

PROVIDER BULLETIN

PROVIDER INFORMATION



WHAT'S INSIDE:

APRIL 1, 2020

Administrative Updates

- Reminder: Medicare Requirements for Reporting Demographic Changes (published in every monthly Bulletin) Page 2
- eviCore to Become Final Reviewer on Appeals for Commercial Members (Effective 6/1/20, P22-20) Page 2-3

Medical and Behavioral Health Policy Updates

- Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (Effective 4/18/20 and 5/16/20, P24-20) Page 3-4
- New Medical, Medical Drug and Behavioral Health Policy Management Updates (Effective 6/1/20, P23-20) Page 5-6

Minnesota Health Care Programs (MHCP) Updates

- Updated MHCP and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements (Effective 6/1/20, P21-20) Page 6-7

ADMINISTRATIVE UPDATES

Reminder: Medicare Requirements for Reporting Provider Demographic Changes

(article is published in every monthly Bulletin)

In accordance with Medicare requirements, Blue Cross is required to maintain accurate provider network directories for the benefit of our Subscribers. Blue Cross is hereby reminding all providers to submit a form to us whenever any of the following changes occur:

- Accepting new patients
- Demographic address and phone changes
- Office hours or other changes that affect availability
- Tax ID changes
- Practitioner additions or terminations
- Branch additions

Forms Location

Based on what change has occurred, submit the appropriate form located on our website at **providers.bluecrossmn.com**. Select “Administrative Updates” in the “What’s Inside” section to obtain instructions on completing the various forms or access the link below:

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

How do we submit changes?

Send the appropriate form via fax as indicated below:

Fax: 651-662-6684, Attention: Provider Data Operations

eviCore to Become Final Reviewer on Appeals for Commercial Members

(P22-20, published 4/1/20)

Effective June 1, 2020, eviCore Healthcare (eviCore) will assume final review on first level appeals submitted on behalf of a Blue Cross and Blue Shield of Minnesota (Blue Cross) or a Blue Plus member enrolled in a Commercial health care plan. This includes any member of an Individual/Family plan, Small Employer plan, or Fully Insured Large Group plan.

The transition of final review from Blue Cross to eviCore will authorize eviCore to make the final decision on medical necessity appeals for eviCore delegated services.

This change does not affect the process for handling second level appeals.

Submitting an eviCore First Level Appeal

The process to submit a first level eviCore appeal will not change. First level Post-service medical necessity appeals should continue to be submitted to Blue Cross. First level Pre-service appeals should continue to be sent directly to eviCore.

Pre-Service Appeals	Post-Service Appeals
Fax: UM Pre-service Appeals: 844-324-7007 Mail: eviCore Healthcare Attn: Appeals 400 Buckwalter Place Blvd Bluffton, SC 29910	Fax: Claims Appeals: 615-468-4469 Mail: Blue Cross and Blue Shield of Minnesota Attn: Consumer Service Center P.O. Box 982800 El Paso, TX 79998-2800

Changes to the Appeals Process

As a result of the new final review arrangement, providers will see the following changes to the appeals process.

- Correspondence regarding first level appeal determinations will come from eviCore.
- The appropriate eviCore contact information will be displayed on the appeal letters.
- Providers will call eviCore directly for first level appeal information and status checks of post-service medical necessity appeals.
- Requests for copies of the first level appeal determination letters will need to be directed to eviCore.

Questions?

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

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P24-20, published 4/1/20)

The eviCore Healthcare Utilization Management Program will be making the following updates to the Medical Oncology CPT® (Current Procedural Terminology) Prior Authorization (PA) Code List.

The following oncologic drugs already require PA through eviCore’s Medical Oncology program, but will have the following code changes **effective April 18, 2020:**

Drug	Deleted/Discontinued code(s)	Newly added code(s)
BCG	J9031	J9030

The following oncologic drugs already require PA through eviCore’s Medical Oncology program, but will have the following code changes **effective May 16, 2020:**

Drug	Deleted/Discontinued code(s)	Newly added code(s)
Bendamustine HCL - Belrapzo		J9036
Trastuzumab and hyaluronidase-oysk - Herceptin Hylecta	J3490, J3590	J9356
Trastuzumab-dttb - Ontruzant	J3490, J3590	Q5112
Trastuzumab-pkrb - Herzuma	J3490, J3590	Q5113
Trastuzumab-dkst -Ogivri	J3490, J3590, J9999	Q5114

Products Impacted

This change only applies to **fully insured commercial** and **Medicare Advantage** subscribers.

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of CPT codes that require prior authorization, eviCore clinical guidelines, and other provider resources on the eviCore Implementation Resources website.

