

PROVIDER BULLETIN

PROVIDER INFORMATION



July 1, 2021

Updated Minnesota Health Care Programs and SecureBlue Prior Authorization and Medical Policy Requirements

Effective September 1, 2021, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be updating its government programs medical policy and preauthorization/precertification/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 SecureBlueSM (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 **September 1, 2021**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
CG-LAB-17	Molecular Gastrointestinal Pathogen Panel (GIPP) Testing for Infectious Diarrhea in the Outpatient Setting	Yes	No	No
GENE.00056	Gene Expression Profiling for Bladder Cancer	Yes	No	No
LAB.00038	Cell-free DNA Testing to Aid in the Monitoring of Kidney Transplants for Rejection	Yes	No	No
LAB.00039	Pooled Antibiotic Sensitivity Testing	Yes	No	No
SURG.00159	Focal Laser Ablation for the Treatment of Prostate Cancer	Yes	No	No
ING-CC-0186	Margenza (margetuximab-cmkb)	Yes	Yes	Yes
ING-CC-0189	Amondys 45 (casimersen)	Yes	Yes	Yes
ING-CC-0187	Breyanzi (lisocabtagene maraleucel)	Yes	Yes	Yes
ING-CC-0190	Nulibry (fosdenopterin)	Yes	Yes	Yes

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
ING-CC-0191	Pepaxto (melphalan flufenamide; melflufen)	Yes	Yes	Yes
ING-CC-0192	Cosela (trilaciclib)	Yes	Yes	Yes
ING-CC-0193	Evkeeza (evinacumab)	Yes	Yes	Yes
ING-CC-0194	Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection	Yes (Medicaid only)	Yes	No

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

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
MHCP	ING-CC-0179	Blenrep (belantamab mafodotin-blmf)	Yes	Yes
MHCP	ING-CC-0180	Monjuvi (tafasitamab)	Yes	Yes
MHCP	ING-CC-0169	Phesgo (pertuzumab, trastuzumab, and hyaluronidase)	Yes	Yes
MHCP	ING-CC-0172	Viltepso (viltolarsen)	Yes	Yes
MHCP	ING-CC-0171	Zepzelca (lurbinectedin)	Yes	Yes
CG-SURG-110	SURG.00022	Lung Volume Reduction Surgery	Yes	Yes
CG-GENE-23	GENE.00007 GENE.00017	Genetic Testing for Heritable Cardiac Conditions	Yes	Yes
CG-GENE-13	CG-GENE-05	Genetic Testing for Inherited Diseases	Yes	Yes

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

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ANC.00008	Cosmetic and Reconstructive Services of the Head and Neck	Yes	Yes
CG-ANC-08	Mobile Device-Based Health Management Applications	No	No
CG-MED-68	Therapeutic Apheresis	No	No
CG-MED-87	Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications	Yes	Yes
CG-SURG-18	Septoplasty	Yes	Yes
CG-SURG-55	Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation	Yes	Yes
CG-SURG-71	Reduction Mammoplasty	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-SURG-78	Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies	Yes	Yes
CG-SURG-82	Bone-Anchored and Bone Conduction Hearing Aids	Yes	Yes
CG-SURG-88	Mastectomy for Gynecomastia	Yes	Yes
CG-SURG-95	Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence, Urinary Retention	Yes	Yes
CG-SURG-97	Cardioverter Defibrillators	Yes	Yes
CG-SURG-107	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)	Yes	Yes
DME.00041	Low Intensity Therapeutic Ultrasound	No	No
GENE.00049	Circulating Tumor DNA Panel Testing for Cancer (Liquid Biopsy)	No	No
LAB.00003	In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays	No	No
LAB.00015	Detection of Circulating Tumor Cells	No	No
LAB.00033	Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer	No	No
MED.00087	Optical Detection for Screening and Identification of Cervical Cancer	No	No
SURG.00121	Transcatheter Heart Valve Procedures (TAVR and TPVI only)	Yes	Yes
SURG.00145	Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)	Yes	Yes
TRANS.00016	Umbilical Cord Blood Progenitor Cell Collection, Storage and Transplantation	Yes	Yes
ING-CC-0140	Zulresso (brexanolone)	Yes	Yes
ING-CC-0019	Zoledronic Acid Agents	Yes	Yes
ING-CC-0099	Abraxane (paclitaxel, protein bound)	Yes	Yes
ING-CC-0094	Pemetrexed Agents (Alimta, Pefexy)	Yes	Yes
ING-CC-0130	Imfinzi (durvalumab)	Yes	Yes
ING-CC-0118	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra and Zevalin only)	Yes	Yes
ING-CC-0112	Xofigo (Radium Ra 223 Dichloride)	Yes	Yes
ING-CC-0123	Cyramza (ramucirumab)	Yes	Yes
ING-CC-0122	Arzerra (ofatumumab)	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ING-CC-0120	Kyprolis (carfilzomib)	Yes	Yes
ING-CC-0090	Ixempra (ixabepilone)	Yes	Yes
ING-CC-0110	Perjeta (pertuzumab)	Yes	Yes
ING-CC-0115	Kadcyla (ado-trastuzumab)	Yes	Yes
ING-CC-0108	Halaven (eribulin)	Yes	Yes
ING-CC-0067	Prostacyclin Infusion and Inhalation Therapy	Yes	Yes
ING-CC-0075	Rituximab Agents for Non-Oncologic Indications	Yes	Yes
ING-CC-0177	Zilretta (triamcinolone acetonide extended-release)	Yes	Yes
ING-CC-0159	Scenesse (afamelanotide)	Yes	Yes
ING-CC-0151	Yescarta (axicabtagene ciloleucel)	Yes	Yes
AI-03	Advanced Oncologic Imaging <ul style="list-style-type: none"> • PET Imaging for Oncologic Indications 	Yes	Yes
AI-05	Advanced Imaging of the Heart <ul style="list-style-type: none"> • Cardiac CT with Quantitative Evaluation of Coronary Calcification • Cardiac MRI • Myocardial Perfusion Imaging • Cardiac Blood Pool Imaging 	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 **September 1, 2021**. However, the policies will remain in effect.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
MED.00085	Antineoplaston Therapy	Yes	Yes

