# PROVIDER BULLETIN
## PROVIDER INFORMATION

BlueCross BlueShield Minnesota

**WHAT'S INSIDE:** **October 1, 2019**

# 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**

## Identified Global Claims Issues Grids (P75-19, published 10/1/19)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) would like to encourage providers to access the Issues Grids provided on the **providers.bluecrossmn.com** website to determine the identification and status of resolution of global claims issues. Blue Cross publishes two lists, one for lines of business managed at Blue Cross including Commercial, Federal Employee Program (FEP) and Medicare lines of business and another for lines of business managed at Amerigroup including Minnesota Health Care Programs (MHCP), which includes Families and Children, MNCare, Minnesota Senior Care Plus (MSC+), and Minnesota Senior Health Options (MSHO). The issues listed on each of the grids are those that impact a large number of providers and a large number of claims.

Additionally, Blue Cross will be creating easily accessible links to these documents on the **providers.bluecrossmn.com** website that should be available on October 1, 2019.

The Blue Cross claims processing issues grid, 'Commercial and Medicare Claims Processing Issues Grid,' is updated around the 1st and 15th each month. This document can be found within the 'Tools and Resources' at the bottom of the **providers.bluecrossmn.com** website.

The Amerigroup claims processing issues grid, 'Identified Issues for MHCP Migration,' is updated weekly. It can be found within the 'Tools and Resources' at the bottom of the **providers.bluecrossmn.com** website or by clicking on

'Migration of Minnesota Health Care Programs' on the **providers.bluecrossmn.com** website. The PDF is listed within the 'Current Updates' section.

Providers should review these documents regularly as updates regarding the global issues are communicated per the cadence advised above.

If a provider identifies a claim processing concern affecting multiple claims that is not addressed on the list of issues for the line of business impacted, please contact Provider Services to request a review of your concerns. The Provider Services teams at Blue Cross and at Amerigroup have escalation processes for the review of claim concerns.

**Questions?**
Blue Cross Provider Services (Commercial and Medicare plans) can be reached at **1-800-262-0820**.
Blue Cross FEP Provider Services can be reached at **1-800-859-2128**.
Provider Services for MHCP and MSHO plans can be reached at **1-866-518-8448**.

# CONTRACT UPDATES

## Blue Cross Contracts with TruHearing to Manage Certain Medicare Audiology and Hearing Aid Benefits Effective January 1, 2020 (P73-19, published 10/1/19)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has contracted with TruHearing to manage the Medicare Advantage and Platinum Blue hearing aid network and will include provider contracting, credentialing, provider relations and education. Providers who wish to become in-network for Blue Cross Medicare Advantage and Platinum Blue members must contract through TruHearing by January 1, 2020.

**What are the changes for Medicare Advantage and Platinum Blue hearing aids and fittings?**
Effective January 1, 2020, hearing aids and fitting that are not covered by traditional Medicare will be covered for Blue Cross' Medicare Advantage and Platinum Blue members only when provided as an in-network benefit through TruHearing. TruHearing will offer stand-alone hearing aid dispenser and audiology contracts to those clinics who are interested in continuing to see Blue Cross Medicare members. Audiology and hearing aid Providers that do not contract with TruHearing will become non-participating for hearing aid fittings and hearing aid supplies. Providers do have the option to become a TruHearing provider by contracting with TruHearing.

**If your organization has a Blue Cross contract for audiology or hearing aid services, what services are covered for January 1, 2020?**
Medicare covered services such as diagnostic hearing and equilibrium/balance exams will not be impacted. TruHearing is not contracted to provide Medicare covered services and will not be providing these services to Blue Cross Medicare members.

**How to apply for a contract through TruHearing?**
To apply for a contract with TruHearing call **1-855-286-0550**.

- The contract application will be emailed to the provider.

- After your contract request is reviewed, you will receive additional information via the email address you provided to the TruHearing Credentialing Department. Please note this information is only sent by email and is not mailed. All contract requests are reviewed for access needs. The status of the contract application will occur in 4 to 6 weeks by email.

**Products Impacted:**

- Platinum Blue
- Medicare Advantage

**Questions?**
If you have questions on the TruHearing contracting or credentialing process please call TruHearing's Provider Outreach at **1-855-286-0550**, from 7 a.m. to 5 p.m. Mountain time.

