PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

WHAT'S INSIDE: **May 3, 2021**

Administrative Updates

- Reminder: Medicare Requirements for Reporting Demographic Changes (published in every monthly Bulletin) Page 2

Contract Updates

- RAP Claims Required for Home Care Claims (Effective 7/1/21, P21-21) Page 2
- 2021 Renewal Changes Summary for Aware Professional Providers (Effective 7/1/21, P24-21) Page 3
- 2021 Renewal Changes Summary for Suppliers of Durable Medical Equipment (Effective 7/1/21, P25-21) Page 3
- 2021 Renewal Changes Summary for Blue Plus Referral Health Professional Providers (Effective 7/1/21, P23-21) Page 4
- Reimbursement Change for Licensed Professional Clinical Counselors (LPCC) (Effective 7/1/21, P29-21) Page 4
- Sequestration Suspension for Medicare Lines of Business Extended (Extended through 12/31/21, P26-21) Page 4-5

Medical and Behavioral Health Policy Updates

- Removal of Four Medicare Platinum Blue Prior Authorization Requirements (Effective 6/1/21, P20-21) Page 5
- New Medical, Medical Drug and Behavioral Health Policy Management Updates (Effective 7/5/21, P27-21) Page 5-7
- Updated Prior Authorization Requirements for Psychological and Neuropsychological Testing for Commercial and Medicare Advantage Products (Effective 7/1/21, P28-21) Page 7-8
- eviCore Healthcare Specialty Utilization Management Program – Laboratory Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers (Effective 7/1/21, P31-21) Page 8-10
- eviCore Healthcare Specialty Utilization Management Program – Cardiology and Radiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers (Effective 7/1/21, P30-21) Page 10-11
- eviCore Healthcare Specialty Utilization Management Program – Musculoskeletal Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers (Effective 7/1/21, P32-21) Page 11-13

Minnesota Health Care Programs (MHCP) Updates

- Updated MHCP and Minnesota Senior Health Care Options Prior Authorization and Medical Policy Requirements (Effective 7/1/21, P22-21) Page 13-15

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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**

CONTRACT UPDATES

RAP Claims Required for Home Care Claims Effective July 1, 2021 (P21-21, published 5/3/21)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be requiring a Request for Anticipated Payment (RAP) claim effective with episodes of care beginning July 1, 2021 to align with the Centers for Medicare & Medicaid Services (CMS) requirements for home health agencies.

Blue Cross is requiring a RAP claim be submitted for all Medicare-eligible Home Care services rendered to Medicare members. Failure to bill the proper RAP claim for episodes of care beginning July 1, 2021 will result in the final episode claim being rejected.

Blue Cross will not immediately apply a penalty or reduction in reimbursement for non-timely RAP claim submissions, however, penalties may be enforced in the future. Please note that Blue Cross will provide a follow-up publication notifying providers when penalties will be enforced.

Products Impacted
This change applies to members enrolled with Medicare Advantage and Minnesota Senior Health Options (MSHO) coverage.

Questions? If you have questions regarding how to bill RAP claims, please refer to the CMS manual for further details and instructions. If you have questions for a member enrolled in a Medicare Advantage product, please contact provider services at (**651**) **662-5200** or **1-800-262-0820**. If you have questions for a member enrolled in MSHO, please contact provider services at **1-866-518-8448.**

2021 Renewal Changes Summary for Aware Professional Providers

(P24-21, published 5/3/21)

The purpose of this Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Cross) Bulletin is to communicate changes to the 2021 Aware Provider Service Agreement (Agreement) being made as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. Only minor changes and clarifications to the Agreement were made effective July 1, 2021, with no material changes made for 2021.

Language Changes:

No material changes have been made to the 2021 Blue Cross Aware Provider Service Agreement.

No changes have been made to the Medicare Amendment.

