

PROVIDER BULLETIN

PROVIDER INFORMATION



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MARCH 2, 2020

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ADMINISTRATIVE UPDATES

Reminder: Medicare Requirements for Reporting Provider Demographic Changes

(article is published in every monthly Bulletin)

In accordance with Medicare requirements, Blue Cross is required to maintain accurate provider network directories for the benefit of our Subscribers. Blue Cross is hereby reminding all providers to submit a form to us whenever any of the following changes occur:

- Accepting new patients
- Demographic address and phone changes
- Office hours or other changes that affect availability
- Tax ID changes
- Practitioner additions or terminations
- Branch additions

Forms Location

Based on what change has occurred, submit the appropriate form located on our website at providers.bluecrossmn.com. Select “Administrative Updates” in the “What’s Inside” section to obtain instructions on completing the various forms or access the link below:

<https://www.bluecrossmn.com/healthy/public/personal/home/providers/admin-updates>.

How do we submit changes?

Send the appropriate form via fax as indicated below:

Fax: 651-662-6684, Attention: Provider Data Operations

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

eviCore CPT® Code Updates for Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) – Durable Medical Equipment (P16-20, published 3/2/20)

eviCore has released the following updates based on the annual American Medical Association (AMA) code update.

Durable Medical Equipment

The following Durable Medical Equipment codes will **no longer** require prior authorization (PA) effective May 1, 2020.

Code	Description
L8614	Cochlear device, includes all internal and external components
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement
L8627	Cochlear implant, external speech processor, component, replacement
L8628	Cochlear implant, external controller component, replacement
L8690	Auditory osseointegrated device, includes all internal and external components
L8691	Auditory osseointegrated device, external sound processor, replacement

Products Impacted

This change only applies to Medicare Advantage subscribers.

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of CPT codes that require prior authorization, eviCore clinical guidelines, and other provider resources on the eviCore Implementation Resources website.

To view CPT Code lists:

- Access the 'Provider Section' of the Blue Cross website at **providers.bluecrossmn.com**
- Select "**Medical Policy**" under *Tools and Resources*, read and accept the Blue Cross Medical Policy Statement
- Under "Medical and Behavioral Health Policies" scroll down and click on the "**eviCore healthcare Specialty Utilization Management Clinical Guidelines**" link
- Select "**Solution Resources**" and then click on the appropriate solution (ex: Durable Medical Equipment)
- Select "**CPT Codes**" to view the current CPT code list that require a prior authorization

To view Clinical Guidelines:

- Access the 'Provider Section' of the Blue Cross website at **providers.bluecrossmn.com**
- Select "**Medical Policy**" under *Tools and Resources*, read and accept the Blue Cross Medical Policy Statement
- Under "Medical and Behavioral Health Policies" scroll down and click on the "**eviCore healthcare Specialty Utilization Management Clinical Guidelines**" link
- Click on the "**Resources**" dropdown in upper right corner
- Click "**Clinical Guidelines**"
- Select the appropriate solution: i.e. Durable Medical Equipment
- Type "**BCBS MN**" (space is important) in 'Search by Health Plan'
- Click on the "Current", "Future", or "Archived" tab to view guidelines most appropriate to your inquiry

To submit a Prior Authorization (PA) Request to eviCore

Providers submit eviCore PA requests via our free [Availity](#) provider portal. Instructions on how to utilize this portal are found on the Availity website.

Providers need to reference the eviCore clinical guideline criteria, submit prior authorization requests via Availity, and submit all applicable clinical documentation with the PA request. Failure to submit required information may result in review delays or denial of the request due to insufficient information.

Note: An approved PA does not guarantee coverage under a subscriber's benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Questions?

If you have questions, please contact eviCore provider service at **844-224-0494**.

Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P17-20, published 3/2/20)

The eviCore Healthcare Utilization Management Program will be making the following updates to the Medical Oncology CPT® Prior Authorization (PA) Code List.

The following medications are awaiting regulatory approval. When approved, the medications will automatically be added to the PA list for oncologic reasons effective immediately. CPT® codes will be assigned closer to the approval date.

Drug Name	Brand Name (s)
Leuprolide mesylate 50 mg depot	FP-001
Tafasitamab	MOR208
Isatuximab	
Lisocabtagene maraleucel	
Sacituzumab govitecan	
Avapritinib	
Neratinib	Nerlynx
Selumetinib	
Selinexor	Xpovio
Tucatinib	
Niraparib	Zejula

Products Impacted

This change only applies to **fully insured commercial** and **Medicare Advantage** subscribers.

