

PROVIDER BULLETIN

PROVIDER INFORMATION



March 1, 2019

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

Effective May 1, 2019, 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.

Reminder: Submit requests for self-administered medications to Prime Therapeutics and consult prior authorization requirements under the pharmacy benefit plan.

The following **new** policies and prior authorization requirements **will be applicable** to subscriber claims on or after **May 1, 2019**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
ING-CC-0057	Krystexxa (pegloticase)	Yes	Yes (existing)	Yes (existing)
ING-CC-0082	Onpattro (patisiran)	Yes	Yes	Yes
ING-CC-0083	Aristada Initio (aripiprazole lauroxil)	Yes	Yes	Yes
MHCP	Crysvita (burosumab-twza)	No	Yes	Yes
MHCP	Akynzeo (netupitant and palonosetron)	No	Yes	Yes
MHCP	Male Circumcision	No	Yes	Yes
MHCP	Home Care Nursing (HCN) (Private Duty Nursing) *Not covered by BluePlus for PMAP and MNCare.	No	No (not covered by MCO)	Yes

Distribution: Available online at: <https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications>
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Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
MHCP	Home Health Care (Skilled Nursing Visit & Home Health Aide) *PMAP & MNCare Members: Home Care Visits: after 20 visits (Skilled Nursing and/or Home Health Aide) *Secure Blue / MSC+ Members: Pre-Certification/ Pre-Authorization not required for Medicare PPS Episodes. Home Care agencies should coordinate visits and need for Prior Authorization with the Member's Care Coordinator. All home care requests must come from the Care Coordinator.	No	Yes	Yes (see note)
MHCP	Personal Care Assistant (PCA) *Secure Blue / MSC+ Members: PCA agencies should coordinate visits and need for Prior Authorization with the Member's Care Coordinator. All PCA requests must come from the Care Coordinator. *Not covered by BluePlus for PMAP and MNCare.	No	No (not covered by MCO)	Yes (see note)

The following Amerigroup policies have transitioned to new policy numbers, with changes in clinical criteria, and **will be applicable** to subscriber claims on or after **May 1, 2019**.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
ING-CC-0002	CG-DRUG-16	Colony Stimulating Factor Agents	Yes	Yes
ING-CC-0003	CG-DRUG-09	Immunoglobulins	Yes	Yes
ING-CC-0008	DRUG.00031	Testopel (testosterone subcutaneous implant)	Yes	Yes
ING-CC-0016	CG-DRUG-21	Vivitrol (extended-release, injectable naltrexone) Injection	Yes	Yes
ING-CC-0017	CG-DRUG-27	Xiaflex (clostridial collagenase histolyticum) injection	Yes	Yes
ING-CC-0018	CG-DRUG-28	Lumizyme (alglucosidase alfa)	Yes	Yes
ING-CC-0019	CG-DRUG-41	Zoledronic Acid Agents	Yes	Yes
ING-CC-0021	CG-DRUG-54	Fabrazyme (agalsidase beta)	Yes	Yes
ING-CC-0023	CG-DRUG-56	Naglazyme (galsulfase)	Yes	Yes
ING-CC-0024	CG-DRUG-57	Elaprase (idursulfase)	Yes	Yes
ING-CC-0025	CG-DRUG-58	Aldurazyme (laronidase)	Yes	Yes
ING-CC-0026	CG-DRUG-59	Testosterone, Injectable	Yes	Yes
ING-CC-0030	CG-DRUG-89	Implantable and ER Buprenorphine Containing Agents	Yes	Yes
ING-CC-0035	CG-DRUG-108	Duopa (carbidopa and levodopa enteral suspension)	Yes	Yes

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
ING-CC-0040	DRUG.00027	Prialt (ziconotide)	Yes	Yes
ING-CC-0045	DRUG.00086	Increlex (mecasermin)	Yes	Yes
ING-CC-0050	DRUG.00111	Monoclonal Antibodies to Interleukin-23	Yes	Yes
ING-CC-0051	CG-DRUG-08	Enzyme Replacement Therapy for Gaucher Disease	Yes	Yes
ING-CC-0061	CG-DRUG-61	GnRH Analogs for the treatment of non-oncologic indications	Yes	Yes
ING-CC-0070	CG-DRUG-86	Jetrea (ocriplasmin)	Yes	Yes
ING-CC-0072	CG-DRUG-90	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Yes	Yes
ING-CC-0073	CG-DRUG-92	Alpha-1 Proteinase Inhibitor Therapy	Yes	Yes
ING-CC-0075	CG-DRUG-94	Rituxan (rituximab) for Non-Oncologic Indications	Yes	Yes
ING-CC-0052	CG-DRUG-14	Dihydroergotamine (DHE) Injection	No	No
ING-CC-0056	CG-DRUG-33	Selected Injectable 5HT3 Antiemetic Agents	Yes	Yes
ING-CC-0039	DRUG.00013	GamaSTAN [(immune globulin (human))]	Yes	Yes
ING-CC-0058	CG-DRUG-45	Octreotide Agents	Yes	Yes
ING-CC-0059	CG-DRUG-46	Selected Injectable NK-1 Antiemetic Agents	Yes	Yes
ING-CC-0065	CG-DRUG-78	Antihemophilic Factors and Clotting Factors	Yes	Yes
ING-CC-0067	CG-DRUG-82	Prostacyclin Infusion and Inhalation Therapy	Yes	Yes

The following policies and prior authorization requirements will be archived and **will not be applicable** under the medical benefit plan to subscriber claims on or after **May 1, 2019**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-DRUG-20	Enfuvirtide (Fuzeon®)	Yes	Yes
CG-DRUG-97	Riloncept (Arcalyst®)	Yes	Yes
CG-DRUG-112	Abaloparatide (Tymlos™) Injection	Yes	Yes
DRUG.00096	Ibalizumab-uiyk (Trogarzo™)	Yes*	Yes*

* Trogarzo will continue to require prior authorization under the medical benefit plan using MHCP policy.

