PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

WHAT'S INSIDE: **September 3, 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**

Claim Recoupment Processing for Legacy Platform Runout Claims
(P69-19, published 9/3/19)

As previously communicated in Provider Bulletins P24-19, P52-19, and P59-19, the decommissioning of Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) legacy claims processing systems will be initiated during the third quarter of 2019, with providers seeing runout claims processed using alternate reimbursement methodology as early as August 1, 2019. In addition, legacy platform runout claims will be adjudicated via paper check starting on or after October 14, 2019.

It has been determined that the volume of claims processing in our legacy processing system is not large enough to enable the auto-recouping of all overpayments made through future payment offsets. As a result, most legacy platform claims that require recoupment have begun to result in an immediate recoupment letter from Blue Cross. This recoupment process is limited to the claims impacted by the sunset of the legacy platform and the volume is anticipated to be very low.

The impacted claims and appeals are primarily for Minnesota Health Care Programs (Families and Children, MNCare, MSC+, MSHO) with dates of service prior to 2019, but may also include claims and appeals from other lines of business for earlier dates of service. Providers are encouraged to submit claims, including replacement claims and appeals, as promptly as possible according to claim submission guidelines to ensure efficient and timely claim payment. All claims are subject to all other payment terms as outlined in the Agreement.

Questions?
If providers have any questions about overall reimbursement or the new operating system they can contact provider services at **(651) 662-5200** or **1-800-262-0820**.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

New Medical, Medical Drug and Behavioral Health Policy Management Updates— Effective November 4, 2019 (P67-19, published 9/3/19)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding utilization management requirements for 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 November 4, 2019 for commercial lines of business:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-231	Brexanolone (Zulresso™)	Yes *(Replacing policy II-173)*	Continued	Commercial

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

Submitting a PA Request when Applicable
- Before submitting a PA request, Providers are asked to check applicable Blue Cross policy and **attach all required clinical documentation** with the request. PA requests will be reviewed when patient-specific, relevant medical documentation has been provided supporting the medical necessity of the service**.** Failure to submit required information may result in review delays (if outreach is needed to obtain missing clinical information) 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 October 28, 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**.

Radiation Oncology Program Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P68-19, published 9/3/19)

eviCore has released clinical guideline updates for the Radiation Oncology program. Guideline updates will become effective November 2, 2019:

Please review all guidelines when submitting a prior authorization request. Guidelines with substantive changes:

- Proton Beam Therapy

e**viCore's Radiation Oncology clinical guidelines are available on the Blue Cross and Blue Shield of Minnesota (Blue Cross) website** at providers.bluecrossmn.com

- To access the link, select "**Medical Policy**" under **Tools and Resources**, read and accept the Blue Cross Medical Policy Statement
- Click on the "+" (plus) sign next to "**Medical and Behavioral Health Policies**"
  - Scroll down to locate the "**Medical Policy Supporting Documents**" section
- Click on "eviCore healthcare Specialty Utilization Management Clinical Guidelines" link
  - Click on the "**Resources**" dropdown in upper right corner
  - Click "Clinical Guidelines"
  - Select **"Radiation Oncology"** solution
  - Type "**BCBS MN**" (space is important) in 'Search by Health Plan'
  - Click on "**Future**" tab to view guidelines becoming effective on November 2, 2019
  - Select desired document

Products Impacted
This change only applies to:

- Individual subscribers
- Fully insured commercial subscribers
- Medicare Advantage subscribers

Members who **do not require prior authorization through eviCore** are:
- Blue Cross Commercial Self-Insured Members
- Blue Cross Federal Employee Program (FEP) Members
- Blue Plus Minnesota Health Care Programs Subscribers (Families and Children (F&C), MNCare, MSC+), SecureBlue (MSHO)
- Blue Cross Platinum Blue and Senior Gold Members

Prior Authorization Look Up Tool
As previously communicated in Provider Quick Point QP59-19, 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'll be redirected to the Authorization Look Up Tool application

To submit a PA Request to eviCore

Providers submit eviCore PA requests via our free **Availity** provider portal.

Instructions on how to utilize this portal are found on the Availity website. Providers need to reference the eviCore clinical guideline criteria, submit prior authorization request 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.

As a reminder, 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 (P70-19, published 9/3/19)

Effective November 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will update its government programs *Medical Policy* and *Pre-Certification/Pre-Authorization/Notification* lists. The lists clarify medical policy, prior authorization (PA) and notification requirements for the following programs/products:

- Minnesota Health Care Programs (MHCP):
  - Families and Children
  - MinnesotaCare (MNCare)
  - Minnesota Senior Care Plus (MSC+)
- Minnesota Senior Health Options (MSHO)

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 PA 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 subscribers.

