

PROVIDER BULLETIN

PROVIDER INFORMATION

WHAT'S INSIDE:

July 1, 2021

Administrative Updates

- Reminder: Medicare Requirements for Reporting Demographic Changes (published in every monthly Bulletin) Page 2
- Outpatient Dialysis Notification – Requirement Change (Effective 8/1/21, P37-21) Page 2

Contract Updates

- Update: Change in Liability for Members of Other Blue Plans (Effective 4/19/21, P7R1-21) Page 3

Medical and Behavioral Health Policy Updates

- New Medical, Medical Drug and Behavioral Health Policy Management Updates (Effective 8/30/21, P40-21) Page 3-5
- eviCore Healthcare Specialty Utilization Management Program Radiation Oncology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers (Effective 9/1/21, P41-21) Page 5-7
- eviCore Healthcare Specialty Utilization Management Program Cardiology and Radiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers (Effective 9/1/21, P42-21) Page 7-9
- Prior Authorization Requirements for Respiratory DME and Home Health to be Reinstated (Effective 8/15/21, P43-21) Page 9

Minnesota Health Care Programs (MHCP) Updates

- Updated MHCP and SecureBlue Prior Authorization and Medical Policy Requirements (Effective 9/1/21, P38-21) Page 9-15
- Enforcement of CG-LAB-11 Screening for Vitamin D Deficiency for Minnesota Health Care Programs (Effective 9/1/21, P39-21) Page 15

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

Outpatient Dialysis Notification - Requirement Change (P37-21, published 7/1/21)

Effective August 1, 2021, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will no longer require notification for outpatient dialysis services for commercial and Medicare lines of business.

As previously communicated in Provider Bulletin *P53-16 New Notification Requirement for Outpatient Dialysis Services for Commercial Products and Subscribers in Government Programs*, Blue Cross required notification for dialysis services to identify members with chronic kidney disease (CKD) and end stage kidney disease (ESKD) who may benefit from case management services.

As described in Provider Quick Point *QP18-21 Blue Cross to Collaborate with VillageHealth*, Blue Cross will collaborate with VillageHealth DM, LLC to help deliver integrated kidney care (IKC) to chronic kidney disease (CKD) and end stage kidney disease (ESKD) subscribers. The program is designed to support providers in identifying gaps in care, help improve clinical outcomes, educating patients to help inform modality choice, and enable timely and clinically appropriate referrals while helping to reduce unnecessary medical costs. The IKC program will help eligible Blue Cross subscribers better manage their kidney disease, empowering them to maintain their health and lifestyle. Eligible subscribers will be identified using claims and utilization management data. Therefore, the notification requirement will end for commercial and Medicare lines of business.

Products Impacted

This information only applies to commercial and Medicare lines of business.

Questions?

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

CONTRACT UPDATES

Update: Change in Liability for Members of Other Blue Plans (P7R1-21, published 7/1/21)

Provider Bulletin P7-21, that was previously published on February 1, 2021 is being updated to provide clarification that there are scenarios where subscriber liability is still applied.

Services and items provided to members covered by a Blue Plan outside of Minnesota which require a prior authorization (PA) but for which a PA was not obtained will have the potential to be denied as provider liability for claims processed April 19, 2021 and after. Prior to this date, these services would have been denied as subscriber liability; however, plans offering retro-authorizations may now apply provider liability denials instead.

If a claim denial is received for no PA for a member covered by another Blue Plan, providers may either submit a retro-authorization to the member's home plan or an appeal may be submitted to Blue Cross and Blue Shield of Minnesota following the standard appeals process.

This change applies to Commercial, Medicare, and Medicaid members of Blue Plans outside of Minnesota.

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— Effective August 30, 2021 (P40-21, published 7/1/21)

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 August 30, 2021:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-252	Idecabtagene vicleucel (Abecma®)	Yes	New	Commercial
II-228	Caplacizumab (Cabliivi™)	No (Moving from LCD L33394)	Continued	Medicare Advantage
II-235	Crizanlizumab (Adakveo®)	No (Moving from LCD L33394)	Continued	Medicare Advantage

II-227	Elapegamase (Revcovi™)	No (Moving from LCD L33394)	Continued	Medicare Advantage
II-201	Mepolizumab (Nucala®)	No (Moving from LCD L33394)	Continued	Medicare Advantage
II-227	Pegademase bovine (Adagen®)	No (Moving from LCD L33394)	Continued	Medicare Advantage
II-202	Reslizumab (Cinqair®)	No (Moving from LCD L33394)	Continued	Medicare Advantage
II-211	Romiplostim (Nplate®)	No (Moving from LCD L33394)	Continued	Medicare Advantage
II-239	Teprotumumab (Tepezza®)	No (Moving from LCD L33394)	Continued	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 August 23, 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
 - 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
 - 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.

