

PROVIDER BULLETIN

PROVIDER INFORMATION



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July 1, 2019

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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

Update: Professional Liability (Malpractice) Coverage Requirements

(P1R1-19, published 5/1/19, 6/3/19 and 7/1/19)

The information in this Provider Bulletin replaces Professional Liability (Malpractice) Coverage Requirements Bulletin P1-19 published on January 2, 2019.

In Bulletin P1-19, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) announced that effective July 1, 2019, professional liability (malpractice) insurance coverage requirements were changing for participating providers. Blue Cross has since made the decision to postpone any changes to these requirements until further review on the topic.

Therefore, the current requirements for all participating providers to continuously maintain professional liability (malpractice) coverage in the amount of \$1 million per incident and \$3 million aggregate, unless the practitioner or provider is covered by a State or Federal Tort Claim liability statute, i.e., Minnesota State Statute Section 3.736 remain. Common Carrier and Special Transportation providers are required to carry automobile insurance liability coverage of no less than \$1 million per incident and \$3 million aggregate.

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

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial and Medicare Advantage Lines of Business (P57-19, published 7/1/19)

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 September 2, 2019 for Commercial 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: <ul style="list-style-type: none"> Brexanolone (Zulresso™) | No | New | Commercial |

In addition, the following prior authorization changes will be effective July 1, 2019 for Medicare Advantage lines of business due to superseding National Coverage Determination (NCD) criteria. *This is intended to clarify the Medicare policies currently used for prior authorization:*

| Policy # | Policy Title/ Service | New Policy | Prior Authorization Requirement | Line(s) of Business |
|-----------|-----------------------------|---|---------------------------------|---------------------|
| NCD 260.1 | Adult Liver Transplantation | No <i>(Used in addition to IV-128)</i> | Continued | Medicare Advantage |
| NCD 260.3 | Pancreas Transplants | No <i>(Used in addition to IV-128)</i> | Continued | Medicare Advantage |
| NCD 260.9 | Heart Transplants | No <i>(Used in addition to IV-128)</i> | Continued | Medicare Advantage |

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

- 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.
- **For PA requirements effective September 2, providers may submit PA requests for any treatment in the above table starting August 26, 2019.**

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.

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements (P58-19, published 7/1/19)

Effective September 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 **September 1, 2019**.

| Policy # | Policy Name | New Policy | Prior Authorization Required | |
|---------------|--|------------|------------------------------|------|
| | | | Medicaid | MSHO |
| GENE.00050 | Gene Expression Profiling for Coronary Artery Disease | Yes | No | No |
| SURG.00152 | Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing | Yes | No | No |
| GENE.00045 | Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers | No | Yes | Yes |
| BCBSMN IV-152 | Transcatheter Mitral Valve Repair | Yes | Yes | Yes |
| CG-DRUG-60 | Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications | Yes | Yes | Yes |
| ING-CC-0041 | Complement Inhibitors (for ravulizumab [Ultomiris®] only) | Yes | Yes | Yes |
| ING-CC-0087 | Gamifant (emapalumab-lzsg) | Yes | Yes | Yes |
| ING-CC-0088 | Elzonris (tagraxofusp-ezrs) | Yes | Yes | Yes |
| ING-CC-0086 | Spravato (esketamine) Nasal Spray | 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 **September 1, 2019**.

| New Policy # | Prior Policy # | Policy Name | Prior Authorization Required | |
|---------------|----------------|---|------------------------------|------|
| | | | Medicaid | MSHO |
| CG-SURG-99 | MHCP | Panniculectomy and Abdominoplasty | Yes | Yes |
| DRUG.00088 | MHCP | Atezolizumab (Tecentriq®) | Yes | Yes |
| BCBSMN IV-144 | SURG.00095 | Viscocalanostomy and Canaloplasty for the Treatment of Glaucoma | No | No |

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **September 1, 2019**.

