

PROVIDER BULLETIN

PROVIDER INFORMATION



November 1, 2018

New Acupuncture Update for Commercial Lines of Business-Effective January 1, 2019

Effective January 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will change the prior authorization (PA) requirement for Commercial lines of business related to acupuncture services related to medical policy (III-01-006) updated in October 2018.

Medically necessary acupuncture services will be limited to 20 visits per person per calendar year for all networks combined. No PA is required for the first 20 visits. After 20 visits, the benefit maximum will be reached, and additional claims will process as subscriber liability. This policy change applies to Fully Insured and select Self Insured (SI) groups with 2019 renewal dates. SI groups may have different benefit limits, and if a contract allows greater than 20 acupuncture visits per calendar year, PA after 20 visits will still apply.

Acupuncture services that are provided in a Chiropractic office will accumulate within both applicable Chiropractic and Acupuncture Service limitations for group plans that also include a limit on chiropractic services.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through expanded development of medical policies and through management of these policies to include the PA process. The primary purpose of the PA process is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

Products Impacted

- The information in this Bulletin applies to Commercial lines of business.
- The changes do not impact Government Programs lines of business (Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans), Federal Employee Program (FEP), Medicare Supplement (Senior Gold, Basic Medicare Blue and Extended Basic Blue), Medicare Advantage or Platinum Blue as those lines of business have separate PA requirements.

Submitting a PA Request when Applicable

Before submitting a PA request, Providers are asked to check applicable Blue Cross benefits and medical policy and **attach all required clinical documentation** with the request. PA requests will be reviewed when patient-specific, relevant medical documentation has been provided supporting the medical necessity of the service.

Questions?

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