

PROVIDER BULLETIN

PROVIDER INFORMATION



July 1, 2020

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

Effective September 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, 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 **September 1, 2020**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
AI-01	Advanced Imaging of the Brain <ul style="list-style-type: none"> PET Imaging of the Brain 	Yes	Yes	Yes
AI-02	Advanced Imaging of the Chest <ul style="list-style-type: none"> PET Imaging of the Chest 	Yes	Yes	Yes
AI-03	Advanced Oncologic Imaging <ul style="list-style-type: none"> PET Imaging for Oncologic Indications 	Yes	Yes	Yes
AI-04	Advanced Imaging of the Extremities <ul style="list-style-type: none"> PET Imaging of the Extremities 	Yes	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	Yes

Distribution: Available online at: <https://provider.publicprograms.bluecrossmn.com/minnesota-provider/resources/prior-authorization>

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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.
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Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
GT-01	Genetic Testing for Hereditary Cancer Susceptibility <ul style="list-style-type: none"> • Lynch Syndrome • Hereditary Breast and Ovarian Cancer Syndrome (BRCA1, BRCA2) • Hereditary Paraganglioma-Pheochromocytoma Syndrome • PALB2 • Prostate Cancer • Von Hippel-Landau 	Yes	Yes	Yes
GT-03	Genetic Testing for Reproductive Carrier Screen and Prenatal <ul style="list-style-type: none"> • Carrier Screening for Familial Disease • Fragile X • Cystic Fibrosis • Spinal Muscular Atrophy • Hemoglobinopathies • Ashkenazi Jewish Carrier Screening • Other Ethnicity Carrier Screening • Preimplantation Genetic Screening and Diagnostic Testing of Embryos • Prenatal Cell-Free DNA Screening 	Yes	Yes	Yes
GT-04	Genetic Testing for Single Gene and Multifactorial Conditions <ul style="list-style-type: none"> • Genetic Testing for Germline Conditions • Multifactorial (Non-Mendelian Conditions) • Chromosomal Microarray Analysis 	Yes	Yes	Yes
GT-05	Pharmacogenomic Testing and Genetic Testing for Thrombotic Disorders <ul style="list-style-type: none"> • Pharmacogenomic Testing • Thrombophilia Testing 	Yes	Yes	Yes
GT-06	Molecular Testing of Solid and Hematologic Tumors and Malignancies <ul style="list-style-type: none"> • Breast Cancer • Cell-Free Testing • Minimal Residual Disease (MRD) Testing • Targeted Molecular Testing for NTRK Fusions • Targeted Somatic Testing for PIK3CA • Prostate Cancer (symptomatic cancer screening) 	Yes	Yes	Yes
GT-07	Whole Exome and Whole Genome Sequencing	Yes	Yes	Yes
IP-01	Interventional Pain – Epidural Injection Procedures	Yes	Yes	Yes
IP-02	Interventional Pain – Paravertebral Facet Injection/Nerve Block/Neurolysis	Yes	Yes	Yes
IP-03	Interventional Pain – Regional Sympathetic Nerve Block	Yes	Yes	Yes

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
IP-04	Interventional Pain – Sacroiliac Joint Injections	Yes	Yes	Yes
IP-05	Interventional Pain – Spinal Cord Stimulators	Yes	Yes	Yes
JO-01	Joint Surgery – Hip Procedures <ul style="list-style-type: none"> • Hip Arthroplasty • Hip Arthroscopy 	Yes	Yes	Yes
JO-02	Joint Surgery – Knee Procedures <ul style="list-style-type: none"> • Knee Arthroplasty • Knee Arthroscopy and Open Procedures • Meniscal Allograft Transplantation of the Knee • Treatment of Osteochondral Defects 	Yes	Yes	Yes
JO-03	Joint Surgery – Shoulder Procedures <ul style="list-style-type: none"> • Shoulder Arthroplasty • Shoulder Arthroscopy and Open Procedures 	Yes	Yes	Yes
SP-01	Spine – Bone Graft Substitutes and Bone Morphogenic Proteins	Yes	Yes	Yes
SP-02	Spine – Cervical Arthroplasty	Yes	Yes	Yes
SP-03	Spine – Cervical Decompression	Yes	Yes	Yes
SP-04	Spine – Lumbar Arthroplasty	Yes	Yes	Yes
SP-05	Spine – Lumbar Discectomy, Foraminotomy, and Laminotomy	Yes	Yes	Yes
SP-06	Spine – Lumbar Fusion and Treatment of Spinal Deformity	Yes	Yes	Yes
SP-07	Spine – Lumbar Laminectomy	Yes	Yes	Yes
SP-08	Spine – Sacroiliac Joint Fusion	Yes	Yes	Yes
SP-09	Spine – Vertebroplasty/Kyphoplasty	Yes	Yes	Yes
SDM-01	Sleep Disorder Management	Yes	Yes	Yes

The following policies will be archived and **will not be applicable** under the medical benefit plan to subscriber claims on or after **September 1, 2020**. However, prior authorization requirements will remain in effect per the new policies listed above.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
RAD.00001	Computed Tomography to Detect Coronary Artery Calcification	Yes	Yes
Blue Cross V-14	Computed Tomography Angiography (CTA) for Evaluation of Coronary Arteries	Yes	Yes
Blue Cross V-27	Positron Emission Tomography (PET)	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
Blue Cross VI-48	Genetic Testing to Evaluate Patients with Developmental Delay/ Intellectual Disability, Autism Spectrum Disorder or Congenital Anomalies	Yes	Yes
CG-GENE-01	Janus Kinase 2, CALR, And MPL Gene Mutation Assays	Yes	Yes
CG-GENE-02	Analysis of RAS Status	Yes	Yes
CG-GENE-03	BRAF Mutation Analysis	Yes	Yes
CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules	Yes	Yes
CG-GENE-08	Genetic Testing for PTEN Hamartoma Tumor Syndrome	Yes	Yes
CG-GENE-12	PIK3CA Mutation Testing for Malignant Conditions	Yes	Yes
CG-GENE-14	Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management	Yes	Yes
CG-GENE-15	Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis	Yes	Yes
GENE.00009	Gene-Based Tests For Screening, Detection And Management Of Prostate Cancer	No	No
GENE.00023	Gene Expression Profiling of Melanomas	No	No
GENE.00026	Cell-free Fetal DNA-based Prenatal Testing	Yes	Yes
GENE.00046	Prothrombin (Factor II) Genetic Testing	No	No
CG-SURG-85	Hip Resurfacing	Yes	Yes
Blue Cross IV-74	Spinal Cord Stimulation	Yes	Yes
Blue Cross IV-95	Percutaneous Facet Joint Denervation	Yes	Yes
Blue Cross IV-87	Spinal Fusion: Lumbar	Yes	Yes
Blue Cross IV-126	Sacroiliac Joint Fusion	Yes	Yes

Where do I find the current government programs Pre-Certification/Pre-Authorization/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>

- Click on “Medical Policies and UM Guidelines”

OR

- 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**.