

PROVIDER QUICK POINTS

PROVIDER INFORMATION



July 26, 2018

eviCore Prior Authorization Reminder

Blue Cross and Blue Shield of Minnesota (Blue Cross) want to remind providers that effective August 1, 2018, eviCore Healthcare (specialty UM vendor, see Bulletin P25-18) will begin to review and process prior authorizations (PAs) for the following specialty utilization management (UM) services for fully insured commercial members:

- Lab Management (Molecular and genetic testing)
- Medical Oncology
- Radiation Therapy
- Radiology
- Cardiology (Advanced imaging and diagnostic services; implantable device services)
- Musculoskeletal (spine, large joint and interventional pain)
- Sleep Management (sleep apnea testing; treatment with sleep related DME)

The Availity portal should be used beginning July 23, 2018, to submit PA requests for dates of service on or after August 1, 2018. Requests for eviCore related services should be submitted directly to eviCore via **Availity.com**. Requests for eviCore reviewed services should not be faxed to Blue Cross. Requests that are faxed to Blue Cross in error could be delayed.

While a PA is required prior to the service being rendered, certain circumstances may make this difficult. Retrospective clinical review will be considered by Blue Cross and eviCore for up to 14 days after the date of service **and prior to the claim being submitted** in consideration of scenarios such as after-hours urgent situations. Retrospective authorization requests should be submitted online at **Availity.com**.

Note:

- Retrospective authorization requests will **not** be accepted for chemotherapy – reviewed by eviCore
- Genomic and Molecular Lab services will be accepted for up to 60 days from the date of specimen collection- reviewed by eviCore

It is important to note that a retrospective request defined by eviCore is a prior authorization request that was *NEVER* initiated prior to the date of service. A retrospective review is NOT the same as a post-decision change, which is when a request was submitted prior to the date of service but the procedure(s) changed after the approval was obtained. An example of a post-decision change would be: A prior authorization for a surgical procedure was approved on January 1, 2018. During the procedure, the surgeon needed to perform an additional procedure and/or a completely different procedure. The providers office will then need to **call** eviCore (1-844-224-0494), to request the change, and provide supporting clinical for review. The new procedure will then be reviewed, and a decision will be made. Although the procedure was already performed, because an authorization approval already existed, this is NOT a retrospective request.

QP59-18

Distribution: Available on providers.bluecrossmn.com. <https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications>

Continued

As a reminder, eviCore's medical policies will go into effect on August 1, 2018, for fully insured commercial members. Blue Cross medical policies will still apply for Blue Cross commercial self-insured members at this time.

To find a listing of all the group numbers that will be utilizing eviCore, the 2018 Commercial Network Guide has been updated with this information. To access the guide, go to **providers.bluecrossmn.com** and under "What's Inside" select "Education Center" then select "2018 Commercial Network Guide." You can also find it under "Tools and Resources", select "Medical Policy" and then acknowledge the Acceptance Statement, click on the "+" next to "Utilization Management", and select "see group numbers for members managed by eviCore" under the paragraph titled eviCore Healthcare Specialty Utilization Management.

Questions?

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