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

## Alignment of Start Date for Prior Authorization Requests (P23R1-19, published 10/1/19)

In an ongoing effort to simplify and ease provider administration related to the prior authorization processes for procedures, services, and DME, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be implementing changes to better align the Utilization Management process across vendors and lines of business. The information in this document replaces content published in Provider Bulletin P23-19.

The following changes will be implemented for commercial (fully and self-insured) and Medicare (Medicare Advantage and Platinum Blue) subscribers for Prior Authorization (PA) requests received on or after December 1, 2019:

- PA requests that are approved will begin the date the request was received by Blue Cross or eviCore, rather than the date of determination.

  **Important note**: The PA process is in place to determine when services meet medical necessity guidelines and are contractually eligible for coverage, prior to being rendered. Evidence based medical policy criteria and subscriber contract language are used to determine if benefits are available for the requested services. Providers who render a service that requires PA after the PA is submitted but before a determination is made are financially liable if the service is found to be not medical necessary. Requests for PA that do not meet medical necessity guidelines will be denied as of the date the determination is made. **Claims for denied services rendered after a PA is submitted but prior to the date of determination will be rejected for no PA and will not be billable to the subscriber.**

- Effective December 1, 2019, Blue Cross will no longer accept requests for retrospective review for procedures, services or DME that require PA, except where specified below.

  Retrospective review requests will only be accepted by Blue Cross for home health care services. When medically necessary and approved, the authorization for home health care will align with the proposed treatment plan. Retrospective review requests should only be submitted when PA cannot be done prior to the start of care and must be made prior to the date of claim submission. Services found to be not medically

necessary upon retrospective review will be denied, and **rejected claims for these services will not be billable to the subscriber.**

**Effective December 1, 2019:**

| | Commercial and Medicare (Administered by Blue Cross) | Minnesota Health Care Programs | Commercial, Medicare (Administered by eviCore) |
|---|---|---|---|
| **PA Start Date for Approved Services** | Date of receipt | Date of receipt* | Date of receipt |
| **Pre-claim Retrospective Review** | Limited to home care | Not Available* | Limited to radiology & molecular lab* |

*No change

Inpatient admissions processes are not impacted by this change.

**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 December 2, 2019 (P72-19, published 10/1/19)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding utilization management requirements for Medicare Platinum Blue and Commercial lines of business. This includes 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 December 2, 2019 for Medicare Platinum Blue lines of business:**

| Policy # | Policy Title/ Service | New Policy | Prior Authorization Requirement | Line(s) of Business |
|---|---|---|---|---|
| L33642 | Pressure Reducing Support Surfaces- Group 2 | No | New | Medicare Platinum Blue |

**In addition, the following prior authorization changes will be effective December 2, 2019 for Commercial lines of business. *A note will be removed from the Commercial PA list pertaining to pre and post transplants*:**

| Policy # | Policy Title/ Service | New Policy | Prior Authorization Requirement | Line(s) of Business |
|---|---|---|---|---|
| II-51 | Immunoglobulin Therapy | No | Continued (all indications) | Commercial |

**Products Impacted**
The information in this bulletin applies **only** to subscribers who have coverage through Medicare Platinum Blue and Commercial lines of business.

**Submitting a PA Request when Applicable**

- 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. 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.
- Prior Authorization Lists are updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access 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.
- **Providers may submit PA requests for any treatment in the above table starting November 25, 2019.**

**Providers can Submit an Electronic Prior Authorization (ePA) Request**

- Online via our free Availity provider portal – for Blue Cross to review.
- 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 Minnesota Uniform Form for PA Request and Formulary Exceptions fax form located under the Forms section on the Blue Cross website, or their own PA form (secure fax: 651.662.2810).

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

## Update: Attachments for Minnesota Health Care Programs (MHCP) Claims

(P71R1-19, published 10/1/19)

*The information in this Bulletin replaces Provider Bulletin P71-19, which was published on September 3, 2019. The only change is the timeframe providers should wait after resubmitting the attachment to contact provider services.*

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is aware that some providers may have experienced claim denials for attachments even after submitting the attachment. Attachments may have included Sterilization consent forms, Explanation of Benefits or Clinical Documentation.

