

PROVIDER BULLETIN

PROVIDER INFORMATION



October 26, 2016

Criteria Changes to Certain Services on the Prior Authorization List for MHCP Subscribers

Effective December 12, 2016, Minnesota Health Care Programs (MHCP) subscribers with Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Senior Care Plus (MSC+) and SecureBlue (MSHO) will have criteria changes to certain services on the prior authorization list. These changes do not impact subscribers who have coverage with a commercial (fully insured or self-insured), Federal Employee Program (FEP), or Platinum Blue product.

The following criteria will be used with the review types listed below.

Criteria used	Review type
BCBSMN II-166	General Anesthesia for Dental Services (Age 5 and over)
MHCP	Circumcisions
MHCP	Chiropractic Services: After 24 visits per calendar year
BCBSMN IV-74	Spinal Cord Stimulator – permanent placement only
Medicare and InterQual	MSHO/Secure Blue Skilled Nursing Facility -State of MN and bordering county providers (Medicare days only)

The following item will be removed from the prior authorization list:

Donor lymphocyte infusion for malignancies treated with an allogeneic hematopoietic stem cell transplant.

To access the full list of services that requires a prior authorization for MHCP subscribers follow the steps below:

1. Go to **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 '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**.