As communicated previously (Bulletin P74-18), the following services are not subject to a medical necessity review for **behavioral health (BH) only**, but **notification is required**:

Code	Service Description	Notification Required	
		Medicaid	MSHO
H0038	Self-help/peer services, per 15 minutes — Level I	Yes	Yes
H0038 HA	Certified family peer specialist services / Family Peer Services	Yes	Yes
H0038 HA HQ	Certified family peer specialist services — Group setting	Yes	Yes
H0038 HQ	Self-help/peer services, per 15 minutes — Group	Yes	Yes
H0038 U5	Self-help/peer services, per 15 minutes — Level II	Yes	Yes
H0040	Assertive community treatment program, per diem	Yes	Yes
H0040 HA	Assertive community treatment program, per diem (Youth)	Yes	Yes
H0040 HK	Assertive community treatment program, per diem (Forensic)	Yes	Yes
H2015	Comprehensive community support services, per 15 minutes	Yes	Yes
H2027	Psychoeducational service, per 15 minutes	Yes	Yes
H2027 HQ	Family psychoeducation — Recipient group (with multiple recipients)	Yes	Yes
H2027 HQ HR	Family psychoeducation — Family group (with multiple families with individuals present)	Yes	Yes
H2027 HQ HS	Family psychoeducation — Family group (with multiple families individuals not present)	Yes	Yes
H2027 HR	Family psychoeducation — Recipient and family (with a single recipient and their family)	Yes	Yes
H2027 HS	Family psychoeducation — Family (with a single family individual not present)	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

Go to providers.bluecrossmn.com

- Under Tools & Resources, select “Migration of Minnesota Health Care Programs”
- Click on the ‘+’ next to ‘Prior Authorizations’ and select the ‘Prior Authorization Grid (PDF)’

Where do I find the current government programs Medical Policy Grid?

Go to providers.bluecrossmn.com

- Under Tools & Resources, select “Migration of Minnesota Health Care Programs”
- Click on the ‘+’ next to ‘Medical Policies’ and select the ‘MHCP Medical Policy Grid (PDF)’

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://medicalpolicies.amerigroup.com/am_search.html
- AND**
<https://www.anthem.com/pharmacyinformation/clinicalcriteria>

How do I submit medical and drug prior authorization requests under the medical benefit?

Medical Prior Authorizations reviewed by Amerigroup should be submitted in one of the following ways:

- **Phone:** 866-518-8448
- **Fax:** PMAP, MSC+, MNCare (Medicaid) Fax: 844-480-6839. MSHO (Medicare): 866-959-1537
- **Web:** To access Interactive Care Reviewer (ICR) on Availity for the first time, contact your Availity Administrator and request to be assigned the Authorization and Referral Request role to create and submit a PA. Once you have the role assignment you can immediately access ICR by taking the following steps
 - From the Availity home page, select 'Patient Registration' from the top navigation.
 - Select 'Authorizations & Referrals', then select 'Authorizations'.
 - Select the 'Payer (BCBSMN Blue Plus Medicaid)' and 'Organization' and submit.
 - The Interactive Care Reviewer (ICR) application will open. Use ICR to submit and manage (appeal) your medical prior authorizations.
- **Submit Medical and Medical Injectable Drug PAs using ICR accessed on the Availity Portal.**
To access ICR on Availity for the first time, contact your Availity Administrator and request to be assigned the Authorization and Referral Request role to create and submit a PA. Once you have the role assignment you can immediately access ICR by taking the following steps:
 - Select **Patient Registration** from Availity's home page
 - Select **Authorizations and Referrals | Authorizations**
 - Choose **Payer - BCBSMN Blue Plus Medicaid** and your Availity **Organization** affiliated with the PA
 - Accept the ICR Disclaimer

Medicaid Medical Injectables:

Phone Number: **844-410-0752**

Fax Number: 844-480-6837

Hours of Operations: 8 AM to 8 PM, Monday through Friday

Medicare Medical Injectables:

Phone Number: **866-797-9884** (Option 5)

Fax Number: MSC+: 800-964-3627. SecureBlue/MSHO: 866-959-1537

Hours of Operation: 8 AM to 8 PM, Monday through Friday 7

- **Medical Drug PAs should be submitted electronically:**
 - Online via Availity.com
 - Using an 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.

How do I submit drug prior authorization requests under the pharmacy benefit?

Drugs that are self-administered (inclusive of self-injection) will continue to be managed by Prime Therapeutics. To submit a pharmacy prescription drug prior authorization, contact Prime at <http://www.primetherapeutics.com> or at the phone numbers below:

- MN Medicaid – **844-765-5939**
- MN SecureBlue – **888-877-6424**

Prescribers also can submit pharmacy prescription drug prior authorization requests by either submitting a request through the CoverMyMeds (CMM) free web portal or by sending an electronic NCPDP file to Prime through an integrated Electronic Medical Record (EMR) system during the e-prescribing process.

- To access CMM, go to www.covermymeds.com
- The first time you use the portal to submit a PA, you will need to create a CMM account.
- For help using the CMM site select Support (top of the web page) to view FAQs, CMM physician training webinar offerings, and support options to help you get started.

Please note that the Precertification Look Up Tool (PLUTO) will not be available for prior authorization look up.

Questions?

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