Providers should resubmit the attachments via fax, Availity or by mail as instructed below.

Claim attachments for MHCP may be submitted on Availity, by mail, or via fax using the MN AUC Coversheet.

- Submit attachments via fax using the AUC Fax Cover Sheet to 1-833-224-6929
- To submit via Availity.com, select "BCBSMN Blue Plus Medicaid' as the payer
    - Go to ‘Claims and Payments’ from the Availity home page
    - Select ‘Medical Attachments’
    - Click on ‘Send Attachment’ and enter the required fields
    - Click submit
- You can also submit attachments by mail to:

  Blue Cross and Blue Shield of Minnesota
  Attention: Consumer Service Center
  PO Box 64033
  St. Paul, MN 55164-4033

Five business days after resubmitting the attachment via fax or Availity, providers should contact Provider Services at **1-866-518-8448** to request a claim adjustment. If the attachment is mailed, providers should allow 10 business days prior to contacting Provider Services to request an adjustment.

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

## Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements (P74-19, published 10/1/19)

Effective December 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, MinnesotaCare, and Minnesota Senior Care Plus) and Minnesota Senior Health Options (MSHO) products.

As stewards of health care 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 **December 1, 2019**.

| Policy # | Policy Name | New Policy | Prior Authorization Required | |
|---|---|---|---|---|
| | | | Medicaid | MSHO |
| CG-GENE-11 | Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status | Yes | Yes | Yes |
| CG-SURG-100 | Laser Trabeculoplasty and Laser Peripheral Iridotomy | Yes | Yes | Yes |
| SURG.00153 | Cardiac Contractility Modulation Therapy | Yes | No | No |
| MHCP | Gene Expression Profiling for Managing Breast Cancer Treatment | No | Yes | Yes |
| DME.00038 | Static Progressive Stretch (SPS) and Patient-Actuated Serial Stretch (PASS) Devices | Yes | No | No |
| MHCP | Evenity (romosozumab-aqqg) | No | Yes | Yes |
| MHCP; ING-CC-0001 | Erythropoiesis Stimulating Agents | Yes | Yes | Yes |
| ING-CC-0138 | Asparlas (calaspargase pegol-mknl) | Yes | Yes | Yes |
| ING-CC-0140 | Zulresso (brexanolone) | Yes | Yes | Yes |
| ING-CC-0137 | Cablivi (caplacizumab-yhdp) | Yes | Yes | Yes |
| CG-SURG-11 | Surgical Treatment for Dupuytren's Contracture | Yes | Yes | Yes |
| GENE.00051 | Bronchial Gene Expression Classification for the Diagnostic Evaluation of Lung Cancer | Yes | No | No |
| MHCP | Actimmune (interferon gamma-1B) | No | Yes | Yes |
| MHCP | Aliqopa (copanlisib) | No | 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 **December 1, 2019**.

