PROVIDER BULLETIN
PROVIDER INFORMATION

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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**

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective November 2, 2020 (P70-20, published 9/1/20)

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 2, 2020:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
X-26	Quantitative Electroencephalogram (QEEG) or Brain Mapping for Mental Health or Substance-Related Disorders	No	Removed	Commercial
IV-158	Surgical Treatments of Lymphedema	No	Removed *(suction assisted protein lipectomy will continue to require PA under IV-82)*	Commercial
IV-82	Liposuction	No	New	Medicare Advantage
II-236	Romosozumab (Evenity®)	Yes *(Replacing policy II-173)*	Continued	Commercial
II-244	Inebilizumab (Uplizna®)	Yes *(Replacing policy II-173)*	Continued	Commercial
II-240	Eptinezumab (Vyepti®)	Yes *(Replacing policy II-173)*	Continued	Commercial
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: • Lumasiran* • Sutimlimab*	No	New	Commercial
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: • Tanezumab* • Lumasiran* • Sutimlimab*	No	New	Medicare Advantage
L33394	Intravenous Enzyme Replacement Therapy for Gaucher Disease	No *(Replacing policy II-214)*	Continued	Medicare Advantage

* 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 October 26, 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
  - 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
  - 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**.

Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P66-20, published 9/1/20)

The eviCore Healthcare Utilization Management Program will be making the following updates to the Medical Oncology Current Procedural Terminology (CPT) Prior Authorization (PA) Code List.

The following drugs have been added to the Medical Oncology program and will require prior authorization **for oncologic reason beginning November 1, 2020:**

Drug	Code(s)
daratumumab and hyaluronidase-fihj (Darzalex Faspro)	J3490, J3590
tafasitamab-cxix (Monjuvi)	J3490, J3590
belantamab mafodotin-blmf (Blenrep)	J3490, J3590

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of 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: Medical Oncology)
- 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. Medical Oncology
- 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:

- Individual subscribers
- Fully insured commercial subscribers
- 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 our 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.
- Some of the Medical Oncology Drugs listed above may be approved by the Food and Drug Administration (FDA) for use treating non-oncology indications. To identify if a prior authorization for a drug for non-oncology use, please refer to the Prior Authorization Lists posted on the Blue Cross website. To access the Pre-Authorization Lists:
  - Go to providers.bluecrossmn.com
  - Select "Medical Policy" under Tools and Resources, read and accept the Blue Cross Medical Policy Statement
  - Review the lists under the "Utilization Management" section

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.

Radiation Oncology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P67-20, published 9/1/20)

eviCore has released clinical guideline updates for the Radiation Oncology program. Guideline updates will become **effective November 1, 2020**:

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- Breast Cancer
- Prostate Cancer
- Proton Beam Therapy

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: Radiation Oncology)
- 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. Radiation Oncology
- 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:

- Individual subscribers
- Fully insured commercial subscribers
- 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**
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Radiology Cardiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P68-20, published 9/1/20)

eviCore has released clinical guideline updates for the Radiology Cardiology program. Guideline updates will become **effective November 1, 2020**:

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

- Chest Imaging Guidelines

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:

- Individual subscribers
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1. Log in at **Availity.com**
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Update: eviCore is Changing Prior Authorization Guidelines used to Review Durable Medical Equipment (DME), Home Health Care (HHC), and Post-Acute Care (PAC) Services for Medicare Advantage Subscribers (P50R1-20, published 9/1/20)

The information in this bulletin updates Provider Bulletin P50-20. The effective date for implentation of Milliman Care Guidelines for Home Health Care (HHC), Inpatient Rehabilitation Facility (IRF) and Skilled Nursing Facility (SNF) services is changing from September 1, 2020 to November 1, 2020.

eviCore will transition to using Milliman Care Guidelines (MCG) for Durable Medical Equipment (DME), Home Health Care (HHC), and Post-Acute Care (PAC) services. This will ensure our members receive the highest quality of evidence-based care.