| Policy # | Policy Name | Prior Authorization Required | |
|------------|---|------------------------------|------|
| | | Medicaid | MSHO |
| CG-ANC-07 | Inpatient Interfacility Transfers | No | No |
| CG-DME-44 | Electric Tumor Treatment Field (TTF) | Yes | Yes |
| CG-DRUG-50 | Paclitaxel, protein-bound (Abraxane®) | Yes | Yes |
| CG-DRUG-68 | Bevacizumab (Avastin®) for Non-Ophthalmologic Indications | Yes | Yes |
| CG-DRUG-96 | Ado-trastuzumab emtansine (Kadcyla®) | Yes | Yes |
| CG-GENE-01 | Janus Kinase 2, CALR, and MPL Gene Mutation Assays | Yes | Yes |
| CG-GENE-04 | Molecular Marker Evaluation of Thyroid Nodules | Yes | Yes |
| CG-GENE-05 | Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy) | Yes | Yes |
| CG-MED-72 | Hyperthermia for Cancer Therapy | Yes | Yes |
| CG-SURG-74 | Total Ankle Replacement | Yes | Yes |
| DRUG.00053 | Carfilzomib (Kyprolis®) | Yes | Yes |
| DRUG.00076 | Blinatumomab (Blincyto®) | Yes | Yes |
| GENE.00007 | Cardiac Ion Channel Genetic Testing | Yes | Yes |
| GENE.00010 | Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status | Yes | Yes |
| GENE.00017 | Genetic Testing for Diagnosis and Management of Hereditary Cardiomyopathies (including arrhythmogenic right ventricular dysplasia/cardiomyopathy) | Yes | Yes |

| Policy # | Policy Name | Prior Authorization Required | |
|-------------|---|------------------------------|------|
| | | Medicaid | MSHO |
| GENE.00043 | Genetic Testing of an Individual's Genome for Inherited Diseases | Yes | Yes |
| MED.00053 | Non-Invasive Measurement of Left Ventricular End Diastolic Pressure in the Outpatient Setting | No | No |
| MED.00101 | Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s) | No | No |
| SURG.00022 | Lung Volume Reduction Surgery | Yes | Yes |
| SURG.00026 | Deep Brain, Cortical, and Cerebellar Stimulation | Yes | Yes |
| SURG.00121 | Transcatheter Heart Valve Procedures (for TAVR and TPVI only) | Yes | Yes |
| ING-CC-0083 | Aristada Initio (aripiprazole lauroxil) | Yes | Yes |
| ING-CC-0067 | Prostacyclin Infusion and Inhalation Therapy | Yes | Yes |

The following policies have transitioned to new policy numbers, with no changes in clinical criteria, and **will continue to be applicable** to subscriber claims upon release.

| New Policy # | Prior Policy # | Policy Name | Prior Authorization Required | |
|--------------|----------------|------------------------------|------------------------------|------|
| | | | Medicaid | MSHO |
| MED.00127 | DRUG.00003 | Chelation Therapy | Yes | Yes |
| MED.00128 | DRUG.00034 | Insulin Potentiation Therapy | No | No |

MCG Care Guidelines Update

Effective **September 1, 2019**, Amerigroup is upgrading to the MCG Care Guidelines 23rd Edition. With this upgrade, some MCG Criteria are being customized; view a summary of the customizations online (https://medicalpolicies.amerigroup.com/noapplication/f1/s0/t0/pw_g356593.pdf).

As a reminder, Amerigroup licenses and utilizes MCG care guidelines for inpatient level of care to guide utilization management decisions. The five (5) products licensed include the following:

- **Inpatient & Surgical Care (ISC):** Manage, review, and assess people facing hospitalization or surgery proactively with nearly 400 condition-specific guidelines, goals, optimal care pathways, and other decision-support tools.
- **General Recovery Care (GRG):** Effectively manage complex cases where a single Inpatient & Surgical Care guideline or set of guidelines is insufficient, including the treatment of people with diagnostic uncertainty or multiple diagnoses.
- **Recovery Facility Care (RFC):** Coordinate an effective plan for transitioning people to skilled nursing facilities (SNFs) and inpatient rehabilitation facilities (IRFs).

- **Chronic Care (CC):** Evaluate needs, identify goals, develop personalized care plans, and support effective self-care. The modular design supports quick and efficient assessments and enables you to manage multiple comorbidities and behavioral health conditions.
- **Behavioral Health Care (BHG):** Provides evidence-based guidelines to help healthcare professionals guide the effective treatment of patients with psychiatric disorders.

Amerigroup has the right to customize MCG care guidelines based on determinations by its Medical Policy & Technology Assessment Committee (MPTAC).

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**.