PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield
Minnesota

WHAT'S INSIDE: **June 1, 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 August 3, 2020 (P40-20, published 6/1/20)

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 3, 2020:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-164	Tumor Treating Fields Therapy	No	New	Commercial
L34823 A52711	Tumor Treating Fields Therapy	No	New	Medicare Advantage

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: • KTE-X19* • Nadofaragene Firadenovec (Instiladrin®)*	No	New	Commercial
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: • Viltolarsen* • KTE-X19 * • Nadofaragene Firadenovec (Instiladrin®)*	No	New	Medicare Advantage
II-241	Peanut Allergy Therapy (Palforzia™)	Yes *(Replacing policy II-173)*	Continued	Commercial
II-230	Onasemnogene abeparvovec (Zolgensma®)	No *(Replacing LCD L33394)*	Continued	Medicare Advantage
II-229	Ravulizumab (Ultomiris®)	No *(Replacing LCD L33394)*	Continued	Medicare Advantage
II-234	Givosiran (Givlaari™)	No *(Replacing LCD L33394)*	Continued	Medicare Advantage
II-238	Afamelanotide (Scenesse®)	Yes *(Replacing policy II-173 and LCD L33394)*	Continued	Commercial and Medicare Advantage
II-237	Luspatercept (Reblozyl®)	Yes *(Replacing policy II-173 and LCD L33394)*	Continued	Commercial and Medicare Advantage

* PA will be required upon FDA approval.

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 July 27, 2020**.**
- 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:
  o Go to providers.bluecrossmn.com
  o Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement

- o 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 Prior Authorization Lists for all lines of business:
  - o Go to providers.bluecrossmn.com
  - o Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement
  - o 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**.

Durable Medical Equipment CPT Codes have been added by the AMA for Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P41-20, published 6/1/20)

The following new Proprietary Durable Medical Equipment CPT Codes have been added by the American Medical Association (AMA) and will require prior authorization (PA) **beginning August 1, 2020:**

Code	Description
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each

Code	Description
A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
E0447	Portable oxygen contents, liquid, 1 month's supply = 1unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm)
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
E2398	Wheelchair accessory, dynamic positioning hardware for back
L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each

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: Durable Medical Equipment)
- 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. Durable Medical Equipment

- 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 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 the **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.

Laboratory Management Clinical Guideline Updates and CPT Code Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P42-20, published 6/1/20)

eviCore has released clinical guideline updates for the Laboratory Management program. Guideline updates will become **effective August 1, 2020**:

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:
- CHARGE Syndrome Genetic Testing
- GeneSight Psychotropic Test
- myChoice CD
- Investigational and Experimental Molecular/Genomic
- Pharmacogenomic Testing for Drug Toxicity and Response
- Afirma Thyroid Cancer Classifier Tests
- Chromosome Analysis for Blood, Bone Marrow, and Solid Tumor Cancers
- Familial Hypercholesterolemia Genetic Testing
- Gaucher Disease Testing
- HLA.B*1502 Variant Analysis for Carbamazepine Response
- Immunohistochemistry (IHC)
- Medicare: Hierarchy for Applying Coverage Decisions for Laboratory Testing
- UroVysion FISH for Bladder Cancer
- Prenatal Maternal Serum Screening
- Non-Invasive Prenatal Testing
- Molecular Gastrointestinal Pathogen Panel (GIPP) Testing
- CYP2C9 and VKORC1 Testing for Warfarin Response
- Genitourinary Conditions Molecular Testing

The following new Proprietary Laboratory Management CPT Codes have been added by the American Medical Association (AMA) and will require prior authorization (PA) **beginning August 1, 2020:**

Code	Description
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)

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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: Laboratory 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. Laboratory 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

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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 will be redirected to the Authorization Look Up Tool application

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Cardiology and Radiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P43-20, published 6/1/20)

eviCore has released clinical guideline updates for the Cardiology & Radiology program. Guideline updates will become **effective August 1, 2020**:

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- Abdomen Imaging Guidelines
- Cardiac Imaging Guidelines
- Chest Imaging Guidelines
- Head Imaging Guidelines
- Musculoskeletal Imaging Guidelines
- Neck Imaging Guidelines
- Oncology Imaging Guidelines
- Pediatric Oncology Imaging Guidelines
- Pelvis Imaging Guidelines
- Peripheral Vascular Disease (PVD) Imaging Guidelines
- Spine 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 & Radiology)
- 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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Radiation Oncology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P44-20, published 6/1/20)

eviCore has released clinical guideline updates for the Radiation Oncology program. Guideline updates will become **effective August 1, 2020**:

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:
- Breast Cancer
- Brain Metastases
- Image-Guided Radiation Therapy (IGRT)
- Non-Small Cell Lung Cancer
- Pancreatic Cancer
- Small Cell Lung Cancer
- Xofigo

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

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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 (P45-20, published 6/1/20)

Effective August 3, 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, 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 **August 3, 2020**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
CG-ANC-08	Mobile Device-Based Health Management Applications	Yes	No	No
DME.00041	Low Intensity Therapeutic Ultrasound for the Treatment of Pain	Yes	No	No
GENE.00053	Metagenomic Sequencing for Infectious Disease in the Outpatient Setting	Yes	No	No
GENE.00054	Paired DNA and Messenger RNA (mRNA) Genetic Testing to Detect, Diagnose and Manage Cancer	Yes	No	No
SURG.00154	Microsurgical Procedures for the Treatment of Lymphedema	Yes	No	No
SURG.00155	Cryoneurolysis for Treatment of Peripheral Nerve Pain	Yes	No	No

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
ING-CC-0161	Sarclisa (isatuximab-irfc)	Yes	Yes	Yes
MHCP	Reblozyl (luspatercept)	Yes	Yes	Yes
MHCP	Padcev (enfortumab vedotin)	Yes	Yes	Yes
MHCP	Enhertu (fam-trastuzumab deruxtecan-nxki)	Yes	Yes	Yes
ING-CC-0159	Scenesse (afamelanotide)	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 **August 3, 2020**.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
ING-CC-0155	MHCP	Ethyol (amifostine)	Yes	Yes
CG-SURG-107	SURG.00028	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)	Yes	Yes
CG-SURG-108	SURG.00016	Stereotactic Radiofrequency Pallidotomy	Yes	Yes
CG-MED-88	CG-GENE-06	Preimplantation Genetic Diagnosis Testing	No	No
MCG B-801-T	BEH.00002	Transcranial Magnetic Stimulation	No	No
MHCP	ING-CC-0086	Spravato (esketamine) Nasal Spray	Yes	Yes
MHCP	ING-CC-0118	Lutathera	Yes	Yes
ING-CC-0096	ING-CC-0138	Asparagine Specific Enzymes (Oncaspar and Asparlas only)	Yes	Yes
MHCP	ING-CC-0088	Elzonris (tagraxofusp-erzs)	Yes	Yes
MHCP	ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists (Beovu, Eylea, and Lucentis only)	Yes	Yes
MHCP	ING-CC-0153	Adakveo (crizanlizumab)	Yes	Yes
MHCP	ING-CC-0154	Givlaari (givosiran)	Yes	Yes
MHCP	ING-CC-0082	Onpattro (patisirin)	Yes	Yes
MHCP	ING-CC-0152	Vyondys 53 (golodirsen)	Yes	Yes

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **August 3, 2020**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	**MSHO**
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-GENE-09	Genetic Testing for CHARGE Syndrome	No	No
CG-SURG-76	Carotid, Vertebral, and Intracranial Artery Stent Placement with or without Angioplasty	Yes	Yes
CG-SURG-78	Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies	Yes	Yes
CG-SURG-98	Prostate Multiparametric Magnetic Resonance Imaging	Yes	Yes
CG-SURG-104	Intraoperative Neurophysiological Monitoring	No	No
DME.00011	Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices	No	No
LAB.00011	Analysis of Proteomic Patterns	No	No
MED.00059	Idiopathic Environmental Illness (IEI)	No	No
SURG.00032	Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention	Yes	Yes
SURG.00103	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	No	No
ING-CC-0002	Colony Stimulating Factor Agents	Yes	Yes
ING-CC-0070	Jetrea (ocriplasmin)	Yes	Yes
ING-CC-0058	Ocreotide Agents (Sandostatin and Sandostatin LAR)	Yes	Yes
ING-CC-0099	Abraxane (paclitaxel, protein bound)	Yes	Yes
ING-CC-0093	Docetaxel (taxotere)	Yes	Yes
ING-CC-0094	Alimta (pemetrexed disodium)	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-0121	Gazyva (obinutuzumab)	Yes	Yes
ING-CC-0109	Zaltrap (ziv-aflibercept)	Yes	Yes
ING-CC-0120	Kyprolis (carfilzomib)	Yes	Yes
ING-CC-0113	Sylvant (siltuximab)	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ING-CC-0130	Imfinzi (durvalumab)	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-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists (Avastin, Mvasi, Zirabev, and Macugen only)	Yes	Yes
ING-CC-0067	Prostacyclin Infusion and Inhalation Therapy	Yes	Yes
ING-CC-0075	Rituximab Agents for Non-Oncologic Indications	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 **August 3, 2020**. However, the policies will remain in effect.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
GENE.00025	Proteogenomic Testing for the Evaluation of Malignancies	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 **August 3, 2020**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-MED-82	Intravenous versus Oral Drug Administration in the Outpatient and Home Setting	No	No
MED.00007	Prolotherapy for Joint and Ligamentous Conditions	No	No
MED.00074	Computer Analysis and Probability Assessment of Electrocardiographic-Derived Data	No	No
RAD.00012	Ultrasound for the Evaluation of Paranasal Sinuses	No	No
THER-RAD.00009	Intraocular Epiretinal Brachytherapy	No	No