Disclosure of Ownership

A Disclosure of Ownership form must be submitted once **annually** to Blue Cross, per Minnesota Department of Human Services requirements. The form is located at https://www.bluecrossmn.com/providers/forms-and-publications (enter "Disclosure of Ownership and Management Information Form" in the Search bar). Email the completed form and any questions to: DisclosureStatement@bluecrossmn.com

Questions?

If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**. If you would like to receive a comprehensive copy of the July 1, 2021 renewal Agreement, please email your request to: Request.Contract.Renewal@bluecrossmn.com

2021 Renewal Changes Summary for Suppliers of Durable Medical Equipment

(P25-21, published 5/3/21)

The purpose of this Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Cross) Bulletin is to communicate changes to the 2021 Provider Service Agreement with Suppliers of Durable Medical Equipment (Agreement) being made as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. Only minor changes and clarifications to the Agreement were made effective July 1, 2021, with no material changes made for 2021.

Language Changes:

No material changes have been made to the 2021 Provider Service Agreement for Suppliers of Durable Medical Equipment.

No changes have been made to the Medicare Amendment.

Disclosure of Ownership

A Disclosure of Ownership form must be submitted once **annually** to Blue Cross, per Minnesota Department of Human Services requirements. The form is located at https://www.bluecrossmn.com/providers/forms-and-publications (enter "Disclosure of Ownership and Management Information Form" in the Search bar). Email the completed form and any questions to: DisclosureStatement@bluecrossmn.com

Questions?

If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**. If you would like to receive a comprehensive copy of the July 1, 2021 renewal Agreement, please email your request to: Request.Contract.Renewal@bluecrossmn.com

2021 Renewal Changes Summary for Blue Plus Referral Health Professional Providers

(P23-21, published 5/3/21)

The purpose of this Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Plus) Bulletin is to communicate changes to the 2021 Blue Plus Referral Health Professional Provider Service Agreement (Agreement) being made as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. Only minor changes and clarifications to the Agreement were made effective July 1, 2021, with no material changes made for 2021.

Language Changes:

No material changes have been made to the 2021 Blue Plus Referral Health Professional Provider Service Agreement.

No changes have been made to the Medicare Amendment.

Disclosure of Ownership

A Disclosure of Ownership form must be submitted once **annually** to Blue Plus, per Minnesota Department of Human Services requirements. The form is located at https://www.bluecrossmn.com/providers/forms-and-publications (enter "Disclosure of Ownership and Management Information Form" in the Search bar). Email the completed form and any questions to: DisclosureStatement@bluecrossmn.com

Questions?

If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**. If you would like to receive a comprehensive copy of the July 1, 2021 renewal Agreement, please email your request to: Request.Contract.Renewal@bluecrossmn.com

Reimbursement Change for Licensed Professional Clinical Counselors (LPCC)

(P29-21, published 5/3/21)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) allows LPCCs to provide Health Services for subscribers that are eligible for Medicare even though the Centers for Medicare & Medicaid Services (CMS) does not recognize LPCCs as an eligible practitioner type for Medicare reimbursement. Effective July 1, 2021 Blue Cross will reimburse eligible Health Services provided by LPCCs at 75% of the CMS MD fee schedule.

Products Impacted

This information applies to the following products:

- Medicare Advantage
- Platinum Blue
- Medicare Supplement

Questions?

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

Sequestration Suspension for Medicare Lines of Business Extended

(P26-21, published 5/3/21)

The Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARES Act) temporarily suspended Medicare Sequestration. Recently, the United States Congress passed legislation to extend the suspension of Sequestration through December 31, 2021. Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will align with this legislation and temporarily suspend sequestration for all Medicare lines of business for dates of service through December 31, 2021. For facility claims, the suspension of sequestration will apply to claims with 'statement to' dates through December 31, 2021.

