

PROVIDER BULLETIN

PROVIDER INFORMATION



January 2, 2019

Updated Minnesota Health Care Programs (MHCP) and Minnesota Senior Health Options (MSHO) Medical Policies

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is updating utilization management (UM) requirements for MHCP (Blue Advantage Families and Children [F&C], Blue Plus MinnesotaCare and Blue Advantage Minnesota Senior Care Plus [MSC+]) and Minnesota Senior Health Options (MSHO).

As stewards of health care expenditures for subscribers, Blue Cross is charged with ensuring subscribers 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 prior authorization (PA) process.

The following updates have been made to the *Medical Policies* previously published via Provider Bulletin P53-18 on October 1, 2018, and Provider Bulletin P67-18 on November 1, 2018.

Please note that Federal and state guidelines, including Minnesota Health Care Program policies, supersede Amerigroup *Medical Policies* and *Clinical UM Guidelines*. A subset of PAs will continue to be enforced utilizing current Blue Cross policies and will also supersede Amerigroup *Medical Policies* and *Clinical UM Guidelines*.

The following Blue Cross policies **will continue to be applicable** to subscriber claims on or after January 1, 2019.

Blue Cross policy #	Blue Cross policy title
II-29	Intra-Articular Hyaluronan Injections for Osteoarthritis
II-144	Cellular Immunotherapy for Prostate Cancer
II-165	Lyme Disease: Diagnostic Testing and Intravenous Antibiotic Therapy
IV-74	Spinal Cord Stimulation
IV-87	Spinal Fusion: Lumbar
IV-95	Percutaneous Facet Joint Denervation
IV-126	Sacroiliac Joint Fusion
V-07	Magnetic Resonance Imaging (MRI) of the Breast
V-14	Computed Tomography Angiography (CTA) for Evaluation of Coronary Arteries
V-27	Positron Emission Tomography (PET)
VI-09	Genetic Testing
VI-48	Genetic Testing to Evaluate Patients with Developmental Delay/Intellectual Disability, Autism Spectrum Disorder, or Congenital Anomalies

The following Amerigroup policies have transitioned to new policy numbers and **will continue to be applicable** to subscriber claims on or after January 1, 2019, with no changes in clinical criteria.

New Amerigroup policy #	Prior Amerigroup policy #	Amerigroup policy title
CG-DRUG-108	DRUG.00064	Enteral Carbidopa and Levodopa Intestinal Gel Suspension
CG-DRUG-110	DRUG.00091	Naltrexone Implantable Pellets
CG-MED-74	MED.00051	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry
CG-MED-76	RAD.00019	Magnetic Source Imaging and Magnetoencephalography
CG-MED-77	RAD.00042	SPECT/CT Fusion Imaging
CG-MED-79	MED.00100	Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems
CG-SURG-82	SURG.00020	Bone Anchored and Bone Conduction Hearing Aids
CG-SURG-83	SURG.00024	Bariatric Surgery and Other Treatments for Clinically Severe Obesity
CG-SURG-84	SURG.00049	Mandibular/Maxillary (Orthognathic) Surgery
CG-SURG-85	SURG.00051	Hip Resurfacing
CG-SURG-86	SURG.00054	Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection
CG-SURG-87	SURG.00074	Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring
CG-SURG-88	SURG.00085	Mastectomy for Gynecomastia
CG-SURG-89	SURG.00090	Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia
CG-TRANS-03	TRANS.00018	Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation

The following Amerigroup policies **will continue to be applicable** to subscriber claims between January 1, 2019, and January 31, 2019, and can be found on the Blue Cross MHCP migration site.

Amerigroup policy #	Amerigroup policy title
CG-BEH-05	Eating and Feeding Disorder Treatment
CG-BEH-11	Mental Health Support Services
CG-BEH-14	Intensive In-Home Behavioral Health Services
BEH.00001	Opioid Antagonists Under Heavy Sedation or General Anesthesia as a Technique of Opioid Detoxification

The following MCG Guidelines **will be applicable** to subscriber claims on or after February 1, 2019.