New MCG 24th Edition Acute Viral Illness Guidelines
Effective August 1, 2020, we will begin using the new acute viral illness guidelines that have been added to the 24th edition of MCG. Based on the presenting symptoms or required interventions driving the need for treatment or hospitalization, these guidelines are not a substantive or material change to existing MCG guidelines we use now, such as systemic or infectious condition, pulmonary disease, or adult or pediatric pneumonia guidelines.

Inpatient & Surgical Care (ISC)
- Viral Illness, Acute – Inpatient Adult (M-280)

- Viral Illness, Acute – Inpatient Pediatric (P-280)
- Viral Illness, Acute – Observation Care (OC-064)

Recovery Facility Care (RFC)
- Viral Illness, Acute – Recovery Facility Care (M-5280)

MCG Care Guidelines 24th Edition

Effective August 1, 2020, Amerigroup is upgrading to the 24th 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) Changes for Inpatient & Surgical Care (ISC) and Behavioral Health Care (BHC)

Guideline	MCG Code	24th Edition GLOS	23rd Edition GLOS
Aortic Valve Replacement, Transcatheter	S-1320	2 days postoperative	3 days postoperative
Appendectomy, with Abscess or Peritonitis, by Laparoscopy	S-185	Ambulatory or 2 days postoperative	2 days postoperative
Appendectomy, without Abscess or Peritonitis, by Laparoscopy	S-175	Ambulatory postoperative	Ambulatory or 1 day postoperative
Repair of Pelvic Organ Prolapse	S-1020	Ambulatory postoperative	Ambulatory or 1 day postoperative
Urethral Suspension Procedures	S-850	Ambulatory postoperative	Ambulatory or 1 day postoperative
Appendectomy, with Abscess or Peritonitis, by Laparoscopy, Pediatric	P-30	Ambulatory or 2 days postoperative	2 or 3 days postoperative
Appendectomy, without Abscess or Peritonitis, by Laparoscopy, Pediatric	P-20	Ambulatory postoperative	Ambulatory or 1 day postoperative
Tibial Osteotomy, Child or Adolescent	S-1131	Ambulatory or 1 day postoperative	1 day postoperative
Schizophrenia Spectrum Disorders, Adult: Inpatient Care	B-014-IP	5 days	6 days
Schizophrenia Spectrum Disorders, Child or Adolescent: Inpatient Care	B-027-IP	5 days	6 days
Transcranial Magnetic Stimulation	B-801-T	Utilize B-801-T	Utilize BEH.00002

New Optimal Recovery Guidelines (ORGs) for Inpatient & Surgical Care (ISC) and New Behavioral Health Care (BHC) Guidelines

Body System	Guideline Title	MCG - Code
Pediatrics	Appendectomy, with Abscess or Peritonitis, Pediatric	P-35
Pediatrics	Appendectomy, without Abscess or Peritonitis, Pediatric	P-25
Home Care Behavioral Health	Attention-Deficit and Disruptive Behavior Disorders	B-003-HC
Home Care Behavioral Health	Autism Spectrum Disorders	B-012-HC

Amerigroup Customizations to MCG Care Guidelines 24th Edition

Effective August 1, 2020, the following MCG Care Guideline 24th edition customizations will be implemented:

- Carotid Artery Stenting (W0165) – Clinical Indications were customized to refer to CG-SURG-76 Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty

- Deep Brain Stimulation (W0164) – Clinical Indications were customized to refer to SURG.00026 Deep Brain, Cortical, and Cerebellar Stimulation.

- Vagus Nerve Stimulation, Implantable (W0166) – Clinical Indications were customized to refer to SURG.00007 Vagus Nerve Stimulation.

To view the summary of the MCG Care Guidelines 24th Edition customizations, select [this link] > Customizations to MCG Care Guidelines 24th Edition (publish date June 26, 2020).

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

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

- 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 **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?

- **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://provider.publicprograms.bluecrossmn.com/minnesota-provider/medical-policies-and-clinical-guidelines
  AND
  https://www.anthem.com/pharmacyinformation/clinicalcriteria

Please note that the Precertification Look-Up Tool (PLUTO) is not available for prior authorization look up.

Questions?

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