Questions?
If you have questions for a member enrolled in a Minnesota Senior Health Options (MSHO) plan, please contact provider services at **1-866-518-8448**. For all other Medicare products, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

Removal of Four Medicare Platinum Blue Prior Authorization Requirements —Effective June 1, 2021 (P20-21, published 5/3/21)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be removing utilization management prior authorization (PA) requirements for the Durable Medical Equipment (DME) items listed below.

The following prior authorization changes will be effective June 1, 2021:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
Medicare	Continuous Glucose Monitors	No	Removed	Platinum Blue
Medicare	Insulin Pumps and Replacements	No	Removed	Platinum Blue
Medicare	Pressure Reducing Support Surfaces	No	Removed	Platinum Blue
Medicare	Vest Percussor	No	Removed	Platinum Blue

Products Impacted
The information in this bulletin applies <u>only</u> to subscribers who have coverage through Medicare Platinum Blue line of business.

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

New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective July 5, 2021 (P27-21, published 5/3/21)

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 July 5, 2021:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-249	Lisocabtagene maraleucel (Breyanzi®)	Yes *(Moving from policy II-173)*	Continued	Commercial

II-250	Evinacumab (Evkeeza®)	Yes *(Moving from policy II-174)*	New	Commercial
II-29	Intra-Articular Hyaluronan Injections for Osteoarthritis • Euflexxa®	No	Removed	Commercial
II-161	Abatacept (Orencia®)	No *(Moving from LCD L33394)*	Continued	Medicare Advantage
II-152	Belimumab (Benlysta®)	No *(Moving from LCD L33394)*	Continued	Medicare Advantage
II-179	Certolizumab Pegol (Cimzia®)	No *(Moving from LCD L33394)*	Continued	Medicare Advantage
II-180	Golimumab (Simponi Aria®)	No *(Moving from LCD L33394)*	Continued	Medicare Advantage
II-222	Tildrakizumab (Iluyma™)	No *(Moving from LCD L33394)*	Continued	Medicare Advantage
II-181	Tocilizumab (Actemra®)	No *(Moving from LCD L33394)*	Continued	Medicare Advantage
II-168	Ustekinumab (Stelara®)	No *(Moving from LCD L33394)*	Continued	Medicare Advantage
II-182	Vedolizumab (Entyvio®)	No *(Moving from LCD L33394)*	Continued	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 June 28, 2021.**
- 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 pdf 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**.

Updated Prior Authorization Requirements for Psychological and Neuropsychological Testing for Commercial and Medicare Advantage Products (P28-21, published 5/3/21)

Effective July 1, 2021, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be modifying the psychological and neuropsychological testing prior authorization process and will require **all providers** to submit required prior authorization requests for psychological and neuropsychological testing prior to services being rendered.

Medicare Advantage Products

Providers submitting prior authorization (PA) requests for psychological and neuropsychological testing for Medicare Advantage members using the Authorization tool in the Availity® provider portal will be prompted to attach clinical records to support the medical necessity of the request. Requests are reviewed for medical necessity using the appropriate Centers for Medicare & Medicaid Services (CMS) criteria.

Commercial Products

As previously communicated in Quick Points QP37-21, providers submitting prior authorization (PA) requests for psychological and neuropsychological testing for commercial members using the Authorization tool in the Availity® provider portal are prompted to complete an online survey to provide necessary information to Blue Cross.

This survey asks for the total number of testing **hours** requested and asks if the member has had any psychological or neuropsychological testing in the past six months. Based on the answers to these two questions, the provider may

receive an immediate approval. If the request is not immediately approved, the provider will be prompted to attach clinical records to support the medical necessity of the request.

Success with Surveys

Request only the procedure codes that require PA when submitting the authorization request using the Availity® provider portal. Additional codes that are incidental to the primary code should not be submitted. Requests with surveys cannot be immediately approved when there are incidental codes that do not require PA included.

Products Impacted

This information impacts commercial and Medicare Advantage products only.

Questions?

