quality, evidence based care for our members. Through the PA process, we can ensure evidence based care is provided to members, driving quality, safety, and affordability. Blue Cross's intent is not to burden providers with unnecessary or cumbersome authorizations if variation and quality are present.

**Effective July 25, 2016, the following services for Government Programs (PMAP, MinnesotaCare, MSC+ and SecureBlue) will no longer require a PA:**

Medical Policy Number or Criteria	Service Category
<b>Behavioral Health</b>	
X-26	Quantitative Electroencephalography (QEEG) or Brain Mapping for Mental or Substance Related Disorders
<b>Durable Medical Equipment</b>	
InterQual	Communication Devices
InterQual	Specialty Mattresses (Group 2 and 3)
<b>Medications</b>	
MHCP	Chelation Therapy
MHCP	Progesterone Therapy (Makena hydroxyprogesterone caproate)
<b>Procedures</b>	
II-33, II-46	Acne Treatment: Chemical Exfoliation & Cryotherapy
InterQual	Esophogastric Fundoplasty (e.g. Nissen)
IV-16	Genioplasty
InterQual	Hip Arthroplasty (Hip Replacement)
VII-25	Pelvic Floor Stimulator
IV-26	Subtalar Arthroereisis
InterQual	Surgical Treatment of Sleep Apnea (UPPP)

**Reminder regarding Medical Policy updates and changes:**

Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective 50 days from the date they were posted. To access the website, go to **providers.bluecrossmn.com**. Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement. The Upcoming Medical Policy Notifications section can be found by selecting the “+” (plus) sign next to “Medical and Behavioral Health Policies.”

**Please do not request PA for services not on the lists:**

The PA requirements vary between Blue Cross’s commercial plans, MN Government Programs plans, and Medicare plans; therefore, please carefully review the applicable policy related to the subscriber’s plan. Follow these steps to determine if a procedure for a Government Programs plan requires a PA:

1. Access the ‘Provider Section’ of the Blue Cross website at **providers.bluecrossmn.com**.
2. Under ‘Tools and Resources’ select ‘Medical policy’ then acknowledge the Acceptance Statement.
3. Click on the ‘+’ next to ‘Utilization Management’ and under the ‘Precertification Lists’ select the ‘MN Government Programs Pre-Certification/Pre-Authorization List.’

**Questions?**

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