MCG Guideline #	MCG Guideline title
ORG: B-005-AOP (BHG)	Bulimia Nervosa, Binge-Eating Disorder, and Other Specified Feeding or Eating Disorders: Acute Outpatient Care
ORG: B-005-IOP (BHG)	Bulimia Nervosa, Binge-Eating Disorder, and Other Specified Feeding or Eating Disorders: Intensive Outpatient Program
ORG: B-005-PHP (BHG)	Bulimia Nervosa, Binge-Eating Disorder, and Other Specified Feeding or Eating Disorders: Partial Hospital Program
ORG: B-005-RES (BHG)	Bulimia Nervosa, Binge-Eating Disorder, and Other Specified Feeding or Eating Disorders: Residential Care
ORG: B-010-AOP (BHG)	Other Psychiatric Disorders: Acute Outpatient Care
ORG: B-010-IOP (BHG)	Other Psychiatric Disorders: Intensive Outpatient Program
ORG: B-010-PHP (BHG)	Other Psychiatric Disorders: Partial Hospital Program
ORG: B-010-RES (BHG)	Other Psychiatric Disorders: Residential Care

MCG Guideline #	MCG Guideline title
ORG: W0152 (BHG)	Medication-Assisted Opioid Withdrawal
ORG: B-808-T (BHG)	Assertive Community Treatment

The following Amerigroup policies **will not be applicable** to subscriber claims on or after January 1, 2019, as they will be archived or are superseded by state guidelines, MHCP policies and/or Blue Cross policies.

Amerigroup policy #	Amerigroup policy title
CG-ADMIN-02	Clinically Equivalent Cost Effective Services — Targeted Immune Modulators
ADMIN.00007	Immunizations
CG-ANC-03	Acupuncture
CG-ANC-04	Ambulance Services: Air and Water
CG-ANC-05	Ambulance Services: Ground; Emergent
CG-ANC-06	Ambulance Services: Ground; Nonemergent
ANC.00006	Biomagnetic Therapy
CG-BEH-01	Assessment for Autism Spectrum Disorders and Rett Syndrome
CG-BEH-02	Adaptive Behavioral Treatment for Autism Spectrum Disorder
CG-BEH-03	Psychiatric Disorder Treatment
CG-BEH-04	Substance-Related and Addictive Disorder Treatment
CG-BEH-04	Substance-Related and Addictive Disorder Treatment
CG-BEH-13	Targeted Case Management
CG-BEH-15	Activity Therapy for Autism Spectrum Disorders and Rett Syndrome
CG-DME-03	Neuromuscular Stimulation in the Treatment of Muscle Atrophy
CG-DME-04	Electrical Nerve Stimulation, Transcutaneous, Percutaneous
CG-DME-05	Cervical Traction Devices for Home Use
CG-DME-06	Pneumatic Compression Devices for Lymphedema
CG-DME-07	Augmentative and Alternative Communication Devices/Speech-Generating Devices
CG-DME-08	Infant Home Apnea Monitors
CG-DME-09	Continuous Local Delivery of Analgesia to Operative Sites using an Elastomeric Infusion Pump During the Postoperative Period
CG-DME-10	Durable Medical Equipment
CG-DME-12	Home Phototherapy Devices for Neonatal Hyperbilirubinemia
CG-DME-13	Lower Limb Prosthesis
CG-DME-15	Hospital Beds and Accessories
CG-DME-16	Pressure Reducing Support Systems Groups 1, 2 and 3
CG-DME-18	Home Oxygen Therapy
CG-DME-19	Therapeutic Shoes, Inserts or Modifications for Individuals with Diabetes
CG-DME-20	Orthopedic Footwear
CG-DME-21	External Infusion Pumps for the Administration of Drugs in the Home or Residential Care Settings
CG-DME-22	Ankle-Foot and Knee-Ankle-Foot Orthotics (Braces)
CG-DME-23	Lifting Devices for Use in the Home
CG-DME-24	Wheeled Mobility Devices: Manual Wheelchairs — Standard, Heavy Duty and Lightweight
CG-DME-25	Seat Lift Mechanisms
CG-DME-26	Back-Up Ventilators in the Home Setting
CG-DME-30	Prothrombin Time Self-Monitoring Devices
CG-DME-31	Wheeled Mobility Devices: Wheelchairs — Powered, Motorized, With or Without Power Seating Systems, and Power Operated Vehicles
CG-DME-33	Wheeled Mobility Devices: Manual Wheelchairs — Ultra Lightweight

