PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

WHAT'S INSIDE: **JANUARY 2, 2020**

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**

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

New Medical, Medical Drug and Behavioral Health Policy Management Updates— Effective March 2, 2020 (P1-20, published 1/2/20)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding utilization management requirements for Commercial and Medicare Advantage 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 March 2, 2020 for Commercial and Medicare Advantage lines of business:

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: • Crizanlizumab (Adakveo®) • Givosiran (Givlaari™) • Romosozumab (Evenity™)	No	New	Commercial
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: • Crizanlizumab (Adakveo®) • Givosiran (Givlaari™) • Romosozumab (Evenity™) • Golodirsen (Vyondys 53™) • Teprotumumab	No	New	Medicare Advantage
L33394 A52452	Coverage for Drugs & Biologics for Label & Off-Label Uses: • Rituximab (Ruxience™) • Rituximab (Truxima®)	No	New *(Non-oncology indications only)*	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 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. 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 February 24, 2020.**

Providers can Submit an Electronic Prior Authorization (ePA) Request
- Online via our free [Availity](#) 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**.

Radiation Oncology Program Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P2-20, published 1/2/20)

eviCore has released clinical guideline updates for the Radiation Oncology program. Guideline updates will become **effective March 2, 2020**:

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:
- Image-Guided Radiation Therapy (IGRT)
- Cervical Cancer
- Endometrial Cancer
- Vulvar Cancer
- Skin Cancer
- Oligometastases

eviCore's Radiation Oncology clinical guidelines are available on the Blue Cross and Blue Shield of Minnesota (Blue Cross) website at **[providers.bluecrossmn.com](#)**

- To access the link, select "**Medical Policy**" under **Tools and Resources**, read and accept the Blue Cross Medical Policy Statement
- Click on the "+" (plus) sign next to "**Medical and Behavioral Health Policies**"

- Click on "**eviCore healthcare Specialty Utilization Management Clinical Guidelines**"link
  - Click on the "**Resources**" dropdown in upper right corner
  - Click "Clinical Guidelines"
  - Select **"Radiation Oncology"** solution
  - Type "**BCBS MN**" (space is important) in 'Search by Health Plan'
  - Click on "**Future**" tab to view guidelines becoming effective on March 2, 2019
  - Select desired document

Products Impacted

This change only applies to:

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

Members who **do not require prior authorization through eviCore** are:

- Blue Cross Commercial Self-Insured Members
- Blue Cross Federal Employee Program (FEP) Members
- Blue Plus Minnesota Health Care Programs Subscribers (Families and Children (F&C), MNCare, MSC+), SecureBlue (MSHO)
- Blue Cross Platinum Blue and Senior Gold Members

Prior Authorization Look Up Tool

As previously communicated in Provider Quick Point QP59-19, 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'll be redirected to the Authorization Look Up Tool application

To submit a 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 request 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.

Radiology Oncology Imaging Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P3-20, published 1/2/20)

eviCore has released clinical guideline updates for the Radiation Oncology Imaging program. Guideline updates became effective **October 8, 2019**:

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:
- ONC-19.1 Suspected Prostate Cancer
- ONC-19.4 Follow Up on Active Surveillance

e**viCore's Radiation Oncology Imaging clinical guidelines are available on the Blue Cross and Blue Shield of Minnesota (Blue Cross) website** at **providers.bluecrossmn.com**

- To access the link, select "**Medical Policy**" under **Tools and Resources**, read and accept the Blue Cross Medical Policy Statement
- Click on the "+" (plus) sign next to "**Medical and Behavioral Health Policies**"
- Click on "**eviCore healthcare Specialty Utilization Management Clinical Guidelines**"link
  - Click on the "**Resources**" dropdown in upper right corner
  - Click "Clinical Guidelines"
  - Select **"Radiology"** solution
  - Type "**BCBS MN**" (space is important) in 'Search by Health Plan'
  - Click on "**Current**" tab to view guidelines that became effective on October 8, 2019
  - Select desired document

Products Impacted

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- Individual subscribers
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- Medicare Advantage subscribers

