PROVIDER BULLETIN PROVIDER INFORMATION



January 3, 2022

Removal of Prior Authorization Requirement - Effective January 31, 2022

Upon review, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has determined that the following service is now consistently performed in alignment with evidence-based clinical guidelines for commercial and Medicare Advantage subscribers. As a result, Blue Cross will remove the prior authorization requirement to help improve administrative efficiencies for providers.

| Products | Criteria | Service | Codes |
|--------------------|------------------------|-------------------------|--|
| Commercial | InterQual [®] | Partial hospitalization | H0035 |
| | | | Revenue Codes: 0912, 0913 |
| Medicare Advantage | Medicare | Psychiatric partial | G0176, G0177, G0411, G0129, G0410, |
| | L33626 | hospitalization | 90791, 90792, 90785, 90832, 90833, |
| | (A56937) | | 90834, 90836, 90837, 90838, 90846, 90847 |

Note: Even when prior authorization is not required, coverage depends on the applicable evidence-based coverage criteria.

The above codes will no longer require prior authorization submissions effective January 31, 2022.

Products Impacted

The information in this bulletin applies only to commercial and Medicare Advantage products.

Questions?

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