

PROVIDER BULLETIN

PROVIDER INFORMATION

August 1, 2019

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

Effective October 1, 2019, 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 **October 1, 2019**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
CG-MED-32	Ancillary Services for Pregnancy Complications	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 **October 1, 2019**.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
CG-OR-PR-02	MHCP	Prefabricated and Prophylactic Knee Braces	Yes	Yes
CG-OR-PR-03	MHCP	Custom-made Knee Braces	Yes	Yes
SURG.00023	MHCP; SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	Yes	Yes
BCBSMN II-230	BCBSMN II-173	Onasemnogene Apeparvovec (Zolgensma)	Yes	Yes

Behavioral Health (BH) Prior Authorization (PA) Claims Denial Update

Blue Cross recently identified that certain codes, which should not have required a PA for BH services, have denied for no PA. The codes listed below have been **removed** from requiring PA effective **April 1, 2019**.

An update to the system is in progress, and any claims that denied incorrectly for no PA will be reprocessed.

CPT Code	Description
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes
90901	Biofeedback training by any modality

The following prior authorization requirements will be removed and **will not be applicable** under the medical benefit plan to subscriber claims on or after **October 1, 2019**. However, the policies will remain in effect.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
DME.00030	Altered Auditory Feedback Devices for the Treatment of Stuttering	No	No
MED.00126	Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders	No	No
RAD.00053	Cervical and Thoracic Discography	No	No
SURG.00071	Percutaneous and Endoscopic Spinal Surgery	No	No

The following policies and prior authorization requirements will be archived and **will not be applicable** under the medical benefit plan to subscriber claims on or after **October 1, 2019**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
MHCP	Miscellaneous Services	Yes	Yes
CG-MED-61	Preoperative Testing for Low Risk Invasive Procedures and Surgeries	Yes	Yes
RAD.00065	Radiostereometric Analysis	No	Yes
CG-MED-66	Cryopreservation of Oocytes or Ovarian Tissue	Yes	Yes
ORG: W0153 (BHG)	Applied Behavioral Analysis (EIDBI)	Yes*	Yes*

* Applied Behavioral Analysis (EIDBI) will continue to require prior authorization under the medical benefit plan using MHCP policy.

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

Go to **providers.bluecrossmn.com**

- Under Tools & Resources, select “Migration of Minnesota Health Care Programs”
- Click on the ‘+’ next to ‘Prior Authorizations’ and select the ‘Prior Authorization Grid (PDF)’

Where do I find the current government programs Medical Policy Grid?

Go to **providers.bluecrossmn.com**

- Under Tools & Resources, select “Migration of Minnesota Health Care Programs”
- Click on the ‘+’ next to ‘Medical Policies’ and select the ‘MHCP Medical Policy Grid (PDF)’

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://medicalpolicies.amerigroup.com/am_search.html

AND

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

Please note that the Precertification Look Up Tool (PLUTO) will not be available for prior authorization look up.

Questions?

If you have questions, please contact Blue Cross Provider Services at **1-866-518-8448**.