

PROVIDER BULLETIN

PROVIDER INFORMATION



May 1, 2019

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements

Effective July 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 **July 1, 2019**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
CG-ANC-07	Inpatient Inter-facility Transfers	Yes	No	No
CG-GENE-05	Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy)	Yes	Yes	Yes
CG-SURG-92	Paraesophageal Hernia Repair	Yes	Yes	Yes
CG-SURG-93	Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction	Yes	Yes	Yes
LAB.00036	Multiplex Autoantigen Microarray Testing for Systemic Lupus Erythematosus	Yes	No	No

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Amerigroup Partnership Plan, LLC, an independent company, is delegated by Blue Plus to provide certain administrative services to Blue Plus health plans.

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

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Yes	Yes
CG-MED-38	Inpatient Admission for Radiation Therapy for Cervical or Thyroid Cancer	No	No
CG-REHAB-02	Outpatient Cardiac Rehabilitation	No	No
CG-SURG-77	Refractive Surgery	Yes	Yes
CG-SURG-83	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Yes	Yes
GENE.00006	Epidermal Growth Factor Receptor (EGFR) Testing	No	No
LAB.00024	Immune Cell Function Assay	No	No
MED.00117	Autologous Cell Therapy for the Treatment of Damaged Myocardium	Yes	Yes
MED.00126	Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders	Yes	Yes
SURG.00011	Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	Yes	Yes
SURG.00037	Treatment of Varicose Veins (Lower Extremities)	Yes	Yes
SURG.00122	Venous Angioplasty with or without Stent Placement or Venous Stenting Alone	No	No
TRANS.00035	Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases	No	No

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
CG-GENE-06	GENE.00002	Preimplantation Genetic Diagnosis Testing	No	No
CG-GENE-07	GENE.00005	BCR-ABL Mutation Analysis	No	No
CG-GENE-08	GENE.00031	Genetic Testing for PTEN Hamartoma Tumor Syndrome	Yes	Yes
CG-GENE-09	GENE.00040	Genetic Testing for Charge Syndrome	No	No
CG-MED-81	MED.00119	High Intensity Focused Ultrasound (HIFU) for Oncologic Indications	Yes	Yes
CG-SURG-94	SURG.00115	Keratoprosthesis	Yes	Yes

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
CG-SURG-95	SURG.00117	Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention	Yes	Yes
CG-SURG-96	SURG.00136	Intraocular Telescope	No	No
CG-SURG-98	RAD.00066	Prostate Multiparametric Magnetic Resonance Imaging	Yes	Yes
CG-MED-82	CG-DRUG-25	Intravenous versus Oral Administration in the Outpatient and Home Setting	No	No
ING-CC-0031	CG-DRUG-91	Intravitreal Corticosteroid Implants	Yes	Yes
ING-CC-0036	CG-DRUG-110	Naltrexone Implantable Pellets	Yes	Yes

The following policy will be archived and **will not be applicable** under the medical benefit plan to subscriber claims on or after **May 1, 2019**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-DRUG-64	FDA-Approved Biosimilar Products	Yes*	Yes*

* FDA-approved biosimilar products will continue to require prior authorization under the medical benefit plan using drug-specific policies.

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**.