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- Blue Cross Commercial Self-Insured Members
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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'll be redirected to the Authorization Look Up Tool application

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Lab Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P4-20, published 1/2/20)

eviCore has released updates to the following Lab Management Clinical Guidelines that will become **effective on March 2, 2020:**

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:
- VeriStrat Testing for NSCLC TKI Response
- Fragile X Associated Tremor/Ataxia Syndrome Testing
- BRAF Testing for Colorectal Cancer
- BRAF Testing for Melanoma Kinase Inhibitor Response
- BRCA Analysis
- Somatic Mutation Testing -Hematological Malignancies
- Myotonic Dystrophy Type 1 Genetic Testing
- Hemoglobinopathies Genetic Testing
- Hereditary Ataxia Multigene Panel Testing
- Friedreich Ataxia Genetic Testing
- Spinocerebellar Ataxia Genetic Testing
- Genetic Testing for Hereditary Pancreatitis
- Genitourinary Conditions Molecular Testing
- Multiple Endocrine Neoplasia Type 1 (MEN1)
- Spinal Muscular Atrophy Testing

The following new Proprietary Laboratory Analyses CPT® Codes have been added by the American Medical Association (AMA) and will require prior authorization (PA) **beginning March 2, 2020:**

Code	Description
81277	Cytogenomicneoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosityvariants for chromosomal abnormalities
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis

eviCore's Lab Management clinical guidelines are available on the Blue Cross and Blue Shield of Minnesota (Blue Cross) website at **providers.bluecrossmn.com**

- To access the link, select "**Medical Policy**" under **Tools and Resources**, read and accept the Blue Cross Medical Policy Statement
- Click on the "+" (plus) sign next to "**Medical and Behavioral Health Policies**"

- Click on "**eviCore healthcare Specialty Utilization Management Clinical Guidelines**" link
  - Click on the "**Resources**" dropdown in upper right corner
  - Click "Clinical Guidelines"
  - Select **"Lab Management"** solution
  - Type "**BCBS MN**" (space is important) in 'Search by Health Plan'
  - Click on "**Future**" tab to view guidelines becoming effective on March 2, 2019
  - Select desired document

Products Impacted
This change only applies to:
- Individual subscribers
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- Blue Cross Commercial Self-Insured Members
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Cardiology & Radiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P5-20, published 1/2/20)

eviCore has released clinical guideline updates for the Cardiology & Radiology program. Guideline updates will become **effective March 2, 2020**:

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:
- Adult Preface Imaging
- Adult Abdomen Imaging
- Adult Breast Imaging
- Adult Cardiac Imaging
- Adult Cardiac Implantable Devices
- Adult Chest Imaging
- Adult Head Imaging
- Adult Musculoskeletal Imaging
- Adult Neck Imaging
- Adult Oncology Imaging
- Adult Pelvis Imaging
- Adult Peripheral Vascular Imaging
- Adult Spine Imaging Guidelines
- Pediatric Abdomen Imaging
- Pediatric Cardiology Imaging
- Pediatric Chest Imaging
- Pediatric Head Imaging
- Pediatric Neck Imaging
- Pediatric Oncology Imaging
- Pediatric Pelvis Imaging
- Pediatric Peripheral Nerve Disorder
- Pediatric Spine Imaging

e**viCore's Cardiology & Radiology clinical guidelines are available on the Blue Cross and Blue Shield of Minnesota (Blue Cross) website** at **providers.bluecrossmn.com**
- To access the link, select "**Medical Policy**" under **Tools and Resources**, read and accept the Blue Cross Medical Policy Statement
- Click on the "+" (plus) sign next to "**Medical and Behavioral Health Policies**"

- Click on "**eviCore healthcare Specialty Utilization Management Clinical Guidelines**"link
  - Click on the "**Resources**" dropdown in upper right corner
  - Click "Clinical Guidelines"
  - Select **"Cardiology & Radiology"** solution
  - Type "**BCBS MN**" (space is important) in 'Search by Health Plan'
  - Click on "**Future**" tab to view guidelines becoming effective on March 2, 2019
  - Select desired document

