

# PROVIDER BULLETIN

## PROVIDER INFORMATION



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August 2, 2021

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# 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**

# CONTRACT UPDATES

## Urine Drug Testing Reimbursement Policy (P44-21, published 8/2/21)

On October 1, 2021, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will implement a new reimbursement policy requesting providers adhere to National Correct Coding Initiative (NCCI) Manual guidance, for reimbursement of presumptive and definitive urine drug testing to ensure these services are reported at the most specific coding levels and reimbursed accurately.

### Summary

As the cost of health care continues to rise, Blue Cross is committed to improving the sustainability of care by ensuring high-quality, appropriate care is delivered at a fair price and billed appropriately for the services provided to our members.

To that end, Blue Cross has implemented a new reimbursement policy to help ensure Urine Drug Testing (UDT) services are reimbursed accurately.

### Products Impacted

This policy only applies to commercial lines of business.

### Next steps for providers

Blue Cross will not initially deny or recoup UDT claims as a result of this reimbursement policy. Instead, claims containing less specific codes may be reviewed on a post-payment basis and additional documentation requested. The expectation is that use of the most specific codes improves billing accuracy.

**Providers are asked to:**

- Review the reimbursement policy
- Adjust internal policies and procedures to ensure alignment with this policy
- Comply with requests from Blue Cross for additional documentation when less specific codes are billed.

**Reimbursement policy**

- This is not a change in medical policy or member benefits, but a change in reimbursement policy. Reimbursement policies are updated on an ongoing basis and used by Blue Cross to define if and how certain claims will be paid for various health care services.
- Blue Cross will not be denying claims or recouping payment as a result of this reimbursement policy at this time.

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

**Behavioral Health Coding for Early Intensive Behavioral Intervention and Applied Behavioral Analysis (P45-21, published 8/2/21)**

Effective October 1, 2021, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will align with the 2019 American Medical Association Current Procedural Terminology (CPT) codes for Early Intensive Behavioral Intervention (EIBI) and Applied Behavioral Analysis (ABA) services. Based on CPT guidelines, Blue Cross will no longer be accepting CPT codes H2019, H2014, H2017, and H0032 beginning with dates of service October 1, 2021.

Information about behavioral health coding for EIBI can be referenced in Provider Quick Point number QP24-19 that was published on March 13, 2019.

**Products Impacted**

The information in this Bulletin applies only to subscribers who have coverage through commercial lines of business.

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

## **MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES**

**eviCore Healthcare Specialty Utilization Management (UM) Program – Sleep Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers (P46-21, published 8/2/21)**

eviCore has released clinical guideline updates for the Sleep Management program. Guideline updates will become effective **October 1, 2021**:

**Please review all guidelines when submitting a prior authorization request.**

**Guidelines with substantive changes:**

- Home Sleep Apnea Testing (HSAT) Indications
- Proper Uses of Polysomnography in Pediatric Patients

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of Current Procedural Terminology (CPT) codes that require prior authorizations, 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: Sleep Management)
- 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. Sleep Management
- 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

### Products Impacted

This change only applies to:

- Individual subscribers
- Fully insured commercial subscribers
- Medicare Advantage subscribers

### Prior Authorization Look Up Tool

Providers should use the Prior Authorization Look Up Tool on the Availity Provider Portal to quickly determine if an authorization is required. By entering Member Group Number, Date of Service and Procedure Code, the tool will indicate whether an Authorization is required. If an Authorization is not required, the tool will allow the user to print the results for their records. If an Authorization is required, the user will move directly into the next field in Authorization application to complete the request.

This feature is accessible for lines of business managed by Blue Cross and will advise providers if Blue Cross or eviCore will review the request.

### To access the Prior Authorization Look Up Tool:

1. Log in at **Availity.com**
2. Select **Patient Registration**, choose **Authorizations & Referrals**, then **Authorizations**
3. Select Payer **BCBSMN**, your Organization, Transaction Type **Outpatient** and you will be redirected to the Authorization Look Up Tool application

### To submit a Prior Authorization (PA) Request to eviCore

Providers submit eviCore PA requests via our free [Availity](#) provider portal. There is no cost to the provider for using the portal.

Instructions on how to utilize this portal are found on the Availity website. Providers should 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.

**As a reminder, if a provider does not obtain a required prior authorization before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.**

**Questions?** If you have questions and would like to speak to an eviCore representative call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.

## **New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective October 4, 2021** (P47-21, published 8/2/21)

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 October 4, 2021:**

<b>Policy #</b>	<b>Policy Title/ Service</b>	<b>New Policy</b>	<b>Prior Authorization Requirement</b>	<b>Line(s) of Business</b>
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: <ul style="list-style-type: none"> <li>• Ciltacabtagene autoleucel*</li> </ul>	No	New	Medicare Advantage
II-204	Emaplaumab (Gamifant™)	No <i>(Moving from LCD L33394)</i>	Continued	Medicare Advantage
II-226	Esketamine (Spravato™)	No <i>(Moving from LCD L33394)</i>	Continued	Medicare Advantage
II-250	Evinacumab (Evkeeza™)	No <i>(Moving from LCD L33394)</i>	Continued	Medicare Advantage
II-248	Lumasiran (Oxlumo™)	No <i>(Moving from LCD L33394)</i>	Continued	Medicare Advantage
II-241	Peanut allergen powder (Palforzia®)	No <i>(Moving from LCD L33394)</i>	Continued	Medicare Advantage
II-147	Pegloticase (Krystexxa®)	No <i>(Moving from LCD L33394)</i>	Continued	Medicare Advantage
II-102	Pharmacologic Therapies for Hereditary Angioedema <ul style="list-style-type: none"> <li>• C1 esterase inhibitors (Berinert®, Cinryze®, Ruconest®)</li> <li>• Ecallantide (Kalbitor®)</li> </ul>	No <i>(Moving from LCD L33394)</i>	Continued	Medicare Advantage

II-236	Romosozumab (Evenity®)	No (Moving from LCD L33394)	Continued	Medicare Advantage
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\*PA will be required upon FDA approval.

## Products Impacted

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

## Submitting a PA Request when Applicable

- **Providers may submit PA requests for any treatment in the above table starting September 27, 2021.**
- 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](http://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 pdf Prior Authorization Lists for all lines of business:
  - Go to [providers.bluecrossmn.com](http://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](http://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.

## eviCore Healthcare Specialty Utilization Management (UM) Program – Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers (P48-21, published 8/2/21)

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

The following drug has been added to the Medical Oncology program and will require prior authorization for oncologic reason **beginning October 1, 2021**.

Drug Name	Brand Name	Code(s)
asparaginase erwinia chrysanthemi (recombinant)-rywn	RYLAZE	C9399, J3490, J3590, J9999

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

### To view CPT Code lists:

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- 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: Laboratory Management)
- Select “**CPT Codes**” to view the current CPT code list that require a prior authorization

### To view Clinical Guidelines:

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- 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 the 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

### Products Impacted

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