

PROVIDER BULLETIN

PROVIDER INFORMATION



August 1, 2016

Revised: Changes to Prior Authorization Requirements for Select Services for Commercial Products

The information in this Bulletin replaces Provider Bulletin P27-16, which was published on June 8, 2016. The reason for this revision is because the list of services for commercial products that will no longer require a prior authorization (PA) has changed. There are three services that will continue to require a PA effective September 15, 2016. In Provider Bulletin P27-16, the three services below were listed as being excluded from requiring a PA effective July 25, 2016.

Effective September 15, 2016, reinstatement of services that will continue to require a PA for commercial products:

Medical/Procedures/Surgical (Inpatient or Outpatient)	
IV-126 (Medical Policy Number)	Sacroiliac Joint Fusion
IV-87 (Medical Policy Number)	Spinal Fusion (Lumbar)
Drugs & Injectables	
Contract Benefits	Infertility Injectable Medications

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

As stewards of healthcare expenditures for our subscribers, Blue Cross is 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 is reducing the number of services that will be prior authorized to a select set of services with known utilization variation and known utilization against evidence based standards.

A simpler, shorter PA list will make turn-around times faster and enhance both the subscriber and provider experience.

Effective July 25, 2016, the following services for commercial products will no longer require a PA:

Medical Policy Number or Criteria	Service Category
Radiology, Genetic Testing	
V-02	CT Colonography (Virtual Colonoscopy) (Imaging Services)
VI-19	Genetic Testing for Cardiac Ion Channelopathies (Congenital Long QT Syndrome)
Cosmetic Services	
Contract Benefits	Breast Augmentation
Contract Benefits	Cheek Implant (Malar Implants)
Contract Benefits	Chin Implant (Genioplasty/Mentoplasty)
Contract Benefits	Removal of Spider Angiomata

Contract Benefits	Salabrasion
Contract Benefits	Vaginal Rejuvenation Procedures
Dental	
IV-16	Orthognathic Surgery
II-07	Treatment for Temporomandibular Disorder (TMD)
Drugs & Injectables	
II-16	Botulinum Toxin Injections (only for chronic migraine headaches)
II-144	Cellular Immunotherapy for Prostate Cancer (Provenge®)
Medical/Procedures/Surgical (Inpatient or Outpatient)	
II-94	Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus
Contract Benefits	Infertility Treatments
II-50	Percutaneous Tibial Nerve Stimulation (PTNS)
IV-73	Rhinoplasty
II-19	Routine Care Related to Clinical Trials
IV-74	Spinal Cord Stimulation (for the trial stimulation and for the permanent implantation)

PA requirements change for outpatient therapies:

As originally communicated, effective July 25, 2016, the following outpatient therapy services for commercial products will change to require PA after 20 visits per calendar:

- Occupational Therapy – PA after 20 visits per calendar year
- Physical Therapy – PA after 20 visits per calendar year
- Speech Therapy – PA after 20 visits per calendar year

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 commercial 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 ‘Commercial Pre-Certification/Pre-Authorization List.’

Questions?

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