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

eviCore Healthcare Specialty Utilization Management (UM) Program – Laboratory Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers (P31-21, published 5/3/21)

eviCore has released clinical guideline updates for the Laboratory Management program. Guideline updates will become **effective July 1, 2021**.

Please review all guidelines when submitting a prior authorization request.

New guidelines:

- Human Papillomavirus (HPV) Molecular Test
- Human Platelet and Red Blood Cell Antigen
- Inherited Bone Marrow Failure Syndrome (IBMFS) Testing
- Mohs Micrographic Surgery
- Special Circumstances Influencing Coverage Determinations

Guidelines with substantive changes:

- 4Kscore for Prostate Cancer Risk Assessment
- Afirma Thyroid Cancer Classifier Tests
- BCR-ABL Negative Myeloproliferative Neoplasm Testing
- ConfirmMDx for Prostate Cancer Risk Assessment
- Genetic Testing for Prenatal Screening and Diagnostic Testing
- Genitourinary Conditions Molecular Testing
- Hereditary Hemochromatosis Testing
- Investigational and Experimental Molecular/Genomic
- In-vitro testing for HIV
- In-vitro testing for SARS-CoV-2 (COVID-19)
- Liquid Biopsy Testing – Solid Tumors
- Mitochondrial Genetic Testing
- Somatic Mutation Testing – Hematological Malignancies
- Somatic Mutation Testing – Sold Tumors
- Tay-Sachs Disease Testing
- ThyGenX and ThyraMIR miRNA Gene Expression Classifier
- Thyroseq

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of Current Procedural Terminology (CPT) codes that require prior authorizations, 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 the 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

Products Impacted

This change only applies to:

- Individual subscribers
- Fully insured commercial subscribers
- Medicare Advantage subscribers

Prior Authorization Look Up Tool

Providers should use the Prior Authorization Look Up Tool on the Availity Provider Portal to quickly determine if an authorization is required. By entering Member Group Number, Date of Service and Procedure Code, the tool will indicate whether an Authorization is required. If an Authorization is not required, the tool will allow the user to print the results for their records. If an Authorization is required, the user will move directly into the next field in Authorization application to complete the request.

This feature is accessible for lines of business managed by Blue Cross and will advise providers if Blue Cross or eviCore will review the request.

To access the Prior Authorization Look Up Tool:

1. Log in at **Availity.com**
2. Select **Patient Registration**, choose **Authorization & Referrals**, then **Authorizations**
3. Select Payer **BCBSMN**, your Organization, Transaction Type **Outpatient** and you will be redirected to the Authorization Look Up Tool application

To submit a Prior Authorization (PA) Request to eviCore

Providers submit eviCore PA requests via our free **Availity** provider portal. There is no cost to the provider for using the portal.

Instructions on how to utilize this portal are found on the Availity website. Providers should 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.

If a provider does not obtain a required prior authorization before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.

Questions?
If you have questions and would like to speak to an eviCore representative call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.

eviCore Healthcare Specialty Utilization Management (UM) Program - Cardiology and Radiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers (P30-21, published 5/3/21)

eviCore has released clinical guideline updates for the Cardiology & Radiology program. Guideline updates will become **effective July 1, 2021.**

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- Chest Imaging Guideline, CH-33.1: U.S Preventative Services Task Force: Lung Cancer Screening

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of Current Procedural Terminology (CPT) codes that require prior authorizations, 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: Cardiology)
- 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. Cardiology & Radiology
- 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

Products Impacted

This change only applies to:

- Individual subscribers
- Fully insured commercial subscribers
- Medicare Advantage subscribers

Prior Authorization Look Up Tool

Providers should use the Prior Authorization Look Up Tool on the Availity Provider Portal to quickly determine if an authorization is required. By entering Member Group Number, Date of Service and Procedure Code, the tool will indicate whether an Authorization is required. If an Authorization is not required, the tool will allow the user to print the results for their records. If an Authorization is required, the user will move directly into the next field in Authorization application to complete the request.