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1. Log in at **Availity.com**
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3. Select Payer **BCBSMN**, your Organization, Transaction Type **Outpatient** and you'll be redirected to the Authorization Look Up Tool application

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Sleep Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P6-20, published 1/2/20)

eviCore has released clinical guideline updates for the Sleep Management program. Guideline updates will become **effective March 2, 2020**:
Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:
- Proper Uses of Polysomnography in Pediatric Patients
- Maintenance of Wakefulness Testing (MWT)
- In-Laboratory Polysomnography

e**viCore's Sleep Management clinical guidelines are available on the Blue Cross and Blue Shield of Minnesota (Blue Cross) website** at **providers.bluecrossmn.com**

- To access the link, select "**Medical Policy**" under **Tools and Resources**, read and accept the Blue Cross Medical Policy Statement
- Click on the "+" (plus) sign next to "**Medical and Behavioral Health Policies**"
- Click on "**eviCore healthcare Specialty Utilization Management Clinical Guidelines**"link
  - Click on the "**Resources**" dropdown in upper right corner
  - Click "Clinical Guidelines"
  - Select **"Sleep Management"** solution
  - Type "**BCBS MN**" (space is important) in 'Search by Health Plan'
  - Click on "**Future**" tab to view guidelines becoming effective on March 2, 2019
  - Select desired document

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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'll be redirected to the Authorization Look Up Tool application

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Musculoskeletal Management Program Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P7-20, published 1/2/20)

eviCore has released clinical guideline updates for the Musculoskeletal Management Program. Guideline updates will become **effective March 2, 2020**:

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:
- CMM 200 Epidural Steroid Injections
- CMM 311 Knee Replacement/Arthroplasty
- CMM 312 Knee Surgery-Arthroscopic and Open Procedures
- CMM 315 Shoulder Surgery-Arthroscopic and Open Procedures
- CMM 601 Anterior Cervical Discectomy and Fusion
- CMM 604 Posterior Cervical Decompression with or without Fusion
- CMM 606 Lumbar Microdiscectomy
- CMM 609 Lumbar Fusion
- CMM 611 Sacroiliac Joint Fusion or Stabilization

e**viCore's Musculoskeletal Management clinical guidelines are available on the Blue Cross and Blue Shield of Minnesota (Blue Cross) website** at **providers.bluecrossmn.com**

- To access the link, select "**Medical Policy**" under **Tools and Resources**, read and accept the Blue Cross Medical Policy Statement
- Click on the "+" (plus) sign next to "**Medical and Behavioral Health Policies**"
- Click on "**eviCore healthcare Specialty Utilization Management Clinical Guidelines**"link
    - Click on the "**Resources**" dropdown in upper right corner
    - Click "Clinical Guidelines"
    - Select **"Musculoskeletal Management"** solution
    - Type "**BCBS MN**" (space is important) in 'Search by Health Plan'
    - Click on "**Future**" tab to view guidelines becoming effective on March 2, 2019
    - Select desired document

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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**
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MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements (P8-20, published 1/2/20)

Effective March 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 [MNCare], and Minnesota Senior Care Plus) 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 **March 1, 2020**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
MED.00130	Surface Electromyography Devices for Seizure Monitoring	Yes	No	No
CG-MED-84	Non-Obstetric Gynecologic Duplex Ultrasonography of the Abdomen and Pelvis in the Outpatient Setting	Yes	No	No
ING-CC-0143	Polivy (polatuzumab vedotin-piiq)	Yes	Yes	Yes
MHCP	Lumoxiti (moxetumomab pasudotox-tdfk)	Yes	Yes	Yes
MHCP	Libtayo (cemiplimab-rwlc)	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 **March 1, 2020**.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
CG-GENE-12	GENE.00044	PIK3CA Mutation Testing	No	No
CG-MED-39	RAD.00004	Bone Mineral Density Testing Measurement	Yes	Yes
CG-SURG-78	CG-SURG-80 CG-THER-RAD-04	Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies	Yes	Yes
ING-CC-0142	MHCP	Somatuline Depot (lanreotide)	Yes	Yes
MHCP	MED.00110	Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment, Soft Tissue Grafting, and Regenerative Therapy	Yes	Yes