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of CPT codes that require prior authorization, eviCore clinical guidelines, and other provider resources on the eviCore Implementation Resources website.

To view CPT Code lists:

- Access the ‘Provider Section’ of the Blue Cross website at **providers.bluecrossmn.com**
- Select “**Medical Policy**” under *Tools and Resources*, read and accept the Blue Cross Medical Policy Statement
- Under “Medical and Behavioral Health Policies” scroll down and click on the “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
- Select “**Solution Resources**” and then click on the appropriate solution (ex: Medical Oncology)
- Select “**CPT Codes**” to view the current CPT code list that require a prior authorization

To view Clinical Guidelines:

- Access the ‘Provider Section’ of the Blue Cross website at **providers.bluecrossmn.com**
- Select “**Medical Policy**” under *Tools and Resources*, read and accept the Blue Cross Medical Policy Statement
- Under “Medical and Behavioral Health Policies” scroll down and click on the “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
- Click on the “**Resources**” dropdown in upper right corner
- Click “**Clinical Guidelines**”
- Select the appropriate solution: i.e. Medical Oncology
- Type “**BCBS MN**” (space is important) in ‘Search by Health Plan’
- Click on the “Current”, “Future”, or “Archived” tab to view guidelines most appropriate to your inquiry

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Providers submit eviCore PA requests via our free [Availity](#) provider portal. Instructions on how to utilize this portal are found on the Availity website.

Providers need to reference the eviCore clinical guideline criteria, submit prior authorization requests via Availity, and submit all applicable clinical documentation with the PA request. Failure to submit required information may result in review delays or denial of the request due to insufficient information.

Note:

- An approved PA does not guarantee coverage under a subscriber’s benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.
- Some of the Medical Oncology Drugs listed above may be approved by the Food and Drug Administration (FDA) for use treating non-oncology indications. To identify if a prior authorization for a drug for non-oncology use, please refer to the Prior Authorization Lists posted on the Blue Cross website. To access the Pre-Authorization Lists:
 - Go to providers.bluecrossmn.com
 - Select “Medical Policy” under Tools and Resources, read and accept the Blue Cross Medical Policy Statement
 - Review the lists under the “Utilization Management” section

Questions?

If you have questions, please contact eviCore provider service at **844-224-0494**.

Lab Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P18-20, published 3/2/20)

eviCore has released updates for Lab Management Clinical Guidelines. The following new Proprietary Laboratory Analyses CPT® Codes have been added by the American Medical Association (AMA) and will require prior authorization (PA) **effective May 1, 2020**.

Code	Description
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence

Products Impacted

This change only applies to **fully insured commercial** and **Medicare Advantage** subscribers.

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of CPT codes that require prior authorization, eviCore clinical guidelines, and other provider resources on the eviCore Implementation Resources website.

To view CPT Code lists:

- Access the ‘Provider Section’ of the Blue Cross website at **providers.bluecrossmn.com**
- Select “**Medical Policy**” under *Tools and Resources*, read and accept the Blue Cross Medical Policy Statement
- Under “Medical and Behavioral Health Policies” scroll down and click on the “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
- Select “**Solution Resources**” and then click on the appropriate solution (ex: Laboratory Management)
- Select “**CPT Codes**” to view the current CPT code list that require a prior authorization

To view Clinical Guidelines:

- Access the ‘Provider Section’ of the Blue Cross website at **providers.bluecrossmn.com**
- Select “**Medical Policy**” under *Tools and Resources*, read and accept the Blue Cross Medical Policy Statement
- Under “Medical and Behavioral Health Policies” scroll down and click on the “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link

- Click on the “**Resources**” dropdown in upper right corner
- Click “**Clinical Guidelines**”
- Select the appropriate solution: i.e. Laboratory Management
- Type “**BCBS MN**” (space is important) in ‘Search by Health Plan’
- Click on the “Current”, “Future”, or “Archived” tab to view guidelines most appropriate to your inquiry

To submit a Prior Authorization (PA) Request to eviCore

Providers submit eviCore PA requests via our free [Availity](#) provider portal. Instructions on how to utilize this portal are found on the Availity website.

Providers need to reference the eviCore clinical guideline criteria, submit prior authorization requests via Availity, and submit all applicable clinical documentation with the PA request. Failure to submit required information may result in review delays or denial of the request due to insufficient information.

