# PROVIDER BULLETIN PROVIDER INFORMATION



September 3, 2019

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

Effective November 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will update its government programs *Medical Policy* and *Pre-Certification/Pre-Authorization/Notification* lists. The lists clarify medical policy, prior authorization (PA) and notification requirements for the following programs/products:

- Minnesota Health Care Programs (MHCP):
  - o Families and Children
  - o MinnesotaCare (MNCare)
  - o Minnesota Senior Care Plus (MSC+)
- Minnesota Senior Health Options (MSHO)

As stewards of health care expenditures for our subscribers, we are charged with ensuring they receive appropriate, quality care while also maintaining overall costs. The PA 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 subscribers.

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 1, 2019:

New Policy #	Prior Policy #	Policy Name	PA Required?	
·	v		Medicaid	MSHO
CG-OR-PR-05	МНСР	Myoelectric Upper Extremity Prosthetic Devices	Yes	Yes

#### **Durable Medical Equipment (DME) PA Update**

The following new PA requirements will be applicable to subscriber claims on or after November 1, 2019.

Code	Code Description	Policy Source	PA Required?	
			Medicaid	MSHO
E0193	Powered air flotation bed (low air loss therapy)	МНСР	Yes	Yes

Code	Code Description	Policy Source	PA Required?	
			Medicaid	MSHO
E0194	Air fluidized bed	МНСР	Yes	Yes
E0277	Powered pressure-reducing air mattress	МНСР	Yes	Yes
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	МНСР	Yes	Yes
E0372	Powered air overlay for mattress, standard mattress length and width	МНСР	Yes	Yes
E0373	Powered air overlay for mattress, standard mattress length and width	МНСР	Yes	Yes
E0465	Home ventilator, any type, used with invasive interface (for example, tracheostomy tube)	МНСР	Yes	Yes
E0466	Home ventilator, any type, used with non-invasive interface (for example, mask, chest shell)	МНСР	Yes	Yes
E0575	Nebulizer, ultrasonic, large volume	МНСР	Yes	Yes
E0604	Breast pump, hospital grade, electric (ac and / or dc), any type	МНСР	Yes	Yes
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	МНСР	Yes	Yes
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	МНСР	Yes	Yes
E2402	Negative pressure wound therapy electrical pump, stationary or portable	МНСР	Yes	Yes
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	МНСР	Yes	Yes

### **Medical PA Claims Denial Update**

Blue Cross recently identified that certain codes, which should not have required a PA for medical 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
11981	Insertion, non-biodegradable drug delivery implant
11983	Removal with reinsertion, non-biodegradable drug delivery implant

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

Policy #	Policy Name		iired?
		Medicaid	MSHO
SURG.00119	Endobronchial Valve Devices	Yes	Yes

#### Amerigroup Customization to the 23rd Edition of the MCG Care Guidelines

Effective **November 1, 2019**, the following MCG Care Guidelines 23rd edition customization will be implemented for *Chemotherapy*, *Inpatient & Surgical Care* (W0162) for adult patients. This customization provides specific criteria and guidance on the following:

- Revised clinical indications for admission and added examples for:
  - o Aggressive hydration needs that cannot be managed in an infusion center
  - o Prolonged marrow suppression
- Added regimens that cannot be managed as an outpatient with examples

To view the summary of the MCG Care Guidelines 23rd edition customizations, select [this link] > Customizations to MCG Care Guidelines 23rd Edition (publish date November 1, 2019).

For questions, contact the Provider Services number on the back of the subscriber's ID card.

#### Where can I find the current government programs PA notification list?

Visit **providers.bluecrossmn.com** and under *Tools & Resources*, select **Medical Policy**. Then, read the *Blue Cross Medical Policy and UM Statement* and select **accept**. Select + next to *Utilization Management*. Under the *Precertification Lists*, select the *MN Government Programs Pre-Certification/Pre-Authorization/Notification List*.

Or visit **providers.bluecrossmn.com** and under *Tools & Resources*, select **Migration of Minnesota Health Care Programs**. Then, select + next to *Prior Authorizations* and select the *Prior Authorization Grid (PDF)*.

#### Where can I find the current government programs *Medical Policy Grid*?

Visit **providers.bluecrossmn.com** and under *Tools & Resources*, select **Migration of Minnesota Health Care Programs**. Then, select + next to *Medical Policies* and select the *MHCP Medical Policy Grid (PDF)*.

#### Where can I access medical policies?

- Minnesota Department of Human Services MHCP policies
- Blue Cross policies
- Amerigroup policies:
  - o Medical Policies and Clinical UM Guidelines
  - o Clinical Criteria

**Note:** As soon as the Precertification Look-Up Tool (PLUTO) is available for PA look-up, a Quick Point will be posted to notify providers.

#### **Questions?**

If you have questions, contact Provider Services at 1-866-518-8448.