

PROVIDER BULLETIN

PROVIDER INFORMATION



December 1, 2020

New Reimbursement Policy - Cellular and Gene Therapy Products

Effective February 1, 2021, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will implement a new Reimbursement Policy: Cellular and Gene Therapy Products Reimbursement. The policy is available in the provider section of the Blue Cross website located at providers.bluecrossmn.com. Go to the section titled, “Tools and Resources” and select “Reimbursement Policies”.

This policy defines reimbursement of new medical treatments for cellular and gene therapy products as they are approved by the Food and Drug Administration (FDA) and enter the market. While not required, Providers may choose to bill the gene therapy code separately on a professional claim form for expedited reimbursement.

Additionally, effective February 1, 2021, Blue Cross will be updating the reimbursement methodologies of unlisted procedure codes in Reimbursement Policy: General Coding 005 – Unlisted Procedure Code Policy.

Reimbursement for unlisted codes will be determined by one of the following methodologies:

- 85% of the Average Wholesale Price (AWP) (drug codes); or
- Percentage of Provider’s Regular Billed Charge (55% of charge for Commercial and 35% of charge for Medicare); or
- Invoice amount.
- Allowance of similar code (procedure/item); or
- Wholesale Acquisition Cost (WAC) for gene therapy products – see Cellular and Gene Therapy Product reimbursement policy.

Reminder Regarding Reimbursement Policies

This is not a change in medical policy, member benefits, or prior authorization (PA) requirements for cellular and gene therapy products. Reimbursement policies are updated on an ongoing basis and used by Blue Cross to define if and how certain claims will be paid for various health care services. Blue Cross will not be denying claims or recouping payment as a result of this reimbursement policy at this time. Note: If authorization of a cellular or gene therapy is required before service and the treatment needs to be administered in an in-patient setting, providers should submit the PA request and receive determination of review for cellular or gene therapy treatment prior to submitting an inpatient notification.

Products Impacted

This change only applies to commercial lines of business.

Coding Requirements Reminder

All coding and reimbursements are subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (e.g. HCPCS, CPT, ICD, Revenue), only valid codes for the date of service may be submitted or accepted.

Questions?

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

HCPCS stands for Healthcare Common Procedure Coding System

CPT® (Current Procedural Terminology) is a registered trademark of the American Medical Association

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