Note: An approved PA does not guarantee coverage under a subscriber’s benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Questions? If you have questions, please contact eviCore provider service at **844-224-0494**.

**New Medical, Medical Drug and Behavioral Health Policy Management Updates—
Effective May 4, 2020** (P19-20, published 3/2/20)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding utilization management requirements, including prior authorization (PA) requirements.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through expanded development of medical policies and through management of these policies to include the PA process. The primary purpose of the PA process is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

The following prior authorization changes will be effective May 4, 2020:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-235	Crizanlizumab (Adakveo®)	Yes <i>(Replacing policy II-173)</i>	Continued	Commercial
II-234	Givosiran (Givlaari™)	Yes <i>(Replacing policy II-173)</i>	Continued	Commercial
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: <ul style="list-style-type: none"> • Peanut allergen powder (Palforzia®) • Peanut allergy patch (Viaskin® Peanut) 	No	New	Commercial
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: <ul style="list-style-type: none"> • Peanut allergen powder (Palforzia®) • Peanut allergy patch (Viaskin® Peanut) 	No	New	Medicare Advantage

Products Impacted

The information in this bulletin applies **only** to subscribers who have coverage through commercial and Medicare Advantage lines of business.

Submitting a PA Request when Applicable

- Providers may submit PA requests for any treatment in the above table starting April 27, 2020.
- Providers must check applicable Blue Cross policy and **attach all required clinical documentation** with the PA request. PA requests will be reviewed when patient-specific, relevant medical documentation has been submitted supporting the medical necessity of the service. Failure to submit required information may result in review delays or a denial of the request due to insufficient information to support medical necessity. If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.
- PA approval will be based on the Blue Cross policy criteria. To review Blue Cross criteria:
 - Go to providers.bluecrossmn.com
 - Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
 - Select the “+” (plus) sign next to Medical and Behavioral Health Policies, then select “Blue Cross Blue Shield of Minnesota Medical Policies” to access policy criteria.
- Current and future PA requirements can be found using the *Is Authorization Required* tool in the Availity® portal prior to submitting a PA request. Prior Authorization Lists are also updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access the Prior Authorization Lists for all lines of business:
 - Go to providers.bluecrossmn.com
 - Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
 - Select the “+” (plus) sign next to “Utilization Management” to access the Prior Authorization Lists.
- If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization. The requirement applies to subscribers starting therapy and to those already being treated with a therapy noted above.

Prior Authorization Requests

- Participating providers must submit PA requests online via our free [Availity®](#) provider portal
- For medical drugs, PA’s can also be submitted using a [NCPDP](#) standard XML file feed to Blue Cross through CenterX, via an integrated Electronic Medical Record (EMR) system. To learn how to do this, providers should contact their EMR vendor for assistance.
- Out of state, non-contracted providers can submit a PA request to Blue Cross by either using the electronic processes above, the [fax form](#) located under the Forms & Publications section on the Blue Cross website, or their own PA form.

Note: An approved PA does not guarantee coverage under a subscriber’s benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Reminder Regarding Medical Policy Updates & Changes:

Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective at minimum 45 days from the date they were posted. To access the website:

- Go to providers.bluecrossmn.com
- Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
- Select the “+” (plus) sign next to “Medical and Behavioral Health Policies” to see the Upcoming Medical Policy Notifications section

Questions?

If you have questions, please contact provider services at (651) 662-5200 or 1-800-262-0820.

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements (P20-20, published 3/2/20)

Effective May 1, 2020, 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 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.

Prior Authorization Grid Update

Please see additional information that will now be included for clarification on the published Prior Authorization Grid.

“Codes included on the grid below require submission of an authorization regardless of the section/policy it is located in.”

Providers will see the updated language effective in the March 2020 Prior Authorization Grid.

