

PROVIDER BULLETIN

PROVIDER INFORMATION



January 2, 2020

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

Effective March 1, 2020, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be updating its government programs medical policy and pre-authorization/pre-certification/notification lists. The lists clarify medical policy, prior authorization, and notification requirements for the Minnesota Health Care Programs (Families and Children, MinnesotaCare [MNCare], and Minnesota Senior Care Plus) and Minnesota Senior Health Options (MSHO) products.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive appropriate, quality care while also maintaining overall costs. The prior authorization process ensures that the health service or drug being proposed is medically necessary, and reflective of evidence-based medicine and industry standards, prior to treatment. This process helps us manage the cost and quality of care appropriately for our members.

The following **new** policies and/or prior authorization requirements **will be applicable** to subscriber claims on or after **March 1, 2020**.

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

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

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

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

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-GENE-02	Analysis of RAS Status	Yes	Yes
CG-ANC-07	Inpatient Interfacility Transfers	No	No
CG-MED-68	Therapeutic Apheresis	No	No
CG-SURG-83	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Yes	Yes
GENE.00046	Prothrombin (Factor II) Genetic Testing	No	No
GENE.00010	Panel Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	Yes	Yes
RAD.00023	Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications	Yes	Yes
SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	Yes	Yes
ING-CC-0017	Xiaflex (collagenase clostridium histolyticum)	Yes	Yes
ING-CC-0058	Ocreotide Agents	Yes	Yes
ING-CC-0023	Naglzyme (galsulfase)	Yes	Yes
ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Yes	Yes
ING-CC-0018	Lumizyme (alglucosidase alfa)	Yes	Yes
ING-CC-0003	Immunoglobulins	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ING-CC-0061	GnRH Analogs for the treatment of non-oncologic indications	Yes	Yes
ING-CC-0021	Fabrazyme (agalsidase beta)	Yes	Yes
ING-CC-0051	Enzyme Replacement Therapy for Gaucher Disease	Yes	Yes
ING-CC-0025	Aldurazyme (laronidase)	Yes	Yes
ING-CC-0073	Alpha-1 Proteinase Inhibitor Therapy	Yes	Yes
ING-CC-0024	Elaprase (idursulfase)	Yes	Yes
ING-CC-0019	Zoledronic Acid Agents	Yes	Yes
ING-CC-0008	Subcutaneous Hormonal Implants (for estrogen implants only)	Yes	Yes
ING-CC-0130	Imfinzi (durvalumab)	Yes	Yes
ING-CC-0094	Alimta (pemetrexed disodium)	Yes	Yes
ING-CC-0002	Colony Stimulating Factor Agents	Yes	Yes
ING-CC-0001	Erythropoiesis Stimulating Agents	Yes	Yes
ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Yes	Yes
ING-CC-0114	Jevtana (cabazitaxel)	Yes	Yes
ING-CC-0106	Erbitux (cetuximab)	Yes	Yes
ING-CC-0105	Vectibix (panitumumab)	Yes	Yes
ING-CC-0099	Abraxane (paclitaxel, protein bound)	Yes	Yes
ING-CC-0075	Rituximab Agents for Non-Oncology Indications	Yes	Yes
ING-CC-0041	Complement inhibitors (for ravulizumab [Ultomiris] only)	Yes	Yes
ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Yes	Yes
ING-CC-0082	Onpattro (patisiran)	Yes	Yes
ING-CC-0031	Intravitreal Corticosteroid Implants	Yes	Yes
TRANS.00035	Non-Hematopoietic Adult Stem Cell Therapy	No	No

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

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
GENE.00009	Gene-Based Tests for Screening, Detection, and Management of Prostate Cancer	Yes	Yes

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

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

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

Where do I find the current government programs Pre-Certification/Pre-Authorization/Notification list?

Go to providers.bluecrossmn.com

- Under Tools & Resources, select “Medical Policy,” and read/accept the Blue Cross Medical Policy and UM Statement
- Click on the ‘+’ next to ‘Utilization Management’ and under the ‘Precertification Lists’ select the ‘MN Government Programs Pre-Certification/Pre-Authorization/Notification List’

OR

Go to providers.bluecrossmn.com

- Under Tools & Resources, select “Migration of Minnesota Health Care Programs”
- Click on the ‘+’ next to ‘Prior Authorizations’ and select the ‘Prior Authorization Grid (PDF)’

Where do I find the current government programs Medical Policy Grid?

Go to providers.bluecrossmn.com

- Under Tools & Resources, select “Migration of Minnesota Health Care Programs”
- Click on the ‘+’ next to ‘Medical Policies’ and select the ‘MHCP Medical Policy Grid (PDF)’

Where can I access medical policies?

- **MN DHS (MHCP) Policies:**
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelecti onMethod=LatestReleased&dDocName=dhs16_157386
 - **Blue Cross Policies:**
<https://www.bluecrossmn.com/providers/medical-policy-and-utilization-management>
 - **Amerigroup Policies:**
https://medicalpolicies.amerigroup.com/am_search.html
- AND**
<https://www.anthem.com/pharmacyinformation/clinicalcriteria>

Please note that the Precertification Lookup Tool (PLUTO) will not be available for prior authorization look up.

Questions?

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