

PROVIDER BULLETIN

PROVIDER INFORMATION

March 1, 2021

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

Effective May 3, 2021, 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 members, 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 member claims on or after **May 3, 2021**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
CG-LAB-15	Red Blood Cell Folic Acid Testing	Yes	No	No
CG-LAB-16	Serum Amylase Testing	Yes	No	No
GENE.00055	Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity	Yes	No	No
LAB.00037	Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)	Yes	No	No
SURG.00158	Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain	Yes	No	No
ING-CC-0181	Veklury (remdesivir)	Yes	No	No
ING-CC-0185	Oxlumo (lumasiran)	Yes	Yes	Yes
ING-CC-0184	Danyelza (naxitamab-gqgk)	Yes	Yes	Yes
ING-CC-0177	Zilretta (triamcinolone acetonide extended-release)	Yes	Yes	Yes

The following policies have changes in clinical criteria and **will be applicable** to member claims on or after **May 3, 2021**.

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
CG-GENE-18	Genetic Testing for TP53 Mutations	Yes	Yes
CG-GENE-20	Epidermal Growth Factor Receptor (EGFR) Testing	No	No
CG-LAB-14	Respiratory Viral Panel Testing in the Outpatient Setting	No	No
CG-MED-38	Inpatient Admission for Radiation Therapy for Cervical or Thyroid Cancer	No	No
CG-MED-53	Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing	No	No
CG-MED-59	Upper Gastrointestinal Endoscopy in Adults	Yes	Yes
CG-MED-87	Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications	Yes	Yes
CG-SURG-94	Keratoprosthesis	Yes	Yes
DME.00011	Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	No	No
GENE.00052	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Yes	Yes
MED.00116	Near-Infrared Spectroscopy Brain Screening for Hematoma Detection	No	No
SURG.00011	Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	Yes	Yes
SURG.00062	Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele	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
ING-CC-0148	Agents for Hemophilia B	Yes	Yes
ING-CC-0149	Select Clotting Agents for Bleeding Disorders	Yes	Yes
ING-CC-0065	Agents for Hemophilia A and von Willebrand Disease	Yes	Yes
ING-CC-0150	Kymriah (tisagenlecleucel)	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ING-CC-0151	Yescarta (axicabtagene ciloleucel)	Yes	Yes
ING-CC-0001	Erythropoiesis Stimulating Agents	Yes	Yes
ING-CC-0121	Gazyva (obinutuzumab)	Yes	Yes
ING-CC-0002	Colony Stimulating Factor Agents	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-0075	Rituximab Agents for Non-Oncologic Indications	Yes	Yes
ING-CC-0019	Zoledronic Acid Agents (Reclast, Zometa)	Yes	Yes
ING-CC-0058	Ocreotide Agents	Yes	Yes

MCG Care Guidelines 24th Edition

Effective **May 3, 2021**, the following MCG Care Guideline 24th edition customizations will be implemented:

- Gastrointestinal Bleeding, Upper Gastrointestinal Bleeding (W0170) – Revised the criteria for Clinical Indications for Admission to Inpatient Care and added reference and footnote.
- Gastrointestinal Bleeding, Upper: Observation Care (W0171) – Revised Observation Care Admission Criteria

To view the summary of the MCG Care Guidelines 24th Edition customizations, select this [link](#).
 Customizations to MCG Care Guidelines 24th Edition (publish date May 3, 2021).

For questions, please contact the Provider Services number on the back of the member’s ID card.

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

- **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**.