This feature is accessible for lines of business managed by Blue Cross and will advise providers if Blue Cross or eviCore will review the request.

To access the Prior Authorization Look Up Tool:

1. Log in at **Availity.com**
2. Select **Patient Registration**, choose **Authorizations & Referrals**, then **Authorizations**
3. Select Payer **BCBSMN**, your Organization, Transaction Type **Outpatient** and you will be redirected to the Authorization Look Up Tool application

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Instructions on how to utilize this portal are found on the Availity website. Providers should 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.

As a reminder, if a provider does not obtain a required prior authorization before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.

Questions?

If you have questions and would like to speak to an eviCore representative call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.

eviCore Healthcare Specialty Utilization Management (UM) Program – Musculoskeletal Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers (P32-21, published 5/3/21)

eviCore has released clinical guideline updates for the Musculoskeletal Management program. Guideline updates will become **effective July 1, 2021**.

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- CMM-200 Epidural Steroid Injections
- CMM-201 Facet Joint Injections/Medial Branch Blocks
- CMM-202 Trigger Point Injections
- CMM-203 Sacroiliac Joint Injections
- CMM-208 Radiofrequency Joint Ablations/Denervations
- CMM-209 Regional Sympathetic Blocks

- CMM-211 Spinal Cord Stimulators
- CMM-311: Knee Replacement Arthroplasty
- CMM-312: Knee Surgery Arthroscopic and Open Procedures
- CMM-313: Hip Replacement/Arthroplasty
- CMM-314: Hip Surgery- Arthroscopic and Open
- CMM-315: Shoulder Surgery- Arthroscopic and Open
- CMM-318: Shoulder Arthroplasty-Arthrodesis
- CMM-605: Cervical Microdiscectomy
- CMM-608: Lumbar Decompression
- CMM-609: Lumbar Fusion (Arthrodesis)
- CMM-610: Lumbar Total Disc Arthroplasty

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of Current Procedural Terminology (CPT) codes that require prior authorizations, 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: Musculoskeletal 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 the upper right corner
- Click "**Clinical Guidelines**"
- Select the appropriate solution: i.e. Musculoskeletal 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

Products Impacted

This change only applies to:

- Individual subscribers
- Fully insured commercial subscribers
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This feature is accessible for lines of business managed by Blue Cross and will advise providers if Blue Cross or eviCore will review the request.

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1. Log in at **Availity.com**
2. Select **Patient Registration**, choose **Authorizations & Referrals**, then **Authorizations**
3. Select Payer **BCBSMN**, your Organization, Transaction Type **Outpatient** and you will be redirected to the Authorization Look Up Tool application

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Providers submit eviCore PA requests via our free **Availity** provider portal. There is no cost to the provider for using the portal.

Instructions on how to utilize this portal are found on the Availity website. Providers should 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.

As a reminder, if a provider does not obtain a required prior authorization before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.

Questions?

If you have questions and would like to speak to an eviCore representative call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements (P22-21, published 5/3/21)

Effective July 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, 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 **July 1, 2021**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
ING-CC-0182	Agents for Iron Deficiency Anemia	Yes (Medicaid only)	Yes Injectafer – J1439 Monoferric – J1437 Feraheme – Q0138	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 **July 1, 2021**.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
MHCP	MHCP; GT-01	Genetic Testing for Hereditary Breast and Ovarian Cancer Syndrome	Yes	Yes
MHCP	MHCP; GT-06	Molecular Testing of Breast Cancer (also referred to as Gene Expression Profiling for Managing Breast Cancer Treatment)	Yes	Yes

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

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
SURG.00077	Uterine Fibroid Ablation: Laparoscopic, Percutaneous, or Transcervical Image Guided Techniques	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

- Click on "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?

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

  AND

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

Please note that the Precertification Look-Up 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**.