

# PROVIDER BULLETIN

## PROVIDER INFORMATION



July 1, 2019

### Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements

Effective September 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be updating its government programs medical policy and pre-authorization/pre-certification/notification lists. The lists clarify medical policy, prior authorization, and notification requirements for the Minnesota Health Care Programs (Families and Children, MNCare, and MSC+) and Minnesota Senior Health Options (MSHO) products.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive appropriate, quality care while also maintaining overall costs. The prior authorization process ensures that the health service or drug being proposed is medically necessary, and reflective of evidence-based medicine and industry standards, prior to treatment. This process helps us manage the cost and quality of care appropriately for our members.

The following **new** policies and/or prior authorization requirements **will be applicable** to subscriber claims on or after **September 1, 2019**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
GENE.00050	Gene Expression Profiling for Coronary Artery Disease	Yes	No	No
SURG.00152	Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing	Yes	No	No
GENE.00045	Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers	No	Yes	Yes
BCBSMN IV-152	Transcatheter Mitral Valve Repair	Yes	Yes	Yes
CG-DRUG-60	Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications	Yes	Yes	Yes
ING-CC-0041	Complement Inhibitors (for ravulizumab [Ultomiris®] only)	Yes	Yes	Yes
ING-CC-0087	Gamifant (emapalumab-lzsg)	Yes	Yes	Yes
ING-CC-0088	Elzonris (tagraxofusp-ezrs)	Yes	Yes	Yes
ING-CC-0086	Spravato (esketamine) Nasal Spray	Yes	Yes	Yes

The following policies have transitioned to new policy numbers, with changes in clinical criteria, and **will be applicable** to subscriber claims on or after **September 1, 2019**.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
CG-SURG-99	MHCP	Panniculectomy and Abdominoplasty	Yes	Yes
DRUG.00088	MHCP	Atezolizumab (Tecentriq®)	Yes	Yes
BCBSMN IV-144	SURG.00095	Viscocalostomy and Canaloplasty for the Treatment of Glaucoma	No	No

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **September 1, 2019**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-ANC-07	Inpatient Interfacility Transfers	No	No
CG-DME-44	Electric Tumor Treatment Field (TTF)	Yes	Yes
CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Yes	Yes
CG-DRUG-68	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications	Yes	Yes
CG-DRUG-96	Ado-trastuzumab emtansine (Kadcyla®)	Yes	Yes
CG-GENE-01	Janus Kinase 2, CALR, and MPL Gene Mutation Assays	Yes	Yes
CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules	Yes	Yes
CG-GENE-05	Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy)	Yes	Yes
CG-MED-72	Hyperthermia for Cancer Therapy	Yes	Yes
CG-SURG-74	Total Ankle Replacement	Yes	Yes
DRUG.00053	Carfilzomib (Kyprolis®)	Yes	Yes
DRUG.00076	Blinatumomab (Blincyto®)	Yes	Yes
GENE.00007	Cardiac Ion Channel Genetic Testing	Yes	Yes
GENE.00010	Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	Yes	Yes
GENE.00017	Genetic Testing for Diagnosis and Management of Hereditary Cardiomyopathies (including arrhythmogenic right ventricular dysplasia/cardiomyopathy)	Yes	Yes
GENE.00043	Genetic Testing of an Individual's Genome for Inherited Diseases	Yes	Yes
MED.00053	Non-Invasive Measurement of Left Ventricular End Diastolic Pressure in the Outpatient Setting	No	No

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
MED.00101	Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)	No	No
SURG.00022	Lung Volume Reduction Surgery	Yes	Yes
SURG.00026	Deep Brain, Cortical, and Cerebellar Stimulation	Yes	Yes
SURG.00121	Transcatheter Heart Valve Procedures (for TAVR and TPVI only)	Yes	Yes
ING-CC-0083	Aristada Initio (aripiprazole lauroxil)	Yes	Yes
ING-CC-0067	Prostacyclin Infusion and Inhalation Therapy	Yes	Yes

The following policies have transitioned to new policy numbers, with no changes in clinical criteria, and **will continue to be applicable** to subscriber claims upon release.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
MED.00127	DRUG.00003	Chelation Therapy	Yes	Yes
MED.00128	DRUG.00034	Insulin Potentiation Therapy	No	No

### MCG Care Guidelines Update

Effective **September 1, 2019**, Amerigroup is upgrading to the MCG Care Guidelines 23rd Edition. With this upgrade, some MCG Criteria are being customized; view a summary of the customizations online ([https://medicalpolicies.amerigroup.com/noapplication/f1/s0/t0/pw\\_g356593.pdf](https://medicalpolicies.amerigroup.com/noapplication/f1/s0/t0/pw_g356593.pdf)).

As a reminder, Amerigroup licenses and utilizes MCG care guidelines for inpatient level of care to guide utilization management decisions. The five (5) products licensed include the following:

- **Inpatient & Surgical Care (ISC):** Manage, review, and assess people facing hospitalization or surgery proactively with nearly 400 condition-specific guidelines, goals, optimal care pathways, and other decision-support tools.
- **General Recovery Care (GRG):** Effectively manage complex cases where a single Inpatient & Surgical Care guideline or set of guidelines is insufficient, including the treatment of people with diagnostic uncertainty or multiple diagnoses.
- **Recovery Facility Care (RFC):** Coordinate an effective plan for transitioning people to skilled nursing facilities (SNFs) and inpatient rehabilitation facilities (IRFs).
- **Chronic Care (CC):** Evaluate needs, identify goals, develop personalized care plans, and support effective self-care. The modular design supports quick and efficient assessments and enables you to manage multiple comorbidities and behavioral health conditions.
- **Behavioral Health Care (BHG):** Provides evidence-based guidelines to help healthcare professionals guide the effective treatment of patients with psychiatric disorders.

Amerigroup has the right to customize MCG care guidelines based on determinations by its Medical Policy & Technology Assessment Committee (MPTAC).

## **Where do I find the current government programs Pre-Certification/Pre-Authorization/Notification list?**

Go to **providers.bluecrossmn.com**

- Under Tools & Resources, select “Medical Policy,” and read/accept the Blue Cross Medical Policy and UM Statement
- Click on the ‘+’ next to ‘Utilization Management’ and under the ‘Precertification Lists’ select the ‘MN Government Programs Pre-Certification/Pre-Authorization/Notification List’

**OR**

Go to **providers.bluecrossmn.com**

- Under Tools & Resources, select “Migration of Minnesota Health Care Programs”
- Click on the ‘+’ next to ‘Prior Authorizations’ and select the ‘Prior Authorization Grid (PDF)’

## **Where do I find the current government programs Medical Policy Grid?**

Go to **providers.bluecrossmn.com**

- Under Tools & Resources, select “Migration of Minnesota Health Care Programs”
- Click on the ‘+’ next to ‘Medical Policies’ and select the ‘MHCP Medical Policy Grid (PDF)’

## **Where can I access medical policies?**

- **MN DHS (MHCP) Policies:**  
[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_157386](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_157386)
- **Blue Cross Policies:**  
<https://www.bluecrossmn.com/providers/medical-policy-and-utilization-management>
- **Amerigroup Policies:**  
[https://medicalpolicies.amerigroup.com/am\\_search.html](https://medicalpolicies.amerigroup.com/am_search.html)

**AND**

<https://www.anthem.com/pharmacyinformation/clinicalcriteria>

**Please note that the Precertification Look Up Tool (PLUTO) will not be available for prior authorization look up.**

## **Questions?**

If you have questions, please contact Blue Cross Provider Services at **1-866-518-8448**.