To view CPT Code lists:

- Access the ‘Provider Section’ of the Blue Cross website at providers.bluecrossmn.com
- Select “**Medical Policy**” under *Tools and Resources*, read and accept the Blue Cross Medical Policy Statement
- Under “Medical and Behavioral Health Policies” scroll down and click on the “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
- Select “**Solution Resources**” and then click on the appropriate solution (ex: Medical Oncology)
- Select “**CPT Codes**” to view the current CPT code list that require a prior authorization

To view Clinical Guidelines:

- Access the ‘Provider Section’ of the Blue Cross website at providers.bluecrossmn.com
- Select “**Medical Policy**” under *Tools and Resources*, read and accept the Blue Cross Medical Policy Statement
- Under “Medical and Behavioral Health Policies” scroll down and click on the “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
- Click on the “**Resources**” dropdown in upper right corner
- Click “**Clinical Guidelines**”
- Select the appropriate solution: i.e. Medical Oncology
- Type “**BCBS MN**” (space is important) in ‘Search by Health Plan’
- Click on the “Current”, “Future”, or “Archived” tab to view guidelines most appropriate to your inquiry

To submit a Prior Authorization (PA) Request to eviCore

Providers submit eviCore PA requests via our free [Availity](#) provider portal. Instructions on how to utilize this portal are found on the Availity website.

Providers need to reference the eviCore clinical guideline criteria, submit prior authorization requests via Availity, and submit all applicable clinical documentation with the PA request. Failure to submit required information may result in review delays or denial of the request due to insufficient information.

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.
- Some of the Medical Oncology Drugs listed above may be approved by the Food and Drug Administration (FDA) for use treating non-oncology indications. To identify if a prior authorization for a drug for non-oncology use, please refer to the Prior Authorization Lists posted on the Blue Cross website. To access the Pre-Authorization Lists:
 - Go to providers.bluecrossmn.com
 - Select “Medical Policy” under Tools and Resources, read and accept the Blue Cross Medical Policy Statement
 - Review the lists under the “Utilization Management” section

Questions?

If you have questions, please contact eviCore provider service at **844-224-0494**.

New Medical, Medical Drug and Behavioral Health Policy Management Updates— Effective June 1, 2020 (P23-20, published 4/1/20)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding utilization management requirements, including prior authorization (PA) requirements.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they 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 PA process. The primary purpose of the PA process is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

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

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: <ul style="list-style-type: none"> Eptinezumab (Vyepi™) 	No	New	Commercial
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: <ul style="list-style-type: none"> Eptinezumab (Vyepi™) 	No	New	Medicare Advantage

Products Impacted

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

Submitting a PA Request when Applicable

- Providers may submit PA requests for any treatment in the above table starting May 25, 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
 - 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
 - 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.

Reminder Regarding Medical Policy Updates & Changes:

Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective at minimum 45 days from the date they were posted. To access the website:

- Go to 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" to see the Upcoming Medical Policy Notifications section

Questions?

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

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements (P21-20, published 4/1/20)

Effective June 1, 2020, 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, MinnesotaCare, and Minnesota Senior Care Plus) and Minnesota Senior Health Options (MSHO) products.

As stewards of health care expenditures for our members, 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 member claims on or after **June 1, 2020**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
CG-MED-46	Electroencephalography and Video Electroencephalographic Monitoring	No	Yes	Yes
CG-SURG-79	Implantable Infusion Pumps	Yes	Yes	Yes

The following policies have transitioned to new policy numbers, with changes in clinical criteria, and **will be applicable** to member claims on or after **June 1, 2020**.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
CG-DME-20 MHCP	MHCP	Orthopedic Footwear	Yes	Yes

The following prior authorization requirements will be removed and **will not be applicable** under the medical benefit plan to member claims on or after **June 1, 2020**. However, the policies will remain in effect.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
MHCP	Home Renal Dialysis	Yes	Yes
MHCP	Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment, Soft Tissue Grafting, and Regenerative Therapy	Yes	Yes

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

Go to <https://provider.publicprograms.bluecrossmn.com/minnesota-provider/resources/prior-authorization>

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

Go to <https://provider.publicprograms.bluecrossmn.com/minnesota-provider/resources/provider-manuals-and-guides>

Click on “Medical Policies and UM Guidelines”

Where can I access medical policies?

- **MN DHS (MHCP) Policies:**
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelecti onMethod=LatestReleased&dDocName=dhs16_157386
 - **Blue Cross Policies:**
<https://www.bluecrossmn.com/providers/medical-policy-and-utilization-management>
 - **Amerigroup Policies:**
<https://provider.publicprograms.bluecrossmn.com/minnesota-provider/medical-policies-and-clinical-guidelines>
- AND**
<https://www.anthem.com/pharmacyinformation/clinicalcriteria>

Please note that the Precertification Lookup Tool (PLUTO) is not available for prior authorization look up.

Questions?

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