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **March 1, 2020**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-GENE-02	Analysis of RAS Status	Yes	Yes
CG-ANC-07	Inpatient Interfacility Transfers	No	No
CG-MED-68	Therapeutic Apheresis	No	No

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-SURG-83	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Yes	Yes
GENE.00046	Prothrombin (Factor II) Genetic Testing	No	No
GENE.00010	Panel Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	Yes	Yes
RAD.00023	Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications	Yes	Yes
SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	Yes	Yes
ING-CC-0017	Xiaflex (collagenase clostridium histolyticum)	Yes	Yes
ING-CC-0058	Ocreotide Agents	Yes	Yes
ING-CC-0023	Naglazyme (galsulfase)	Yes	Yes
ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Yes	Yes
ING-CC-0018	Lumizyme (alglucosidase alfa)	Yes	Yes
ING-CC-0003	Immunoglobulins	Yes	Yes
ING-CC-0061	GnRH Analogs for the treatment of non-oncologic indications	Yes	Yes
ING-CC-0021	Fabrazyme (agalsidase beta)	Yes	Yes
ING-CC-0051	Enzyme Replacement Therapy for Gaucher Disease	Yes	Yes
ING-CC-0025	Aldurazyme (laronidase)	Yes	Yes
ING-CC-0073	Alpha-1 Proteinase Inhibitor Therapy	Yes	Yes
ING-CC-0024	Elaprase (idursulfase)	Yes	Yes
ING-CC-0019	Zoledronic Acid Agents	Yes	Yes
ING-CC-0008	Subcutaneous Hormonal Implants (for estrogen implants only)	Yes	Yes
ING-CC-0130	Imfinzi (durvalumab)	Yes	Yes
ING-CC-0094	Alimta (pemetrexed disodium)	Yes	Yes
ING-CC-0002	Colony Stimulating Factor Agents	Yes	Yes
ING-CC-0001	Erythropoiesis Stimulating Agents	Yes	Yes
ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Yes	Yes
ING-CC-0114	Jevtana (cabazitaxel)	Yes	Yes
ING-CC-0106	Erbitux (cetuximab)	Yes	Yes
ING-CC-0105	Vectibix (panitumumab)	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ING-CC-0099	Abraxane (paclitaxel, protein bound)	Yes	Yes
ING-CC-0075	Rituximab Agents for Non-Oncology Indications	Yes	Yes
ING-CC-0041	Complement inhibitors (for ravulizumab [Ultomiris] only)	Yes	Yes
ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Yes	Yes
ING-CC-0082	Onpattro (patisiran)	Yes	Yes
ING-CC-0031	Intravitreal Corticosteroid Implants	Yes	Yes
TRANS.00035	Non-Hematopoietic Adult Stem Cell Therapy	No	No

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

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
GENE.00009	Gene-Based Tests for Screening, Detection, and Management of Prostate Cancer	Yes	Yes
LAB.00011	Analysis of Proteomic Patterns	Yes	Yes
RAD.00038	Use of 3-D, 4-D, or 5-D Ultrasound in Maternity Care	Yes	Yes
GENE.00010	Panel Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	Yes	Yes
GENE.00023	Gene Expression Profiling of Melanomas	Yes	Yes
SURG.00052	Percutaneous Vertebral Disc and Vertebral Endplate Procedures	Yes	Yes

The following policies and/or prior authorization requirements will be archived and **will not be applicable** under the medical benefit plan to subscriber claims on or after **March 1, 2020**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
MED.00041	Microvolt T-Wave Alternans	No	No
RAD.00040	PET Scanning Using Gamma Cameras	Yes	Yes
ING-CC-0016	Vivitrol Injections for the Treatment of Alcohol and Opioid Dependence	Yes	Yes
ING-CC-0026	Testosterone Injectable	Yes	Yes
MHCP	Corticotropin	Yes	Yes
MHCP	Interferon beta-1a	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
MHCP	Interferon beta-1b	Yes	Yes

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 Lookup 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**.