Projected Implementation
of BPR-Browser Capability Related Enhancement

Regence

The projected dates may change depending upon new mandates and other related changes.

BPR – Browser Capabilities: http://www.onehealthport.com/sites/default/files/content-uploads/bpr/Posted%20-%20Browser%20Capabilities%20for%20Pre-Authorization%20and%20Admission%20Notification-8.23.pdf

BPR – Extenuating Circumstance: https://www.onehealthport.com/sites/default/files/content-uploads/bpr/PAExtenuatingCircumstances.pdf

BPR Enhancement	BPR Page#	Status: 'Completed' or Projected Implementation Date	Comments
For **Unlisted Procedures**, either • Perform a pre-service review upon request from provider, OR • Identify, on the web site, the Unlisted Procedures that require medical necessity review and provide link to supporting documentation requirements	11	**Complete**	Pre-service review is done upon request, even for Unlisted Procedures. All Unlisted Procedures are also listed in the Clinical Edits by Code list, found in the Claims and payment>Claims submission>Coding toolkit section.
Eliminate requirement for provider signature for an authorization request	14	**Complete**	
BPR – Extenuating Circumstance	All	**WAC 284-43-2060 implementation date is January 1, 2018**	
Link to supporting documentation requirements, for • New requests • Renewal or extension of current services (if different than new request)	10	**Complete**	All services that require pre-authorization are associated with a medical policy, which are all posted, and each of those policies includes supporting documentation requirements. Unlisted Procedures and documentation processing requirements are linked off the Pre-Authorization page under Clinical Edits by Code under 'Clinical Edits'.
Provide updated status information (online)	15-16	**Complete for Pharmacy**	

BPR Enhancement	BPR Page#	Status: 'Completed' or Projected Implementation Date 3Q-4Q2018 for Medical	Comments
Include information about 'Provider Administered Medications' and 'Provider Administration of Medications' on web site, similar to other medical services • Lookup • Specialty Pharmacy • Status Information	3-4, 6 8 9 15-16	**Complete**	
Identify when coverage for a service is dependent upon clinical requirement for previously tried services or diagnostic tests	10	**Complete**	Always listed within applicable criteria
• Identify services that require a medical review, separate from pre-auth • Able to request a pre-service authorization review of these services	9, 10 10	**Complete**	All services that require a medical necessity review are listed in the Coding Toolkit Pre-service review is done upon request, even for services that don't require a pre-authorization
For clinical information questions on the browser form – provide check list selection of answers and/or allow for complete entry of information	13	**N.A.**	Our online PA form doesn't ask any clinical questions.
• Identify any 'professional restrictions' associated with a service • On auth request form, include question(s) about these restrictions with check list of responses for which authorization will be considered.	9, 10 13	**N.A.**	
Posting non-patient specific excluded benefit information	8-9	**Complete**	Our Coding Toolkit specifies, by CPT and HCPCS code, the services that are: considered to be investigational, not a payable service, reviewed for medical necessity, considered not medically necessary, cosmetic (member responsibility), unlisted codes. Please see the lists under Clinical edits section:

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			https://www.regence.com/web/regence_provider/coding-toolkit Member Benefit exclusions and limitations are available to providers on web site. There is a separate document for each coverage policy.