

PROVIDER BULLETIN

PROVIDER INFORMATION

December 1, 2020

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

Effective February 1, 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 health care 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 **February 1, 2021**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
MED.00134	Non-invasive Heart Failure and Arrhythmia Management and Monitoring System	Yes	No	No
SURG.00156	Implanted Artificial Iris Devices	Yes	No	No
SURG.00157	Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis	Yes	No	No
ING-CC-0170	Uplizna (inebilizumab)	Yes	Yes	Yes
ING-CC-0172	Viltepso (viltolarsen)	Yes	Yes	Yes
ING-CC-0168	Tecartus (brexucabtagene autoleucel)	Yes	Yes	Yes
ING-CC-0171	Zepzelca (lurbinectedin)	Yes	Yes	Yes
ING-CC-0169	Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf)	Yes	Yes	Yes
ING-CC-0179	Blenrep (belantamab mafodotin-blmf)	Yes	Yes	Yes
ING-CC-0180	Monjuvi (tafasitamab-cxix)	Yes	Yes	Yes

The following policies have transitioned to new policy numbers, with changes in clinical criteria, and **will be applicable** to member claims on or after **February 1, 2021**.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
ING-CC-0178	MHCP	Synribo (omacetaxine mepesuccinate)	Yes	Yes
ING-CC-0176	MHCP	Beleodaq (belinostat)	Yes	Yes
ING-CC-0175	MHCP	Proleukin (aldesleukin)	Yes	Yes
MHCP	ING-CC-0161	Sarclisa (isatuximab-irfc)	Yes	Yes
MHCP	ING-CC-0162	Tepezza (teprotumumab-trbw)	Yes	Yes
MHCP	ING-CC-0163	Durysta (bimatoprost implant)	Yes	Yes
MHCP	ING-CC-0165	Trodelvy (sacituzumab govitecan)	Yes	Yes
MHCP	ING-CC-0041	Ultomiris (ravulizumab-cwvz)	Yes	Yes

The following policies have changes in clinical criteria and **will be applicable** to member claims on or after **February 1, 2021**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ADMIN.00006	Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline	No	No
CG-DME-44	Electric Tumor Treatment Field (TTF)	Yes	Yes
CG-MED-51	Three-Dimensional (3-D) Rendering of Imaging Studies	Yes	Yes
CG-MED-63	Treatment of Hyperhidrosis	Yes	Yes
CG-MED-69	Inhaled Nitric Oxide	No	No
CG-SURG-01	Colonoscopy	No	No
CG-SURG-15	Endometrial Ablation	No	No
CG-SURG-59	Vena Cava Filters	No	No
CG-SURG-83	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Yes	Yes
GENE.00052	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Yes	Yes
LAB.00011	Analysis of Proteomic Patterns	No	No
SURG.00077	Uterine Fibroid Ablation: Laparoscopic, Percutaneous, or Transcervical Image Guided Techniques	No	No

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
SURG.00112	Implantation of Occipital, Supraorbital, or Trigeminal Nerve Stimulation Devices (and Related Procedures)	No	No
SURG.00128	Implantable Left Atrial Hemodynamic Monitor	No	No
ING-CC-0132	Mylotarg (gemtuzumab ozogamicin)	Yes	Yes
ING-CC-0104	Levoleucovorin Agents	Yes	Yes
ING-CC-0094	Alimta (pemetrexed disodium)	Yes	Yes
ING-CC-0061	GnRH Analogs for the Treatment of Non-Oncologic Indications	Yes	Yes
ING-CC-0141	Off-Label Drug and Approved Orphan Drug Use	No	No
ING-CC-0021	Fabrazyme (agalsidase beta)	Yes	Yes
ING-CC-0017	Xiaflex (collagenase clostridium histolyticum)	Yes	Yes
ING-CC-0023	Naglazyme (galsulfase)	Yes	Yes
ING-CC-0024	Elaprase (idursulfase)	Yes	Yes
ING-CC-0025	Aldurazyme (laronidase)	Yes	Yes

The following policies and/or prior authorization requirements will be archived and **will not be applicable** under the medical benefit plan to member claims on or after **February 1, 2021**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
MHCP	Hereditary Angioedema Agents	Yes	Yes
ING-CC-0035	Duopa (carbidopa and levodopa enteral suspension)	Yes	Yes
CG-SURG-74	Total Ankle Replacement	Yes	Yes
RAD.00062	Intravascular Optical Coherence Tomography (OCT)	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>.

- Select **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**.
- Select **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&RevisionSelecti onMethod=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>

Note: The Prior Authorization Lookup Tool (PLUTO) is not available for prior authorization look up.

Questions?

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