Amerigroup policy #	Amerigroup policy title
CG-DME-34	Wheeled Mobility Devices: Wheelchair Accessories
CG-DME-35	Breastfeeding Pumps
CG-DME-36	Pediatric Gait Trainers
CG-DME-37	Air Conduction Hearing Aids
CG-DME-40	Electrical Bone Growth Stimulation
CG-DME-41	Ultraviolet Light Therapy Delivery Devices for Home Use
CG-DME-42	Nonimplantable Insulin Infusion and Blood Glucose Monitoring Devices
CG-DME-43	High Frequency Chest Compression Devices for Airway Clearance
DME.00009	Vacuum Assisted Wound Therapy in the Outpatient Setting
DME.00011	Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices
DME.00012	Intrapulmonary Percussive Ventilation Devices for Airway Clearance
DME.00022	Functional Electrical Stimulation; Threshold Electrical Stimulation
DME.00027	Ultrasound Bone Growth Stimulation
DME.00032	Automated External Defibrillators for Home Use
DME.00034	Standing Frames
DME.00037	Cooling Devices and Combined Cooling/Heating Devices
DME.00038	Static Progressive Stretch and Patient-Actuated Serial Stretch Devices
DME.00039	Prefabricated Oral Appliances for the Treatment of Obstructive Sleep Apnea
CG-DRUG-03	Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis
CG-DRUG-11	Infertility Drugs
CG-DRUG-19	Progesterone Therapy as a Technique to Prevent Preterm Delivery in High-Risk Women
CG-DRUG-24	Repository Corticotropin Injection (H.P. Acthar [®] Gel)
CG-DRUG-31	Oncology Drug Treatment Regimens for Adults Note: At this time, this guideline is not implemented for medical benefit determinations
CG-DRUG-42	Asparagine Specific Enzymes (Asparaginase)
CG-DRUG-43	Natalizumab (Tysabri [®])
CG-DRUG-47	Level of Care: Specialty Pharmaceuticals
CG-DRUG-55	Elosulfase alfa (Vimizim [®])
CG-DRUG-65	Tumor Necrosis Factor Antagonists
CG-DRUG-69	Ustekinumab (Stelera [®])
CG-DRUG-73	Denosumab (Prolia [®] , Xgeva [®])
CG-DRUG-74	Canakinumab (Ilaris [®])
CG-DRUG-76	Plerixafor Injection (Mozobil [™])
CG-DRUG-81	Tocilizumab (Actemra [®])
CG-DRUG-83	Growth Hormone
CG-DRUG-84	Belimumab (Benlysta [®])
CG-DRUG-85	Tesamorelin (Egrifta [®])
CG-DRUG-87	Vedolizumab (Entyvio [®])
CG-DRUG-88	Dupilumab (Dupixent [®])
CG-DRUG-93	Sarilumab (Kevzara [®])
CG-DRUG-95	Belatacept (Nulojix [®])
CG-DRUG-97	Rilonacept (Arcalyst [®])
CG-DRUG-99	Elotuzumab (Empliciti [™])
CG-DRUG-100	Interferon gamma-1b (Actimmune [®])
DRUG.00006	Botulinum Toxin
DRUG.00015	Prevention of Respiratory Syncytial Virus Infections

