

PROVIDER BULLETIN

PROVIDER INFORMATION



WHAT'S INSIDE:

August 1, 2019

Administrative Updates

- Reminder: Medicare Requirements for Reporting Demographic Changes (Published in every monthly Bulletin) Page 2
- Legacy Platform Runout Claims to be Paid by Check (Effective 10/14/19, P59-19) Page 2-3

Contract Updates

- Update: Precertification for Commercial Inpatient Admissions (Effective date 1/1/20, P54R1-19) Page 3
- New Reimbursement Policy for Bundled Services (Effective 10/1/19, P60-19) Page 3-4
- CMS Changing Payment Classification System for SNF Effective October 1, 2019 (Effective 10/1/19, P63-19) Page 4

Medical and Behavioral Health Policy Updates

- New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial Lines of Business (Effective 9/30/19, P62-19) Page 5-6

Minnesota Health Care Programs (MHCP) Updates

- MHCP Reimbursement Policy Updates (Effective date varies per policy, P65-19) Page 6-7
- Updated MHCP and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements (Effective 10/1/19, P66-19) Page 7-9

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

Legacy Platform Runout Claims to be Paid by Check (P59-19, published 8/1/19)

As previously communicated in Provider Bulletins P52-19 and P24-19, the decommissioning of Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) legacy claims processing systems will be initiated during the third quarter of 2019, with providers seeing runout claims processed using alternate reimbursement methodology as early as August 1, 2019.

It has been determined that the decommissioning of the legacy processing system will result in the inability to send payments via Electronic Funds Transfer (EFT). As a result, provider payments for runout claims will be paid via paper check to the billing address Blue Cross has on file at the time of processing. Blue Cross will start utilizing paper checks for legacy runout claims processed on or after October 14, 2019. This payment by check is temporary and limited to only the claims impacted by the sunset of the legacy platform and we anticipate that this volume will be very low. EFT will continue to apply to all claims processed under the new platform.

The impacted decommissioning claims and appeals are primarily for Minnesota Health Care Programs (Families and Children, MNCare, MSC+, MSHO) with dates of service prior to 2019, but may also include claims and appeals from other lines of business for earlier dates of service. Providers are encouraged to submit claims, including

replacement claims and appeals, as promptly as possible according to claim submission guidelines to ensure efficient and timely claim payment. All claims are subject to all other payment terms as outlined in the Agreement.

Questions?

If providers have any questions about overall reimbursement or the new operating system they can contact provider services at **(651) 662-5200** or **1-800-262-0820**.

CONTRACT UPDATES

Update: Precertification for Commercial Inpatient Admissions

(P54R1-19, published 8/1/19)

Note: The effective date of September 1, 2019, that was previously published in Provider Bulletin P54-19 is being postponed until January 1, 2020.

On June 3, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) announced a new policy requiring precertification for all planned, acute, inpatient admissions for commercial members, with an effective date of September 1, 2019.

The purpose of this policy is to help ensure our members are receiving appropriate care based on clinical review prior to the services being provided.

Blue Cross acknowledges and appreciates that process changes like this one may cause additional administrative work for providers. We value the longstanding relationships we have with our provider partners and we're dedicated to creating a seamless experience for all involved, while maintaining the ultimate goal of ensuring our members receive medically necessary care at an appropriate price.

In order to allow more time for necessary adjustments, the effective date for this policy has been **postponed until January 1, 2020**.

Additional details will be shared prior to implementation.

Questions?

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

New Reimbursement Policy for Bundled Services (P60-19, published 8/1/19)

Effective October 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will implement a new Bundled Services Reimbursement Policy. The policy is available in the provider section of the Blue Cross website located at **providers.bluecrossmn.com**. Go to the section titled, "Tools and Resources" and select "Reimbursement Policies".

The policy defines how Blue Cross reimburses services designated on the National Physician Fee Schedule (NPFS) Relative Value file with a Status B indicator.

Products Impacted

This policy only applies to subscribers who have coverage through Commercial and Medicare lines of business.

Coding Requirements Reminder

All coding and reimbursements are subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (e.g. HCPCS, CPT, ICD), only valid codes for the date of service may be submitted or accepted.

Questions?

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

HCPCS stands for Healthcare Common Procedure Coding System

CPT® (Current Procedural Terminology) is a registered trademark of the American Medical Association.

CMS Changing Payment Classification System for SNF Effective October 1, 2019

(P63-19, published 8/1/19)

Effective October 1, 2019, the Centers for Medicare & Medicaid Services (CMS) is transitioning from the Resource Utilization Group (RUG) rate payment classification to the Patient Driven Payment Model (PDPM). RUGs have historically been used for classifying skilled nursing facility (SNF) patients in a Medicare Part A covered stay. PDPM is a new case-mix classification system for classifying SNF patients in Medicare Part A covered stay. In accordance with Article XIII, B. of the Amendment to the Agreement - Medicare Programs, Blue Cross and Blue Shield of Minnesota (Blue Cross), effective October 1, 2019 will also begin utilizing the PDPM payment rate classification system to determine reimbursement for Medicare Health Services provided and billed by a SNF for those services that qualify.

