

PROVIDER BULLETIN

PROVIDER INFORMATION



June 1, 2020

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

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
ING-CC-0161	Sarclisa (isatuximab-irfc)	Yes	Yes	Yes
MHCP	Reblozyl (luspatercept)	Yes	Yes	Yes
MHCP	Padcev (enfortumab vedotin)	Yes	Yes	Yes

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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.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
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	Ethiol (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

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
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
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

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
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	24 th Edition GLOS	23 rd 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**.