Amerigroup policy #	Amerigroup policy title
DRUG.00024	Omalizumab (Xolair [®])
DRUG.00040	Abatacept (Orencia [®])
DRUG.00046	Ipilimumab (Yervoy [®])
DRUG.00050	Eculizumab (Soliris [®])
DRUG.00058	Pharmacotherapy for Hereditary Angioedema
DRUG.00071	Pembrolizumab (Keytruda [®])
DRUG.00074	Alemtuzumab (Lemtrada [®])
DRUG.00075	Nivolumab (Opdivo [®])
DRUG.00077	Monoclonal Antibodies to Interleukin-17A
DRUG.00078	Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors
DRUG.00080	Monoclonal Antibodies for the Treatment of Eosinophilic Conditions
DRUG.00081	Eteplirsen (Exondys 51 [™])
DRUG.00082	Daratumumab (DARZALEX [™])
DRUG.00087	Asfotase Alfa (Strensiq [™])
DRUG.00089	Daclizumab (Zinbryta [™])
DRUG.00090	Bezlotoxumab (ZINPLAVA [™])
DRUG.00093	Sebelipase alfa (KANUMA [™])
DRUG.00095	Ocrelizumab (Ocrevus [™])
DRUG.00099	Cerliponase Alfa (Brineura [™])
DRUG.00103	Abaloparatide (Tymlos [™]) Injection
DRUG.00104	Nusinersen (SPINRAZA [™])
DRUG.00107	Avelumab (Bavencio [®])
DRUG.00108	Edaravone (Radicava [®])
DRUG.00110	Inotuzumab ozogamicin (Besponsa [®])
DRUG.00116	Vestronidase alfa (Mepsevii [™])
DRUG.00118	Copanlisib (Aliqopa [®])
GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment
GENE.00021	Chromosomal Microarray Analysis for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies
GENE.00029	Genetic Testing for Breast and/or Ovarian Cancer Syndrome
GENE.00041	Genetic Testing to Confirm the Identity of Laboratory Specimens
CG-LAB-03	Tropism Testing for HIV Management
CG-LAB-09	Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain
CG-MED-08	Home Enteral Nutrition
CG-MED-21	Anesthesia Services and Moderate ("Conscious") Sedation
CG-MED-22	Neuropsychological Testing
CG-MED-23	Home Health
CG-MED-34	Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures
CG-MED-41	Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting
CG-MED-42	Maternity Ultrasound in the Outpatient Setting
CG-MED-52	Allergy Immunotherapy (Subcutaneous)
CG-MED-55	Level of Care: Advanced Radiologic Imaging
CG-MED-58	Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA and Cardiac MRI
CG-MED-60	Monitored Anesthesia Care and General Anesthesia for Cataract Surgery
CG-MED-71	Wound Care in the Home Setting
MED.00005	Hyperbaric Oxygen Therapy (Systemic/Topical)

Amerigroup policy #	Amerigroup policy title
MED.00024	Adoptive Immunotherapy and Cellular Therapy
MED.00055	Wearable Cardioverter Defibrillators
MED.00057	MRI Guided High Intensity Focused Ultrasound Ablation for Nononcologic Indications
MED.00077	In-Vivo Analysis of Gastrointestinal Lesions
MED.00081	Cognitive Rehabilitation
MED.00089	Quantitative Muscle Testing Devices
MED.00092	Automated Nerve Conduction Testing
MED.00096	Low-Frequency Ultrasound Therapy for Wound Management
MED.00106	Autologous Cellular Immunotherapy for the Treatment of Prostate Cancer
MED.00107	Medical and Other Nonbehavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome
MED.00110	Growth Factors, Silver-Based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting
MED.00120	Voretigene neparvovec-rzyl (Luxturna™)
CG-OR-PR-04	Cranial Remodeling Bands and Helmets (Cranial Orthotics)
CG-OR-PR-06	Spinal Orthoses: Thoracic-Lumber-Sacral (TLSO), Lumbar-Sacral (LSO), and Lumber
OR-PR.00003	Microprocessor Controlled Lower Limb Prosthesis
RAD.00002	Positron Emission Tomography and PET/CT Fusion
RAD.00036	MRI of the Breast
RAD.00046	Cerebral Perfusion Studies using Diffusion and Perfusion Magnetic Resonance Imaging
RAD.00061	PET/MRI
CG-REHAB-02	Outpatient Cardiac Rehabilitation
CG-REHAB-04	Physical Therapy
CG-REHAB-05	Occupational Therapy
CG-REHAB-06	Speech-Language Pathology Services
CG-REHAB-07	Skilled Nursing and Skilled Rehabilitation Services (Outpatient)
CG-REHAB-08	Private Duty Nursing in the Home Setting
CG-REHAB-10	Level of Care: Outpatient Physical Therapy, Occupational Therapy and
CG-SURG-09	Temporomandibular Disorders
CG-SURG-10	Ambulatory or Outpatient Surgery Center Procedures
CG-SURG-27	Sex Reassignment Surgery
CG-SURG-32	Pain Management: Cervical, Thoracic and Lumbar Facet Injections
CG-SURG-33	Lumbar Fusion and Lumbar Total Disc Arthroplasty
CG-SURG-38	Lumbar Laminectomy, Hemi-laminectomy, Laminectomy and/or Discectomy
CG-SURG-39	Pain Management: Epidural Steroid Injections
CG-SURG-42	Cervical Fusion
CG-SURG-43	Knee Arthroscopy
CG-SURG-45	Bone Graft Substitutes
CG-SURG-47	Surgical Interventions for Scoliosis and Spinal Deformity
CG-SURG-48	Elective Percutaneous Coronary Interventions
CG-SURG-50	Assistant Surgeons
CG-SURG-52	Level of Care: Hospital-Based Ambulatory Surgical Procedures, including Endoscopic Procedures
CG-SURG-53	Elective Total Hip Arthroplasty
CG-SURG-54	Elective Total Knee Arthroplasty
CG-SURG-60	Cervical Total Disc Arthroplasty
CG-SURG-65	Recombinant Human Bone Morphogenetic Protein