Providers should submit the PDPM for Health Services using the Health Insurance Prospective Payment System (HIPPS) code that is generated from assessments with an Assessment Reference Date (ARD) on or after October 1, 2019. Blue Cross will publish additional information to assist providers as more details become available.

Products Impacted

This change only applies to:

- SecureBlue (MSHO)
- Medicare Advantage

Questions?

If you have questions for a member enrolled in a Minnesota Health Care Programs (MHCP) plan, please contact provider services at **1-866-518-8448**. Please contact provider services at **(651) 662-5200** or **1-800-262-0820** for all other questions.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial Lines of Business—Effective September 30, 2019 (P62-19, published 8/1/19)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding utilization management requirements for Commercial lines of business. This includes 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 September 30, 2019 for Commercial lines of business:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-230	Onasemnogene Abeparvovec (Zolgensma®)	Yes (Replacing policy II-173)	Continued	Commercial

Products Impacted

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

Submitting a PA Request when Applicable

- Before submitting a PA request, Providers are asked to check applicable Blue Cross policy and **attach all required clinical documentation** with the request. PA requests will be reviewed when patient-specific, relevant medical documentation has been provided supporting the medical necessity of the service. Failure to submit required information may result in review delays (if outreach is needed to obtain missing clinical information) or a denial of the request due to insufficient information. 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.
- Prior Authorization Lists are updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access 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.
- **Providers may submit PA requests for any treatment in the above table starting September 23, 2019.**

Providers can Submit an Electronic Prior Authorization (ePA) Request

- Online via our free [Avality](#) provider portal – for Blue Cross to review.
- 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 [Minnesota Uniform Form for PA Request and Formulary Exceptions](#) fax form located under the Forms section on the Blue Cross website, or their own PA form (secure fax: 651.662.2810).

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

Minnesota Health Care Programs (MHCP) Reimbursement Policy Updates

(P65-19, published 8/1/19)

The information below applies to MHCP members enrolled in the following programs:

- Families and Children
- Minnesota Care (MNCare)
- Minnesota Senior Care Plus (MSC+)
- Minnesota Senior Health Options (MSHO)

Professional Anesthesia Services

Blue Cross and Blue Shield of Minnesota (Blue Cross) has revised the Professional Anesthesia Services policy in response to feedback from the provider community. Modifiers QK, QX and QY will no longer take a 50% reduction upon adjudication. Anesthesia services provided by a Certified Registered Nurse Anesthetist have already had the reduction taken into account in the fee schedule development process. This policy will be retroactively effective to January 1, 2019.

Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service

Blue Cross has revised the Modifier 25 policy to include language indicating separate reimbursement for evaluation and management (E&M) services performed on the same day as a major surgery (90-day global period) are not allowed. This policy will be posted and effective October 1, 2019.

Questions?

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

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements (P66-19, published 8/1/19)

Effective October 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 **October 1, 2019**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
CG-MED-32	Ancillary Services for Pregnancy Complications	No	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 **October 1, 2019**.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
CG-OR-PR-02	MHCP	Prefabricated and Prophylactic Knee Braces	Yes	Yes
CG-OR-PR-03	MHCP	Custom-made Knee Braces	Yes	Yes
SURG.00023	MHCP; SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	Yes	Yes
BCBSMN II-230	BCBSMN II-173	Onasemnogene Apeparvovec (Zolgensma)	Yes	Yes

Behavioral Health (BH) Prior Authorization (PA) Claims Denial Update

Blue Cross recently identified that certain codes, which should not have required a PA for BH services, have denied for no PA. The codes listed below have been **removed** from requiring PA effective **April 1, 2019**.

An update to the system is in progress, and any claims that denied incorrectly for no PA will be reprocessed.

CPT Code	Description
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes
90901	Biofeedback training by any modality

The following prior authorization requirements will be removed and **will not be applicable** under the medical benefit plan to subscriber claims on or after **October 1, 2019**. However, the policies will remain in effect.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
DME.00030	Altered Auditory Feedback Devices for the Treatment of Stuttering	No	No
MED.00126	Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders	No	No
RAD.00053	Cervical and Thoracic Discography	No	No
SURG.00071	Percutaneous and Endoscopic Spinal Surgery	No	No

The following policies and prior authorization requirements will be archived and **will not be applicable** under the medical benefit plan to subscriber claims on or after **October 1, 2019**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
MHCP	Miscellaneous Services	Yes	Yes
CG-MED-61	Preoperative Testing for Low Risk Invasive Procedures and Surgeries	Yes	Yes
RAD.00065	Radiostereometric Analysis	No	Yes
CG-MED-66	Cryopreservation of Oocytes or Ovarian Tissue	Yes	Yes
ORG: W0153 (BHG)	Applied Behavioral Analysis (EIDBI)	Yes*	Yes*

* Applied Behavioral Analysis (EIDBI) will continue to require prior authorization under the medical benefit plan using MHCP policy.

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
- **Blue Cross Policies:**
<https://www.bluecrossmn.com/providers/medical-policy-and-utilization-management>
- **Amerigroup Policies:**
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**.