eviCore Healthcare Specialty Utilization Management (UM) Program Radiation Oncology Clinical Guideline Updates for Fully Insured Commercial and MedicareAdvantage Subscribers (P41-21, published 7/1/21)

eviCore has released clinical guideline updates for the Radiation Oncology program. Guideline updates will become effective September 1, 2021:

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- Bladder Cancer
- Brain Metastases
- Breast Cancer
- Cancer of the Adrenal Gland
- Kidney Cancer
- Neutron Beam Therapy
- Non-Small Cell Lung Cancer
- Prostate Cancer
- Proton Beam Therapy
- Rectal Cancer
- Small Cell Lung Cancer
- Urethral Cancer and Upper Genitourinary Tract Tumors

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: Radiation 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. Radiation 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

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.

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.

eviCore Healthcare Specialty Utilization Management (UM) Program - Cardiology and Radiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers (P42-21, published 7/1/21)

eviCore has released clinical guideline updates for the Cardiology & Radiology program. Guideline updates will become **effective September 1, 2021**:

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- Preface
- Abdomen Imaging Guidelines
- Cardiac Imaging Guidelines
- Cardiac Rhythm Implantable Device (CRID) Policy
- Chest Imaging Guidelines
- Head Imaging Guidelines
- Musculoskeletal Imaging Guidelines
- Neck Imaging Guidelines
- Oncology Imaging Guidelines
- Pelvis Imaging Guidelines
- Peripheral Nerve Disorders (PND) Imaging Guidelines
- Peripheral Vascular Disease (PVD) Imaging Guidelines
- Spine Imaging Guidelines
- Pediatric Cardiac Imaging Guidelines
- Pediatric Head Imaging Guidelines
- Pediatric Musculoskeletal Guidelines
- Pediatric Oncology Imaging Guidelines
- Pediatric Peripheral Nerve Disorders (PND) Imaging Guidelines

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: Cardiology)
- 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. Cardiology & Radiology
- 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

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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.

Prior Authorization Requirements for Respiratory Durable Medical Equipment (DME) and Home Health to be Reinstated (P43-21, published 7/1/21)

Due to declining rates of COVID-19, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be reinstating the prior authorization requirements that were temporarily suspended for **respiratory DME** and **home health services** for dates of service beginning **August 15, 2021** for both COVID-19 and non-COVID-19 diagnoses.

Products Impacted

The information in this bulletin applies **to all lines of business**.

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.

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs and SecureBlue Prior Authorization and Medical Policy Requirements (P38-21, published 7/1/21)

Effective September 1, 2021, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be updating its government programs medical policy and preauthorization/precertification/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 SecureBlueSM (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, 2021**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
CG-LAB-17	Molecular Gastrointestinal Pathogen Panel (GIPP) Testing for Infectious Diarrhea in the Outpatient Setting	Yes	No	No
GENE.00056	Gene Expression Profiling for Bladder Cancer	Yes	No	No

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
LAB.00038	Cell-free DNA Testing to Aid in the Monitoring of Kidney Transplants for Rejection	Yes	No	No
LAB.00039	Pooled Antibiotic Sensitivity Testing	Yes	No	No
SURG.00159	Focal Laser Ablation for the Treatment of Prostate Cancer	Yes	No	No
ING-CC-0186	Margenza (margetuximab-cmkb)	Yes	Yes	Yes
ING-CC-0189	Amondys 45 (casimersen)	Yes	Yes	Yes
ING-CC-0187	Breyanzi (lisocabtagene maraleucel)	Yes	Yes	Yes
ING-CC-0190	Nulibry (fosdenopterin)	Yes	Yes	Yes
ING-CC-0191	Pepaxto (melphalan flufenamide; melflufen)	Yes	Yes	Yes
ING-CC-0192	Cosela (trilaciclib)	Yes	Yes	Yes
ING-CC-0193	Evkeeza (evinacumab)	Yes	Yes	Yes
ING-CC-0194	Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection	Yes (Medicaid only)	Yes	No

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, 2021**.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
MHCP	ING-CC-0179	Blenrep (belantamab mafodotin-blmf)	Yes	Yes
MHCP	ING-CC-0180	Monjuvi (tafasitamab)	Yes	Yes
MHCP	ING-CC-0169	Phesgo (pertuzumab, trastuzumab, and hyaluronidase)	Yes	Yes
MHCP	ING-CC-0172	Viltepso (viltolarsen)	Yes	Yes
MHCP	ING-CC-0171	Zepzelca (lurbinectedin)	Yes	Yes
CG-SURG-110	SURG.00022	Lung Volume Reduction Surgery	Yes	Yes
CG-GENE-23	GENE.00007 GENE.00017	Genetic Testing for Heritable Cardiac Conditions	Yes	Yes
CG-GENE-13	CG-GENE-05	Genetic Testing for Inherited Diseases	Yes	Yes