Amerigroup policy #	Amerigroup policy title
CG-SURG-66	Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)
CG-SURG-67	Treatment of Osteochondral Defects
CG-SURG-68	Surgical Treatment of Femoroacetabular Impingement Syndrome
CG-SURG-69	Meniscal Allograft Transplantation of the Knee
CG-SURG-79	Implantable Infusion Pumps
SURG.00014	Cochlear Implants and Auditory Brainstem Implants
SURG.00048	Panniculectomy and Abdominoplasty
SURG.00066	Percutaneous Neurolysis for Chronic Neck and Back Pain
SURG.00067	Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty
CG-TRANS-02	Kidney Transplantation
TRANS.00008	Liver Transplantation
TRANS.00009	Lung and Lobar Transplantation
TRANS.00010	Autologous and Allogeneic Pancreatic Islet Cell Transplantation
TRANS.00011	Pancreas Transplantation and Pancreas Kidney Transplantation
TRANS.00013	Small Bowel, Small Bowel/Liver and Multivisceral Transplantation
TRANS.00023	Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias
TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome
TRANS.00025	Laboratory Testing A181:B212 as an Aid in the Diagnosis of Heart Transplant Rejection
TRANS.00026	Heart/Lung Transplantation
TRANS.00027	Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors
TRANS.00028	Hematopoietic Stem Cell Transplantation for Hodgkin Disease and
TRANS.00029	Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias
TRANS.00030	Hematopoietic Stem Cell Transplantation for Germ Cell Tumors
TRANS.00031	Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors
TRANS.00033	Heart Transplantation
TRANS.00034	Hematopoietic Stem Cell Transplantation for Diabetes Mellitus

Amerigroup Medical Policy and Clinical UM Guideline definitions

Medical Policy

Developed to assess the following:

- New technologies
- New applications of an existing technology
- Experimental or investigational technologies
- Services with very limited specific clinical indications in order to qualify as a medically necessary service
- Services requiring scientific, evidence-based direction

CG= Clinical UM Guideline

Developed to assess the following:

- Existing, generally accepted technologies or services
- Services that are proven standards of care in the medical community; however, appropriateness and medical necessity of the technology or service may vary for different clinical indications
- Services listing detailed patient selection criteria for when the service is considered medically necessary
- Goal length of stay or place of service
- Level of care

To view the full *Medical Policy Grid* or determine PA requirements:

- Go to <https://www.bluecrossmn.com/healthy/public/personal/home/providers>.
- Select **Tools and Resources**.
- Select **Migration of Minnesota Health Care Programs**, and then **Medical Policies**.

How to locate *Medical Policies*:

- **MN DHS policies:**
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
 - Enter a specific *Medical Policy* name and hit enter or enter part of a policy, word or phrase to search.

Effective January 1, 2019, the **Precertification Lookup Tool** will not be available. In order to assist providers with the transition to Amerigroup *Medical Policies*, a PA listing at the CPT code level will be published on the MHCP migration site.

To access the PA listing:

- Go to <https://www.bluecrossmn.com/healthy/public/personal/home/providers>.
- Select **Tools and Resources**.
- Select **Migration of Minnesota Health Care Programs**, and then **Medical Policies**.

Amerigroup behavioral health (BH) policies:

BH policies effective January 1, 2019 through January 31, 2019 are located at:

<https://www.bluecrossmn.com/healthy/public/personal/home/providers>.

- Select **Tools and Resources**.
- Select **Migration of Minnesota Health Care Programs**, and then **Medical Policies**.

Effective February 1, 2019, BH policies will be managed via MCG Guidelines as listed above and previously communicated in the *December Behavioral Health Provider Bulletin*.