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

New Policy #	Prior Policy #	Policy Name	PA Required?	
			Medicaid	MSHO
CG-OR-PR-05	MHCP	Myoelectric Upper Extremity Prosthetic Devices	Yes	Yes

Durable Medical Equipment (DME) PA Update
The following new PA requirements **will be applicable** to subscriber claims on or after **November 1, 2019**.

Code	Code Description	Policy Source	PA Required?	
			Medicaid	MSHO
E0193	Powered air flotation bed (low air loss therapy)	MHCP	Yes	Yes
E0194	Air fluidized bed	MHCP	Yes	Yes
E0277	Powered pressure-reducing air mattress	MHCP	Yes	Yes
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	MHCP	Yes	Yes
E0372	Powered air overlay for mattress, standard mattress length and width	MHCP	Yes	Yes
E0373	Powered air overlay for mattress, standard mattress length and width	MHCP	Yes	Yes
E0465	Home ventilator, any type, used with invasive interface (for example, tracheostomy tube)	MHCP	Yes	Yes
E0466	Home ventilator, any type, used with non-invasive interface (for example, mask, chest shell)	MHCP	Yes	Yes
E0575	Nebulizer, ultrasonic, large volume	MHCP	Yes	Yes
E0604	Breast pump, hospital grade, electric (ac and / or dc), any type	MHCP	Yes	Yes
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	MHCP	Yes	Yes

Code	Code Description	Policy Source	PA Required?	
			Medicaid	**MSHO**
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	MHCP	Yes	Yes
E2402	Negative pressure wound therapy electrical pump, stationary or portable	MHCP	Yes	Yes
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	MHCP	Yes	Yes

Medical PA Claims Denial Update

Blue Cross recently identified that certain codes, which should not have required a PA for medical services, have denied for no PA. The codes listed below have been **removed** from requiring PA effective **April 1, 2019**.

An update to the system is in progress, and any claims that denied incorrectly for no PA will be reprocessed.

CPT Code	Description
11981	Insertion, non-biodegradable drug delivery implant
11983	Removal with reinsertion, non-biodegradable drug delivery implant

The following PA requirement will be removed and **will not be applicable** under the medical benefit plan to subscriber claims on or after **November 1, 2019**. However, the policies will remain in effect.

Policy #	Policy Name	PA Required?	
		Medicaid	**MSHO**
SURG.00119	Endobronchial Valve Devices	Yes	Yes

Amerigroup Customization to the 23rd Edition of the MCG Care Guidelines

Effective **November 1, 2019**, the following MCG Care Guidelines 23rd edition customization will be implemented for *Chemotherapy, Inpatient & Surgical Care (W0162)* for adult patients. This customization provides specific criteria and guidance on the following:

- Revised clinical indications for admission and added examples for:
  - Aggressive hydration needs that cannot be managed in an infusion center
  - Prolonged marrow suppression
- Added regimens that cannot be managed as an outpatient with examples

To view the summary of the MCG Care Guidelines 23rd edition customizations, select [**this link**] > Customizations to MCG Care Guidelines 23rd Edition (publish date November 1, 2019).

For questions, contact the Provider Services number on the back of the subscriber's ID card.

Where can I find the current government programs PA notification list?

Visit **providers.bluecrossmn.com** and under *Tools & Resources*, select **Medical Policy**. Then, read the *Blue Cross Medical Policy and UM Statement* and select **accept**. Select + next to *Utilization Management*. Under the *Precertification Lists*, select the ***MN Government Programs Pre-Certification/Pre-Authorization/Notification List***.

Or visit **providers.bluecrossmn.com** and under *Tools & Resources*, select **Migration of Minnesota Health Care Programs**. Then, select + next to *Prior Authorizations* and select the ***Prior Authorization Grid (PDF)***.

Where can I find the current government programs *Medical Policy Grid*?

Visit **providers.bluecrossmn.com** and under *Tools & Resources*, select **Migration of Minnesota Health Care Programs**. Then, select + next to *Medical Policies* and select the ***MHCP Medical Policy Grid (PDF)***.

Where can I access medical policies?
- **Minnesota Department of Human Services MHCP policies**
- **Blue Cross policies**
- Amerigroup policies:
  - ***Medical Policies* and *Clinical UM Guidelines***
  - ***Clinical Criteria***

Note: As soon as the Precertification Look-Up Tool (PLUTO) is available for PA look-up, a Quick Point will be posted to notify providers.

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

Attachments for Minnesota Health Care Programs (MHCP) Claims (P71-19, published 9/3/19)

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

    o Go to 'Claims and Payments' from the Availity home page

    o Select 'Medical Attachments'

    o Click on 'Send Attachment' and enter the required fields

    o 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

One business day after resubmitting the attachment, providers should contact Provider Services at **1-866-518-8448** to request a claim adjustment. If the attachment is mailed, providers should allow 5 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**.