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **September 1, 2021**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ANC.00008	Cosmetic and Reconstructive Services of the Head and Neck	Yes	Yes
CG-ANC-08	Mobile Device-Based Health Management Applications	No	No
CG-MED-68	Therapeutic Apheresis	No	No
CG-MED-87	Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications	Yes	Yes
CG-SURG-18	Septoplasty	Yes	Yes
CG-SURG-55	Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation	Yes	Yes
CG-SURG-71	Reduction Mammoplasty	Yes	Yes
CG-SURG-78	Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies	Yes	Yes
CG-SURG-82	Bone-Anchored and Bone Conduction Hearing Aids	Yes	Yes
CG-SURG-88	Mastectomy for Gynecomastia	Yes	Yes
CG-SURG-95	Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence, Urinary Retention	Yes	Yes
CG-SURG-97	Cardioverter Defibrillators	Yes	Yes
CG-SURG-107	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)	Yes	Yes
DME.00041	Low Intensity Therapeutic Ultrasound	No	No
GENE.00049	Circulating Tumor DNA Panel Testing for Cancer (Liquid Biopsy)	No	No
LAB.00003	In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays	No	No
LAB.00015	Detection of Circulating Tumor Cells	No	No
LAB.00033	Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer	No	No
MED.00087	Optical Detection for Screening and Identification of Cervical Cancer	No	No
SURG.00121	Transcatheter Heart Valve Procedures (TAVR and TPVI only)	Yes	Yes
SURG.00145	Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
TRANS.00016	Umbilical Cord Blood Progenitor Cell Collection, Storage and Transplantation	Yes	Yes
ING-CC-0140	Zulresso (brexanolone)	Yes	Yes
ING-CC-0019	Zoledronic Acid Agents	Yes	Yes
ING-CC-0099	Abraxane (paclitaxel, protein bound)	Yes	Yes
ING-CC-0094	Pemetrexed Agents (Alimta, Pemfexy)	Yes	Yes
ING-CC-0130	Imfinzi (durvalumab)	Yes	Yes
ING-CC-0118	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra and Zevalin only)	Yes	Yes
ING-CC-0112	Xofigo (Radium Ra 223 Dichloride)	Yes	Yes
ING-CC-0123	Cyramza (ramucirumab)	Yes	Yes
ING-CC-0122	Arzerra (ofatumumab)	Yes	Yes
ING-CC-0120	Kyprolis (carfilzomib)	Yes	Yes
ING-CC-0090	Ixempra (ixabepilone)	Yes	Yes
ING-CC-0110	Perjeta (pertuzumab)	Yes	Yes
ING-CC-0115	Kadcyla (ado-trastuzumab)	Yes	Yes
ING-CC-0108	Halaven (eribulin)	Yes	Yes
ING-CC-0067	Prostacyclin Infusion and Inhalation Therapy	Yes	Yes
ING-CC-0075	Rituximab Agents for Non-Oncologic Indications	Yes	Yes
ING-CC-0177	Zilretta (triamcinolone acetonide extended-release)	Yes	Yes
ING-CC-0159	Scenesse (afamelanotide)	Yes	Yes
ING-CC-0151	Yescarta (axicabtagene ciloleucel)	Yes	Yes
AI-03	Advanced Oncologic Imaging <ul style="list-style-type: none"> • PET Imaging for Oncologic Indications 	Yes	Yes
AI-05	Advanced Imaging of the Heart <ul style="list-style-type: none"> • Cardiac CT with Quantitative Evaluation of Coronary Calcification • Cardiac MRI • Myocardial Perfusion Imaging • Cardiac Blood Pool Imaging 	Yes	Yes

The following prior authorization requirements will be removed and **will not be applicable** under the medical benefit plan to subscriber claims on or after **September 1, 2021**. However, the policies will remain in effect.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
MED.00085	Antineoplaston Therapy	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 **September 1, 2021**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-MED-88	Preimplantation Genetic Diagnosis Testing	No	No
CG-GENE-20	Epidermal Growth Factor Receptor (EGFR) Testing	No	No
MED.00077	In-Vivo Analysis of Gastrointestinal Lesions	Yes	Yes
MHCP	Portrazza (necitumumab)	Yes	Yes

MCG Care Guidelines 25th Edition

Effective **September 1, 2021**, Amerigroup is upgrading to the 25th edition of MCG Care Guidelines for the following modules: Inpatient & Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC), Recovery Facility Care (RFC), and Behavioral Health Care (BHC). The below tables highlight new guidelines and changes that may be considered more restrictive.

