PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

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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

2022 Renewal Changes Summary for Primary Care Clinic Providers
(P57-21, published 10/1/21)

The purpose of this Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Plus) Bulletin is to communicate changes to the 2022 Blue Plus Primary Care Clinic Provider Service Agreement (Agreement). 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 January 1, 2022, with no material changes made for 2022.

Language Changes:

No material changes have been made to the 2022 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 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 January 1, 2022 renewal Agreement, please email your request to: Request.Contract.Renewal@bluecrossmn.com.

2022 Renewal Changes Summary for Institutional Providers (P58-21, published 10/1/21)

The purpose of this Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Cross) Bulletin is to communicate changes to the 2022 Institutional Provider Service Agreement (Agreement). 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 January 1, 2022, with no material changes made for 2022.

Language Changes:

No material changes have been made to the 2022 Institutional 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 January 1, 2022 renewal Agreement, please email your request to: Request.Contract.Renewal@bluecrossmn.com.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

Update for New-to-Market Medical Drug: aducanumab (Aduhelm) (P53-21, published 10/1/21)

On December 1, 2020, Provider Bulletin P87-20 communicated that Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) would be expanding prior authorization (PA) requirements for the new-to-market medical drug aducanumab (Aduhelm) upon approval by the Food and Drug Administration (FDA). The PA requirement applies to Medicare Advantage subscribers.

On January 13, 2021, Provider Quick Point QP2-21 communicated the addition of aducanumab (Aduhelm) to the Medical Drug Evaluation Process List under Blue Cross medical policy II-174, upon approval by the FDA. This applies to commercial subscribers.

On June 7, 2021, the FDA approved aducanumab for use in the United States. On July 12, 2021, the Centers for Medicare and Medicaid Services (CMS) began a formal review process to evaluate the available evidence to develop a National Coverage Determination (NCD) for aducanumab. CMS is expected to finalize the NCD by April 2022. Blue Cross will continue to follow the developing guidance of local and federal health officials regarding coverage of aducanumab for government health plans.

Effective December 6, 2021, there will be drug-specific Blue Cross medical policies for aducanumab (policies II-253 and II-254). The drug will be removed from Blue Cross medical policy II-174 and the Medical Drug Evaluation Process List and addressed under Blue Cross medical policy II-253 for commercial subscribers. Blue Cross medical policy II-254 will apply for Medicare Advantage and Platinum Blue subscribers.

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 medical policy changes will be effective December 6, 2021:

Policy #	Policy Title/ Service	New Policy	Prior Authorization	Line(s) of Business
II-253	Aducanumab (Aduhelm)	Yes *(Replacing policy II-174)*	Not Applicable	Commercial
II-254	Aducanumab (Aduhelm)	Yes *(Moving from LCD L33394)*	Continued	Medicare Advantage
II-254	Aducanumab (Aduhelm)	Yes *(Moving from LCD L33394)*	Not Applicable	Platinum Blue

Products Impacted

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

Submitting a PA Request when Applicable

- Prior to submitting a PA request, providers must check applicable Blue Cross policy. PA requests will be reviewed when patient-specific, relevant medical documentation has been submitted. 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 decisions will be based on 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
    - Under the Medical and Behavioral Health Policies section, 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 Pre-certification / Pre-authorization Prior Authorization Notification 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
    - Look under the "Utilization Management" section, to find 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.

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.

Providers can Submit an Electronic Prior Authorization (ePA) Request

- 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.

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
- Under the Medical and Behavioral Health Policies section, select the Upcoming Medical Policy Notifications section.

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 6, 2021 (P56-21, published 10/1/21)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be revising 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 change will be effective December 6, 2021:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-120	Autologous Hematopoietic Stem-Cell Transplantation for Malignant Astrocytomas and Gliomas	No	Removed	Commercial & 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 November 29, 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**.

New: eviCore Home Health Care (HHC) Supplementary Guidelines for Medicare Advantage Subscribers (P59-21, published 10/1/21)

eviCore has developed Home Health Supplementary Guidelines that will be used in conjunction with Milliman Care Guidelines (MCG). These guidelines contain parameters that will be applied when approving the frequency and duration of services.

eviCore will begin applying the eviCore Home Health Supplementary Guidelines to the following services effective December 1, 2021:

- Home Health Aide Visits
- Social Worker Visits

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 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

To submit a Prior Authorization (PA) Request to eviCore

Providers submit eviCore PA requests via the 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

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements (P54-21, published 10/1/21)

Effective December 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, MinnesotaCare, and Minnesota Senior Care Plus) 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 policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **December 1, 2021**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ING-CC-0111	Nplate (romiplostim)	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

- **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**.

Early Intensive Developmental and Behavioral Intervention (EIDBI) Service Authorization and Claims Submission for Minnesota Health Care Programs (P55-21, published 10/1/21)

As previously announced in Provider Bulletin P69-20, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) requires the completed Individual Treatment Plan (ITP) form to be submitted as part of the initial, 6-month, and annual authorization requests for dates of service beginning November 1, 2020.

Also, as previously announced in Provider Bulletin P12-21, effective April 1, 2021, Blue Cross aligned with the Minnesota Department of Human Services (DHS) Prior Authorization (PA) guidelines and uses a 180-day time span for EIDBI service authorization requests. Requests that exceed 180 days will be reduced to meet the requirement.

Blue Cross is aligning with the DHS Claims guidelines published in the EIDBI Billing Grid requiring submission of a UB modifier with each EIDBI procedure code submitted. This requirement will be effective December 1, 2021. EIDBI procedures codes impacted by this change include 97151, 97153, 97154, 97155, 97156, 97157, H0032, 99366, and H0046. Procedure codes are subject to change. The EIDBI Billing Grid is published by DHS and can be found at this link:
https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs16_195657

EIDBI services continue to require prior authorization as outlined in the Blue Cross Precertification/Preauthorization/Notification List. The following service codes are subject to review: 97153, 97154, 97155, 97156, and 97157. All requests for EIDBI services and any associated claims should continue to match the guidelines outlined by DHS. Further information on the EIDBI authorization process is available on the Blue Cross provider landing page for PAs: https://provider.publicprograms.bluecrossmn.com/minnesota-provider/resources/prior-authorization

Products Impacted
This information applies to the following Minnesota Health Care Programs:

- Families and Children (formerly Prepaid Medical Assistance Program)
- MinnesotaCare

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