

# PROVIDER BULLETIN

## PROVIDER INFORMATION



March 2, 2020

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

Effective May 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.

#### Prior Authorization Grid Update

Please see additional information that will now be included for clarification on the published Prior Authorization Grid. *“Codes included on the grid below require submission of an authorization regardless of the section/policy it is located in.”*

Providers will see the updated language effective in the March 2020 Prior Authorization Grid.

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

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
CG-MED-86	Enhanced External Counterpulsation in the Outpatient Setting	Yes	No	No
CG-SURG-104	Intraoperative Neurophysiological Monitoring	Yes	No	No
ING-CC-0148	Agents for Hemophilia B	Yes	Yes	Yes
ING-CC-0149	Select Clotting Agents for Bleeding Disorders	Yes	Yes	Yes

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
MHCP	Radicava (edaravone)	Yes	Yes	Yes
ING-CC-0153	Adakveo (crizanlizumab)	Yes	Yes	Yes
ING-CC-0154	Givlaari (givosiran)	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 **May 1, 2020**.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
GENE.00052 MHCP	GENE.00001 GENE.00012 GENE.00025 GENE.00028 GENE.00030 GENE.00035 GENE.00043	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Yes	Yes
CG-GENE-14	GENE.00001	Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management	Yes	Yes
CG-GENE-20	GENE.00006	Epidermal Growth Factor Receptor (EGFR) Testing	No	No
CG-GENE-13 MHCP	GENE.00012 GENE.00043	Genetic Testing for Inherited Diseases	Yes	Yes
CG-GENE-15	GENE.00028	Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis	Yes	Yes
CG-GENE-17	GENE.00030	RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility	Yes	Yes
CG-GENE-18	GENE.00035	Genetic Testing for TP53 Mutations	Yes	Yes
CG-GENE-19	GENE.00045	Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers	Yes	Yes
CG-SURG-105	MED.00109	Corneal Collagen Cross-Linking	No	No
CG-MED-87	RAD.00023	Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications	Yes	Yes
CG-SURG-106	SURG.00122	Venous Angioplasty with or without Stent Placement or Venous Stenting Alone	No	No
CG-LAB-14	MHCP	Respiratory Viral Panel Testing in the Outpatient Setting	Yes	Yes
CG-SURG-61	CG-SURG-61 CG-SURG-62	Cryosurgical or Radiofrequency Ablation to Treat Solid Tumors Outside the Liver	Yes	Yes
ING-CC-0150	MED.00124	Kymriah (tisagenlecleucel)	Yes	Yes
ING-CC-0151	MED.00123	Yescarta (axicabtagene ciloleucel)	Yes	Yes

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
MHCP	ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Yes	Yes

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

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ADMIN.00001	Medical Policy Formation	No	No
ANC.00009	Cosmetic and Reconstructive Services of the Trunk and Groin	Yes	Yes
BEH.00002	Transcranial Magnetic Stimulation	No	No
CG-GENE-12	PIK3CA Mutation Testing for Malignant Conditions	Yes	Yes
CG-MED-68	Therapeutic Apheresis	No	No
CG-MED-84	Non-Obstetric Gynecologic Duplex Ultrasonography of the Abdomen and Pelvis in the Outpatient Setting	No	No
CG-REHAB-02	Outpatient Cardiac Rehabilitation	No	No
CG-SURG-92	Paraesophageal Hernia Repair	Yes	Yes
GENE.00025	Proteogenomic Testing for the Evaluation of Malignancies	Yes	Yes
MED.00117	Autologous Cell Therapy for the Treatment of Damaged Myocardium	Yes	Yes
SURG.00011	Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	Yes	Yes
SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	Yes	Yes
SURG.00028	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)	Yes	Yes
SURG.00032	Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention	Yes	Yes
SURG.00037	Treatment of Varicose Veins (Lower Extremities)	Yes	Yes
SURG.00047	Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis	No	No
SURG.00097	Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents	No	No
SURG.00145	Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)	Yes	Yes
ING-CC-0059	Selected Injectable NK-1 Antiemetic Agents	Yes	Yes
ING-CC-0056	Selected Injectable 5HT3 Antiemetic Agents	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ING-CC-0065	Agents for Hemophilia A and von Willebrand Disease	Yes	Yes
ING-CC-0002	Colony Stimulating Factor Agents	Yes	Yes
ING-CC-0041	Complement Inhibitors (for Ultomiris only)	Yes	Yes
ING-CC-0003	Immunoglobulins	Yes	Yes
ING-CC-0039	GamaSTAN immune globulin (human)	Yes	Yes
ING-CC-0073	Alpha-1 Proteinase Inhibitor Therapy	Yes	Yes
ING-CC-0040	Prialt (ziconotide)	Yes	Yes
ING-CC-0075	Rituximab Agents for Non-Oncologic Indications	Yes	Yes
ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Yes	Yes
ING-CC-0035	Duopa (carbidopa and levodopa enteral suspension)	Yes	Yes
ING-CC-0099	Abraxane (paclitaxel, protein bound)	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 **May 1, 2020**. However, the policies will remain in effect.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
LAB.00030	Measurement of Serum Concentrations of Monoclonal Antibody Drugs and Antibodies to Monoclonal Antibody Drugs	Yes	Yes
Blue Cross II-165	Lyme Disease: diagnostic testing and intravenous antibiotic therapy	Yes	Yes
CG-MED-32	Ancillary Services for Pregnancy Complications	Yes	Yes

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

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
RAD.00054	MRI of the Bone Marrow	Yes	Yes
MHCP	Aredia (pamidronate disodium)	Yes	Yes

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

Go to [providers.bluecrossmn.com](http://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](http://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&RevisionSelectonMethod=LatestReleased&dDocName=dhs16\\_157386](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectonMethod=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](https://medicalpolicies.amerigroup.com/am_search.html)

**AND**

<https://www.anthem.com/pharmacyinformation/clinicalcriteria>

**Please note that the Precertification Lookup 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**.