| New Policy # | Prior Policy # | Policy Name | Prior Authorization Required | |
|---|---|---|---|---|
| | | | Medicaid | MSHO |
| CG-SURG-101 | SURG.00106 | Ablative Techniques as a Treatment for Barrett's Esophagus | Yes | Yes |
| CG-SURG-102 | SURG.00133 | Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy | No | No |
| ING-CC-0093 | CG-DRUG-34 | Docetaxel (Docefrez, Taxotere) | Yes | Yes |
| ING-CC-0094 | CG-DRUG-38 | Alimta (pemetrexed) | Yes | Yes |
| ING-CC-0095 | CG-DRUG-40 | Velcade (bortezomib) | Yes | Yes |
| ING-CC-0097 | CG-DRUG-48 | Vidaza (Azacitidine) | Yes | Yes |
| ING-CC-0098 | CG-DRUG-49 | Doxorubicin Hydrochloride Liposome | Yes | Yes |
| ING-CC-0099 | CG-DRUG-50 | Abraxane (paclitaxel protein-bound) | Yes | Yes |
| ING-CC-0100 | CG-DRUG-51 | Istodax (romidepsin) | Yes | Yes |
| ING-CC-0101 | CG-DRUG-52 | Torisel (temsirolimus) | Yes | Yes |
| ING-CC-0136 | CG-DRUG-53 | Dose, frequency, and route of administration | Yes | Yes |
| ING-CC-0103 | CG-DRUG-62 | Faslodex (fulvestrant) | Yes | Yes |
| ING-CC-0104 | CG-DRUG-63 | Levoleucovorin Agents (Fusilev, Khapzory) | Yes | Yes |
| ING-CC-0105 | CG-DRUG-66 | Vectibix (panitumumab) | Yes | Yes |
| ING-CC-0106 | CG-DRUG-67 | Erbitux (cetuximab) | Yes | Yes |
| ING-CC-0107 | CG-DRUG-68 | Bevacizumab for Non-ophthalmologic Indications (Avastin, Mvasi) | Yes | Yes |
| ING-CC-0108 | CG-DRUG-70 | Halaven (eribulin) | Yes | Yes |
| ING-CC-0109 | CG-DRUG-71 | Zaltrap (ziv-aflibercept) | Yes | Yes |
| ING-CC-0110 | CG-DRUG-72 | Perjeta (pertuzumab) | Yes | Yes |
| ING-CC-0111 | CG-DRUG-75 | Nplate (romiplostim) | Yes | Yes |
| ING-CC-0112 | CG-DRUG-77 | Xofigo (Radium Ra 223 Dichloride) | Yes | Yes |
| ING-CC-0113 | CG-DRUG-79 | Sylvant (siltuximab) | Yes | Yes |
| ING-CC-0114 | CG-DRUG-80 | Jevtana (cabazitaxel) | Yes | Yes |
| ING-CC-0115 | CG-DRUG-96 | Kadcyla (ado-trastuzumab) | Yes | Yes |

| New Policy # | Prior Policy # | Policy Name | Prior Authorization Required | |
|---|---|---|---|---|
| | | | Medicaid | MSHO |
| ING-CC-0116 | CG-DRUG-98 | Bendamustine agents (Bendeka, Treanda, Belrapzo) | Yes | Yes |
| ING-CC-0090 | CG-DRUG-101 | Ixempra (ixabepilone) | Yes | Yes |
| ING-CC-0120 | DRUG.00053 | Kyprolis (carfilzomib) | Yes | Yes |
| ING-CC-0121 | DRUG.00062 | Gazyva (obinutuzumab) | Yes | Yes |
| ING-CC-0122 | DRUG.00063 | Arzerra (ofatumumab) | Yes | Yes |
| ING-CC-0123 | DRUG.00067 | Cyramza (ramucirumab) | Yes | Yes |
| ING-CC-0126 | DRUG.00076 | Blincyto (blinatumomab) | Yes | Yes |
| ING-CC-0130 | DRUG.00109 | Imfinzi (durvalumab) | Yes | Yes |
| ING-CC-0132 | DRUG.00112 | Mylotarg (gemtuzumab ozogamicin) | Yes | Yes |
| ING-CC-0102 | CG-DRUG-60 | Gonadotropin Releasing Hormone (GnRH) Analogs for the Treatment of Oncologic Indications | Yes | Yes |
| ING-CC-0118 | CG-THER-RAD-03; DRUG.00098 | Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra, Lutathera, Zevalin) | Yes | Yes |
| MHCP | DRUG.00088 | Tecentriq (atezolizumab) | Yes | Yes |
| ING-CC-0096 | MHCP | Asparagine Specific Enzymes (for pegaspargase [Oncaspar] only) | Yes | Yes |
| MHCP | ING-CC-0030 | Implantable and ER Buprenorphine Containing Agents | Yes | Yes |
| ING-CC-0065 | MHCP; ING-CC-0065 | Agents for Hemophilia and von Willebrand Disease | Yes | Yes |
| CG-SURG-97 | MHCP | Cardioverter Defibrillators | Yes | Yes |
| MHCP | CG-SURG-81 | Cochlear Implants and Auditory Brainstem Implants | No | Yes |
| MHCP | ING-CC-0008 | Testopel (testosterone subcutaneous implant) | Yes | Yes |
| Blue Cross IV-123 | MHCP | Surgical Treatment of Gender Dysphoria | Yes | Yes |
| CG-SURG-82 | MHCP; CG-SURG-82 | Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband | Yes | Yes |

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **December 1, 2019**.