Goal Length of Stay (GLOS) for Inpatient & Surgical Care (ISC)

Guideline	MCG Code	24 th Edition GLOS	25 th Edition GLOS
Aortic Coarctation, Angioplasty	S-152	Ambulatory or 1 day postoperative	Ambulatory
Cardiac Septal Defect: Atrial, Transcatheter Closure	W0016	Ambulatory or 1 day postoperative	Ambulatory
Esophageal Diverticulectomy, Endoscopic	S-445	Ambulatory or 1 day postoperative	Ambulatory
Gastrectomy, Partial - Billroth I or II	S-510	4 or 6 days postoperative	5 days postoperative
Hernia Repair (Non-Hiatal)	S-1305	Ambulatory or 1 day postoperative	Ambulatory
Pancreatectomy	S-1200	5 or 7 days postoperative	6 days postoperative
Pyloroplasty and Vagotomy	S-990	4 or 6 days postoperative	4 days postoperative
Cervical Laminectomy	W0097	2 days postoperative	Ambulatory or 2 days postoperative
Lumbar Discectomy, Foraminotomy, or Laminotomy	W0091	Ambulatory or 1 day postoperative	Ambulatory
Removal of Posterior Spinal Instrumentation	S-530	1 day postoperative	Ambulatory or 1 day postoperative
Shoulder Hemiarthroplasty	W0138	1 day postoperative	Ambulatory or 1 day postoperative

Guideline	MCG Code	24 th Edition GLOS	25 th Edition GLOS
Spine, Scoliosis, Posterior Instrumentation, Pediatric	W0156	4 days postoperative	3 days postoperative
Bladder Resection: Cystectomy with Urinary Diversion, Conduit or Continent	S-190	5 or 6 days postoperative	5 days postoperative
Prostatectomy, Transurethral Resection (TURP)	S-970	Ambulatory or 1 day postoperative	Ambulatory
Urethroplasty	S-1172	Ambulatory or 1 day postoperative	Ambulatory

New Guidelines for Behavioral Health Care (BHC) and Recovery Facility Care (RFC)

Body System	Guideline Title	MCG - Code
Withdrawal Management	Withdrawal Management, Adult: Inpatient Care	B-031-IP
Withdrawal Management	Withdrawal Management, Adult: Intensive Outpatient Program	B-031-IOP
Withdrawal Management	Withdrawal Management, Adult: Outpatient Care	B-031-AOP
Withdrawal Management	Withdrawal Management, Adult: Partial Hospital Program	B-031-PHP
Withdrawal Management	Withdrawal Management, Adult: Residential Care	B-031-RES
Cardiology	Hypertension	M-5197
Cardiology	Peripheral Vascular Disease (PVD)	M-7087
Nephrology	Rhabdomyolysis	M-7095
Nephrology	Encephalopathy	M-7100
Thoracic Surgery	Rib Fracture	M-5545

Customizations to MCG Care Guideline 25th Edition

Effective September 1, 2021, the following MCG care guideline 25th edition customization will be implemented:

- Transcranial Magnetic Stimulation, W0174 (previously ORG: B-801-T) - Revised Clinical Indications for Procedure

To view a detailed summary of customizations click on this [link](#).

For questions, please contact the provider service number on the back of the member's ID card.

Where do I find the current government programs Precertification/Preauthorization/Notification list?

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

OR

Go to providers.bluecrossmn.com

- Under *Tools & Resources*, select **Minnesota Health Care Programs site**
- Under *Resources*, select **Prior Authorization Requirements** and scroll down to *Related Information* to select **Prior Authorization Grid**

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>

- Select **Medical Policies and UM Guidelines**

OR

Go to providers.bluecrossmn.com

- Under *Tools & Resources*, select **Minnesota Health Care Programs site**
- Under *Resources*, select **Manuals and Guides**
- Click on **Medical Policies and UM Guidelines**

Where can I access medical policies?

- **Minnesota Department of Health Services (MHCP) policies:**

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectonMethod=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** is not available for **Prior Authorization Lookup**.

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

Enforcement of CG-LAB-11 Screening for Vitamin D Deficiency for Minnesota Health Care Programs (P39-21, published 7/1/21)

Effective with dates of services beginning September 1, 2021, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be enforcing Amerigroup clinical UM guideline CG-LAB-11, Screening for Vitamin D Deficiency in Average Risk Individuals in order to assure full compliance with this policy. Criteria for non-coverage of Vitamin D Screening can be found at:

https://medpol.providers.amerigroup.com/dam/medpolicies/amerigroup/active/guidelines/gl_pw_c197645.html

Products Impacted:

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

Questions?

If you have questions, please contact provider services at **1-866-518-8448**.