

# PROVIDER BULLETIN

## PROVIDER INFORMATION

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October 1, 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**

# CONTRACT UPDATES

## 2021 Renewal Changes Summary for Institutional Providers (P76-20, published 10/1/20)

Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Cross) has simplified the annual renewal process and is communicating the substantive changes to the 2021 Institutional Provider Service Agreement. The complete Provider Service Agreement (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 effective January 1, 2021 were made with no material changes for 2021.

### Language Changes:

**No material changes have been made to the 2021 Institutional Provider Service Agreement.**

### Reimbursement:

Items not covered under Medicare Supplement, but covered as an additional benefit, will be reimbursed at the lesser of the appropriate Medicare rate, if available, or 35% of Regular Billed Charge.

**No changes have been made to the Medicare Amendment.**

### **Disclosure of Ownership**

A Disclosure of Ownership form **must be completed and submitted annually** to Blue Cross per Minnesota Department of Human Services requirements. Information about the requirement and an electronic version of the form are available at [bluecrossmn.com](http://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 new Agreement effective January 1, 2021, please email your request to the following address: [Request.Contract.Renewal@bluecrossmn.com](mailto:Request.Contract.Renewal@bluecrossmn.com)

## 2021 Renewal Changes Summary for Primary Care Clinic Providers

(P73-20, published 10/1/20)

Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Plus) has simplified the annual renewal process and is communicating the substantive changes to the 2021 Blue Plus Primary Care Clinic Provider Service Agreement. The complete Provider Service Agreement (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 effective January 1, 2021 were made with no material changes for 2021.

### Language Changes:

**No material changes have been made to the 2021 Blue Plus Primary Care Clinic Provider Service Agreement.**

**No changes have been made to the Medicare Amendment.**

### Disclosure of Ownership

A Disclosure of Ownership form **must be completed and submitted annually** to Blue Plus per Minnesota Department of Human Services requirements. Information about the requirement and an electronic version of the form are available at [bluecrossmn.com](http://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 new Agreement effective January 1, 2021, please email your request to the following address: [Request.Contract.Renewal@bluecrossmn.com](mailto:Request.Contract.Renewal@bluecrossmn.com)

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

## New Medical, Medical Drug and Behavioral Health Policy Management Updates— Effective November 30, 2020 (P74-20, published 10/1/20)

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 November 30, 2020:**

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-245	Brexucabtagene autoleucel (Tecartus®)	Yes <i>(Replacing policy II-173)</i>	Continued	Commercial
NCD 20.29	Hyperbaric Oxygen Therapy	No	Removed	Medicare Advantage

L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: <ul style="list-style-type: none"> <li>Inclisiran*</li> </ul>	No	New	Medicare Advantage
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\* PA will be required upon FDA approval.

## 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 November 23, 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](http://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](http://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](http://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.

**Removal of Six Commercial Prior Authorization Requirements—Effective November 16, 2020** (P75-20, published 10/1/20)

Upon review, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has determined that the following services are now consistently performed in alignment with evidence-based clinical guidelines for commercial subscribers. As a result, Blue Cross will remove the prior authorization requirement to help improve administrative efficiencies for providers.

Policy	Service	Codes
IV-166	Penile Prosthesis Implantation	C1813, C2622, 54400, 54405, 54410, 54416
II-192	Plasma Exchange	36514
IV-27	Prophylactic Mastectomy	19303
VII-54	Pressure Reducing Support Surfaces	Group 2 - E0193, E0277, E0371, E0372, E0373 Group 3 - E0194
IV-150	Endothelial Keratoplasty	65756, 65757
II-194	Extracorporeal Photopheresis	36522

The above codes will no longer require prior authorization submissions effective **November 16, 2020**.

**Products Impacted**

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

**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** (P72-20, published 10/1/20)

Effective December 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, 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 prior authorization requirements will be removed and **will not be applicable** under the medical benefit plan to subscriber claims on or after **December 1, 2020**. However, the policies will remain in effect.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-SURG-49	Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities	Yes	Yes

**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](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**.

## **Update: Change in Requirements for Newborn Precertification Process for Minnesota Health Care Programs (P15R1-20, published 10/1/20)**

*This bulletin is intended to clarify the requirements published on February 3, 2020, in Provider Bulletin P15-20.*

### **What is changing?**

Effective December 1, 2020, facilities are required to submit a separate precertification request for any newborn that remains hospitalized for 96 hours or more. The request must be submitted via fax or by phone and providers should note that the Minnesota Personal Master Index number (PMI or Medicaid number) is not yet available from the Minnesota Department of Human Services (DHS). Completed newborn precertification forms should be faxed to 1-800-964-3627.

Newborn claims should not be submitted until DHS has enrolled the newborn and will not be processed until Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) receives the newborn's enrollment information from DHS and the baby is active in our system.

Newborns of mothers enrolled in Blue Advantage Families and Children (F&C) or MinnesotaCare are automatically enrolled in Blue Plus for the calendar month of the birth only. It is important that the mother notify her local agency of the birth of her child as soon as possible following birth for the enrollment process to begin (if enrolled in F&C or MinnesotaCare).

As previously communicated, effective April 1, 2020, Blue Cross requests that providers submit the Newborn Notification of Delivery Form when submitting the mother's inpatient precertification request. Blue Cross uses this information to offer the subscriber additional resources as quickly as possible after delivery.

The Newborn Notification of Delivery Form information is included in the online (Interactive Care Reviewer) submission of the mother's precertification request. Providers that submit the precertification via ICR are not required to submit a separate Newborn Notification of Delivery form.

Providers have an option to submit the request for the mother's inpatient admission by faxing the request to 1-844-480-6839. If the information for the Newborn Notification of Delivery form is not initially available, providers may include it when submitting discharge documentation.

Forms are available on the website at <https://provider.publicprograms.bluecrossmn.com/minnesota-provider/home> in the 'Forms' section.

Healthy newborn services will continue to be allowed under the mother's inpatient precertification.

### **Products Impacted**

This information applies to the following Minnesota Health Care Programs:

- Families and Children (F&C)
- MinnesotaCare (MNCare)

**Questions?** If you have questions, please contact provider services at **1-866-518-8448**.