

# PROVIDER BULLETIN

## PROVIDER INFORMATION



September 1, 2020

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

Effective November 2, 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 **November 2, 2020**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
DME.00042	Electronic Positional Devices for the Treatment of Obstructive Sleep Apnea	Yes	No	No
MED.00131	Electronic Home Visual Field Monitoring	Yes	No	No
MED.00132	Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures	Yes	Yes	Yes
MED.00133	Ingestion Event Monitors	Yes	No	No
THER-RAD.00012	Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radioablation	Yes	No	No
ING-CC-0141	Off-Label Drug and Approved Orphan Drug Use	Yes	No	No
ING-CC-0162	Tepezza (teprotumumab-trbw)	Yes	Yes	Yes
ING-CC-0163	Durysta (bimatoprost implant)	Yes	Yes	Yes

BMNPEC-0633-20 August 2020  
 Distribution: Available online at: <https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications>  
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Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
ING-CC-0164	Jelmyto (mitomycin gel)	Yes	Yes	Yes
ING-CC-0165	Trodelvy (sacituzumab govitecan)	Yes	Yes	Yes
MHCP	Vyepti (eptinezumab)	Yes	Yes	Yes
MHCP	Cosentyx (secukinumab) (intravenous only)	No	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 **November 2, 2020**.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
Blue Cross IV-123	MHCP	Gender Affirming Procedures for Gender Dysphoria	Yes	Yes

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **November 2, 2020**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ANC.00007	Cosmetic and Reconstructive Services: Skin Related	Yes	Yes
CG-MED-44	Holter Monitors	No	No
CG-MED-64	Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)	Yes	Yes
CG-MED-68	Therapeutic Apheresis	No	No
CG-MED-74	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	Yes	Yes
CG-MED-77	SPECT/CT Fusion Imaging.3	Yes	Yes
CG-SURG-98	Prostate Biopsy using MRI Fusion Techniques	Yes	Yes
GENE.00010	Panel and Other Multi-Gene Testing for Polymorphisms to Determine Drug-Metabolizer Status	No	No
LAB.00016	Fecal Analysis in the Diagnosis of Intestinal Disorders	No	No
MED.00004	Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)	No	No
SURG.00007	Vagus Nerve Stimulation	Yes	Yes
SURG.00026	Deep Brain, Cortical, and Cerebellar Stimulation	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
SURG.00047	Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis	No	No
ING-CC-0111	Nplate (romiplostim)	Yes	Yes
ING-CC-0137	Cablivi (caplacizumab-yhdp)	Yes	Yes
ING-CC-0099	Abraxane (paclitaxel, protein bound)	Yes	Yes
ING-CC-0098	Doxorubicin Liposome (Doxil, Lipodox)	Yes	Yes
ING-CC-0101	Torisel (temsirolimus)	Yes	Yes
ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Yes	Yes
ING-CC-0106	Erbitux (cetuximab)	Yes	Yes
ING-CC-0105	Vectibix (panitumumab)	Yes	Yes
ING-CC-0114	Jevtana (cabazitaxel)	Yes	Yes
ING-CC-0151	Yescarta (axicabtagene ciloleucel)	Yes	Yes
ING-CC-0003	Immunoglobulins	Yes	Yes
ING-CC-0031	Intravitreal Corticosteroid Implants [Ozurdex (dexamethasone intravitreal implant), Retisert (fluocinolone acetonide intravitreal implant), and Iluvien (fluocinolone acetonide intravitreal implant) only]	Yes	Yes
ING-CC-0057	Krystexxa (pegloticase)	Yes	Yes
ING-CC-0051	Enzyme Replacement Therapy for Gaucher Disease	Yes	Yes
ING-CC-0061	GnRH Analogs for the Treatment of Non-Oncologic Indications	Yes	Yes
ING-CC-0002	Colony Stimulating Factor Agents	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 **November 2, 2020**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
TRANS.00035	Other Stem Cell Therapy	No	No
TRANS.00036	Stem Cell Therapy for Peripheral Vascular Disease	No	No

**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**

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](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**.