| Policy # | Policy Name | Prior Authorization Required | |
|---|---|---|---|
| | | Medicaid | MSHO |
| CG-ADMIN-01 | Clinical Utilization Management (UM) for Pre-Payment Review Medical Necessity Determination When No Other Clinical UM Guideline Exists | No | No |
| CG-DME-39 | Dynamic Low-Load Prolonged-Duration Stretch Devices | Yes | Yes |
| CG-MED-49 | Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders | No | No |
| CG-MED-57 | Cardiac Stress Testing with Electrocardiogram | No | No |
| CG-MED-59 | Upper Gastrointestinal Endoscopy in Adults | Yes | Yes |
| CG-SURG-17 | Trigger Point Injections | No | No |
| CG-SURG-49 | Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities | Yes | Yes |
| CG-SURG-85 | Hip Resurfacing | Yes | Yes |
| CG-SURG-93 | Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction | Yes | Yes |
| GENE.00010 | Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status | Yes | Yes |
| GENE.00025 | Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignancies | Yes | Yes |
| LAB.00027 | Selected Blood, Serum and Cellular Allergy and Toxicity Tests | No | No |
| LAB.00033 | Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer | No | No |
| MED.00109 | Corneal Collagen Cross-Linking | No | No |
| SURG.00005 | Partial Left Ventriculostomy | No | Yes |
| SURG.00011 | Allogenic, Xenographic, Synthetic and Composite Products for Wound Healing and 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) and Other Genitourinary Conditions | Yes | Yes |
| SURG.00045 | Extracorporeal Shock Wave Therapy | No | No |
| SURG.00120 | Internal Rib Fixation Systems | No | No |
| SURG.00121 | Transcatheter Heart Valve Procedures (for TAVR and TPVI only) | Yes | Yes |

| Policy # | Policy Name | Prior Authorization Required | |
|---|---|---|---|
| | | Medicaid | MSHO |
| ING-CC-0061 | Gonadotropin Releasing Hormone (GnRH) Analogs for the treatment of non-oncologic indications | Yes | Yes |
| ING-CC-0003 | Immunoglobulins | Yes | Yes |
| ING-CC-0008 | Subcutaneous Hormonal Implants (for estrogen containing implants only) | No | No |
| ING-CC-0031 | Intravitreal Corticosteroid Implants | Yes | Yes |
| ING-CC-0057 | Krystexxa (pegloticase) | Yes | Yes |
| ING-CC-0002 | Colony Stimulating Factor Agents | 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 **December 1, 2019**. However, the policies will remain in effect.

| Policy # | Policy Name | Prior Authorization Required | |
|---|---|---|---|
| | | Medicaid | MSHO |
| CG-SURG-87 | Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring | Yes | Yes |
| SURG.00005 | Partial Left Ventriculostomy | No | Yes |
| SURG.00008 | Mechanized Spinal Distraction Therapy for Low Back Pain | Yes | Yes |
| SURG.00047 | Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia | Yes | Yes |
| SURG.00072 | Lysis of Epidural Adhesions | No | 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 **December 1, 2019**.

| Policy # | Policy Name | Prior Authorization Required | |
|---|---|---|---|
| | | Medicaid | MSHO |
| CG-DRUG-04 | Use of low molecular weight heparin therapy, fondaparinux (Arixtra) and direct thrombin inhibitors in the outpatient setting | No | Yes |
| CG-DRUG-18 | Nesiritide (Natrecro) | Yes | Yes |
| MHCP | Glatiramer acetate (Copaxone, Glatopa), 20 mg | Yes | Yes |
| MHCP | Rilonacept (Arcalyst), 1 mg | Yes | Yes |

| Policy # | Policy Name | Prior Authorization Required | |
|---|---|---|---|
| | | Medicaid | MSHO |
| MHCP | Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg | Yes | Yes |
| MHCP | Daunorubicin citrate, liposomal formulation, 10 mg | Yes | Yes |
| MHCP | Mesna, 200 mg | Yes | Yes |
| MHCP | Rasburicase, 0.5 mg | Yes | Yes |
| MHCP | Ganciclovir sodium, 500 mg | Yes | Yes |
| MHCP | Histrelin implant (Supprelin LA) | 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**

**Please note 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**.