The following **new** policies and/or prior authorization requirements **will be applicable** to subscriber claims on or after **May 1, 2020**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
CG-MED-86	Enhanced External Counterpulsation in the Outpatient Setting	Yes	No	No
CG-SURG-104	Intraoperative Neurophysiological Monitoring	Yes	No	No
ING-CC-0148	Agents for Hemophilia B	Yes	Yes	Yes
ING-CC-0149	Select Clotting Agents for Bleeding Disorders	Yes	Yes	Yes
MHCP	Radicava (edaravone)	Yes	Yes	Yes
ING-CC-0153	Adakveo (crizanlizumab)	Yes	Yes	Yes
ING-CC-0154	Givlaari (givosiran)	Yes	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 **May 1, 2020**.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
GENE.00052 MHCP	GENE.00001 GENE.00012 GENE.00025 GENE.00028 GENE.00030 GENE.00035 GENE.00043	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Yes	Yes
CG-GENE-14	GENE.00001	Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management	Yes	Yes
CG-GENE-20	GENE.00006	Epidermal Growth Factor Receptor (EGFR) Testing	No	No
CG-GENE-13 MHCP	GENE.00012 GENE.00043	Genetic Testing for Inherited Diseases	Yes	Yes
CG-GENE-15	GENE.00028	Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis	Yes	Yes
CG-GENE-17	GENE.00030	RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility	Yes	Yes
CG-GENE-18	GENE.00035	Genetic Testing for TP53 Mutations	Yes	Yes
CG-GENE-19	GENE.00045	Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers	Yes	Yes
CG-SURG-105	MED.00109	Corneal Collagen Cross-Linking	No	No
CG-MED-87	RAD.00023	Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications	Yes	Yes
CG-SURG-106	SURG.00122	Venous Angioplasty with or without Stent Placement or Venous Stenting Alone	No	No
CG-LAB-14	MHCP	Respiratory Viral Panel Testing in the Outpatient Setting	Yes	Yes
CG-SURG-61	CG-SURG-61 CG-SURG-62	Cryosurgical or Radiofrequency Ablation to Treat Solid Tumors Outside the Liver	Yes	Yes
ING-CC-0150	MED.00124	Kymriah (tisagenlecleucel)	Yes	Yes
ING-CC-0151	MED.00123	Yescarta (axicabtagene ciloleucel)	Yes	Yes
MHCP	ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Yes	Yes

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **May 1, 2020**.

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
BEH.00002	Transcranial Magnetic Stimulation	No	No
CG-GENE-12	PIK3CA Mutation Testing for Malignant Conditions	Yes	Yes
CG-MED-68	Therapeutic Apheresis	No	No
CG-MED-84	Non-Obstetric Gynecologic Duplex Ultrasonography of the Abdomen and Pelvis in the Outpatient Setting	No	No
CG-REHAB-02	Outpatient Cardiac Rehabilitation	No	No
CG-SURG-92	Paraesophageal Hernia Repair	Yes	Yes
GENE.00025	Proteogenomic Testing for the Evaluation of Malignancies	Yes	Yes
MED.00117	Autologous Cell Therapy for the Treatment of Damaged Myocardium	Yes	Yes
SURG.00011	Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	Yes	Yes
SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	Yes	Yes
SURG.00028	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)	Yes	Yes
SURG.00032	Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention	Yes	Yes
SURG.00037	Treatment of Varicose Veins (Lower Extremities)	Yes	Yes
SURG.00047	Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis	No	No
SURG.00097	Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents	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-0065	Agents for Hemophilia A and von Willebrand Disease	Yes	Yes
ING-CC-0002	Colony Stimulating Factor Agents	Yes	Yes
ING-CC-0041	Complement Inhibitors (for Ultomiris only)	Yes	Yes
ING-CC-0003	Immunoglobulins	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ING-CC-0039	GamaSTAN immune globulin (human)	Yes	Yes
ING-CC-0073	Alpha-1 Proteinase Inhibitor Therapy	Yes	Yes
ING-CC-0040	Prialt (ziconotide)	Yes	Yes
ING-CC-0075	Rituximab Agents for Non-Oncologic Indications	Yes	Yes
ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Yes	Yes
ING-CC-0035	Duopa (carbidopa and levodopa enteral suspension)	Yes	Yes
ING-CC-0099	Abraxane (paclitaxel, protein bound)	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 **May 1, 2020**. However, the policies will remain in effect.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
LAB.00030	Measurement of Serum Concentrations of Monoclonal Antibody Drugs and Antibodies to Monoclonal Antibody Drugs	Yes	Yes
Blue Cross II-165	Lyme Disease: diagnostic testing and intravenous antibiotic therapy	Yes	Yes
CG-MED-32	Ancillary Services for Pregnancy Complications	Yes	Yes

The following policies will be archived and **will not be applicable** under the medical benefit plan to subscriber claims on or after **May 1, 2020**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
RAD.00054	MRI of the Bone Marrow	Yes	Yes
MHCP	Aredia (pamidronate disodium)	Yes	Yes

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

- 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 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&RevisionSelecti onMethod=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 Lookup 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**.