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

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-MED-88	Preimplantation Genetic Diagnosis Testing	No	No
CG-GENE-20	Epidermal Growth Factor Receptor (EGFR) Testing	No	No
MED.00077	In-Vivo Analysis of Gastrointestinal Lesions	Yes	Yes
MHCP	Portrazza (necitumumab)	Yes	Yes

MCG Care Guidelines 25th Edition

Effective **September 1, 2021**, Amerigroup is upgrading to the 25th edition of MCG Care Guidelines for the following modules: Inpatient & Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC),

Recovery Facility Care (RFC), and Behavioral Health Care (BHC). The below tables highlight new guidelines and changes that may be considered more restrictive.

Goal Length of Stay (GLOS) for Inpatient & Surgical Care (ISC)

Guideline	MCG Code	24th Edition GLOS	25th Edition GLOS
Aortic Coarctation, Angioplasty	S-152	Ambulatory or 1 day postoperative	Ambulatory
Cardiac Septal Defect: Atrial, Transcatheter Closure	W0016	Ambulatory or 1 day postoperative	Ambulatory
Esophageal Diverticulectomy, Endoscopic	S-445	Ambulatory or 1 day postoperative	Ambulatory
Gastrectomy, Partial - Billroth I or II	S-510	4 or 6 days postoperative	5 days postoperative
Hernia Repair (Non-Hiatal)	S-1305	Ambulatory or 1 day postoperative	Ambulatory
Pancreatectomy	S-1200	5 or 7 days postoperative	6 days postoperative
Pyloroplasty and Vagotomy	S-990	4 or 6 days postoperative	4 days postoperative
Cervical Laminectomy	W0097	2 days postoperative	Ambulatory or 2 days postoperative
Lumbar Discectomy, Foraminotomy, or Laminotomy	W0091	Ambulatory or 1 day postoperative	Ambulatory
Removal of Posterior Spinal Instrumentation	S-530	1 day postoperative	Ambulatory or 1 day postoperative
Shoulder Hemiarthroplasty	W0138	1 day postoperative	Ambulatory or 1 day postoperative
Spine, Scoliosis, Posterior Instrumentation, Pediatric	W0156	4 days postoperative	3 days postoperative
Bladder Resection: Cystectomy with Urinary Diversion, Conduit or Continent	S-190	5 or 6 days postoperative	5 days postoperative
Prostatectomy, Transurethral Resection (TURP)	S-970	Ambulatory or 1 day postoperative	Ambulatory
Urethroplasty	S-1172	Ambulatory or 1 day postoperative	Ambulatory

New Guidelines for Behavioral Health Care (BHC) and Recovery Facility Care (RFC)

Body System	Guideline Title	MCG - Code
Withdrawal Management	Withdrawal Management, Adult: Inpatient Care	B-031-IP
Withdrawal Management	Withdrawal Management, Adult: Intensive Outpatient Program	B-031-IOP
Withdrawal Management	Withdrawal Management, Adult: Outpatient Care	B-031-AOP
Withdrawal Management	Withdrawal Management, Adult: Partial Hospital Program	B-031-PHP
Withdrawal Management	Withdrawal Management, Adult: Residential Care	B-031-RES
Cardiology	Hypertension	M-5197
Cardiology	Peripheral Vascular Disease (PVD)	M-7087
Nephrology	Rhabdomyolysis	M-7095
Nephrology	Encephalopathy	M-7100

Body System	Guideline Title	MCG - Code
Thoracic Surgery	Rib Fracture	M-5545

Customizations to *MCG Care Guideline 25th Edition*

Effective September 1, 2021, the following MCG care guideline 25th edition customization will be implemented:

- Transcranial Magnetic Stimulation, W0174 (previously ORG: B-801-T) - Revised Clinical Indications for Procedure

To view a detailed summary of customizations click on this [link](#).

For questions, please contact the provider service number on the back of the member's ID card.

Where do I find the current government programs Precertification/Preauthorization/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**
- Click on **Medical Policies and UM Guidelines**

Where can I access medical policies?

- **Minnesota Department of Health Services (MHCP) policies:**

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://provider.publicprograms.bluecrossmn.com/minnesota-provider/medical-policies-and-clinical-guidelines>

AND

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

Please note that the Precertification Lookup Tool is not available for Prior Authorization Lookup.

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