

# PROVIDER BULLETIN

## PROVIDER INFORMATION

July 1, 2020

### **CMS Issued Prior Authorization Requirements for Certain Hospital Outpatient Department (OPD) Services—Effective July 1, 2020**

**7/13/20 Retraction: CMS mandate does not apply to Medicare Advantage or Platinum Blue lines of business. Please disregard this bulletin.**

The Centers for Medicare & Medicaid Services (CMS) is implementing a prior authorization program for certain hospital outpatient department (OPD) services for dates of service on or after July 1, 2020. CMS believes prior authorization for certain hospital OPD services will ensure that Medicare beneficiaries continue to receive medically necessary care while protecting the Medicare Trust Fund from improper payments and keeping the medical necessity documentation requirements unchanged for providers.

**The following prior authorization changes will be effective July 1, 2020:**

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
Medicare (A52837)	Blepharoplasty	No	New	Medicare Platinum Blue
Medicare (L33646 & A52837)	Botulinum Toxin Injections	No	New	Medicare Platinum Blue
BCBSMN IV-24	Panniculectomy/Excision of Redundant Skin or Tissue	No	New	Medicare Platinum Blue
BCBSMN IV-82	Liposuction	No	New	Medicare Advantage & Medicare Platinum Blue
Medicare (Benefit Policy Manual 100.2) & IV-73	Rhinoplasty and related services	No	New	Medicare Advantage & Medicare Platinum Blue
Medicare (L33575 & A52870)	Vein Ablation	No	New	Medicare Platinum Blue

For more information on these changes, see [CMS Prior Authorization for Certain Hospital Outpatient Department \(OPD\) Services](#).

### **Products Impacted**

The information in this bulletin applies **only** to subscribers who have coverage through Medicare Advantage and Medicare Platinum Blue lines of business.

## Submitting a PA Request when Applicable

- Providers may submit PA requests for any treatment in the above table starting June 26, 2020.
- Providers must check applicable Blue Cross policy and **attach all required clinical documentation** with the PA request. PA requests will be reviewed when patient-specific, relevant medical documentation has been submitted supporting the medical necessity of the service. Failure to submit required information may result in review delays or a denial of the request due to insufficient information to support medical necessity. If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.
- PA approval will be based on the Blue Cross policy criteria. To review Blue Cross criteria:
  - Go to [providers.bluecrossmn.com](http://providers.bluecrossmn.com)
  - Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
  - Select the “+” (plus) sign next to Medical and Behavioral Health Policies, then select “Blue Cross Blue Shield of Minnesota Medical Policies” to access policy criteria.
- Current and future PA requirements can be found using the *Is Authorization Required* tool in the Availity® portal prior to submitting a PA request. Prior Authorization Lists are also updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access the Prior Authorization Lists for all lines of business:
  - Go to [providers.bluecrossmn.com](http://providers.bluecrossmn.com)
  - Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
  - Select the “+” (plus) sign next to “Utilization Management” to access the Prior Authorization Lists.
- If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization. The requirement applies to subscribers starting therapy and to those already being treated with a therapy noted above.

## Prior Authorization Requests

- Participating providers must submit PA requests online via our free [Availity](#)® provider portal
- For medical drugs, PA’s can also be submitted using a [NCPDP](#) standard XML file feed to Blue Cross through CenterX, via an integrated Electronic Medical Record (EMR) system. To learn how to do this, providers should contact their EMR vendor for assistance.
- Out of state, non-contracted providers can submit a PA request to Blue Cross by either using the electronic processes above, the [fax form](#) located under the Forms & Publications section on the Blue Cross website, or their own PA form.

Note: An approved PA does not guarantee coverage under a subscriber’s benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

## Questions?

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