eviCore will begin applying Milliman Care Guidelines (MCG) to the following services effective November 1, 2020:

- Durable Medical Equipment (DME)
- Home Health Care (HHC)
- Inpatient Rehabilitation Facility (IRF)
- Long Term Acute Care (LTAC) Facility
- Skilled Nursing Facility (SNF)

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:

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- 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

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MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Update to the Common Carrier and Special Transportation Services Addendums
(P64-20, published 9/1/20)

In order to ease the administrative burden for Providers, effective November 1, 2020, Article II.D and II.E. in the Addendums for Access (Common Carrier) Transportation Services and Special Transportation Services to the Blue Plus Referral Health Professional Provider Service Agreement are revised to change the requirement from monthly submission of rosters to annual submission along with notification of Driver changes. The provision is hereby amended to read as follows: "Provider shall maintain a roster of every Driver and vehicle identification number (VIN) used to transport Subscribers and shall provide a copy of such roster and VIN no less than annually on July 1st of each year and upon request. The Provider is required to submit an updated Driver Roster within 10 days of a driver being added or removed from the roster. For any Driver being removed, the reason for the removal must also be provided. The Provider is required to submit an updated VIN log within 10 days of a vehicle being added or removed from the Provider's fleet. Logs should be submitted to transportation.liaison@bluecrossmn.com

Products Impacted:
- Blue Advantage Families and Children (F&C)
- Minnesota Senior Care Plus (MSC+)
- SecureBlue (MSHO)
- MinnesotaCare (MNCare)

Questions?
If you have questions, contact BlueRide at **(651) 662-8648** or **1-866-340-8648**.

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements (P65-20, published 9/1/20)

Effective November 2, 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 **new** policies and/or prior authorization requirements **will be applicable** to subscriber claims on or after **November 2, 2020**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
DME.00042	Electronic Positional Devices for the Treatment of Obstructive Sleep Apnea	Yes	No	No
MED.00131	Electronic Home Visual Field Monitoring	Yes	No	No
MED.00132	Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures	Yes	Yes	Yes
MED.00133	Ingestion Event Monitors	Yes	No	No
THER-RAD.00012	Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radioablation	Yes	No	No
ING-CC-0141	Off-Label Drug and Approved Orphan Drug Use	Yes	No	No
ING-CC-0162	Tepezza (teprotumumab-trbw)	Yes	Yes	Yes
ING-CC-0163	Durysta (bimatoprost implant)	Yes	Yes	Yes
ING-CC-0164	Jelmyto (mitomycin gel)	Yes	Yes	Yes
ING-CC-0165	Trodelvy (sacituzumab govitecan)	Yes	Yes	Yes
MHCP	Vyepti (eptinezumab)	Yes	Yes	Yes
MHCP	Cosentyx (secukinumab) (intravenous only)	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 **November 2, 2020**.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
Blue Cross IV-123	MHCP	Gender Affirming Procedures for Gender Dysphoria	Yes	Yes

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **November 2, 2020**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ANC.00007	Cosmetic and Reconstructive Services: Skin Related	Yes	Yes
CG-MED-44	Holter Monitors	No	No

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-MED-64	Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)	Yes	Yes
CG-MED-68	Therapeutic Apheresis	No	No
CG-MED-74	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	Yes	Yes
CG-MED-77	SPECT/CT Fusion Imaging.3	Yes	Yes
CG-SURG-98	Prostate Biopsy using MRI Fusion Techniques	Yes	Yes
GENE.00010	Panel and Other Multi-Gene Testing for Polymorphisms to Determine Drug-Metabolizer Status	No	No
LAB.00016	Fecal Analysis in the Diagnosis of Intestinal Disorders	No	No
MED.00004	Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)	No	No
SURG.00007	Vagus Nerve Stimulation	Yes	Yes
SURG.00026	Deep Brain, Cortical, and Cerebellar Stimulation	Yes	Yes
SURG.00047	Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis	No	No
ING-CC-0111	Nplate (romiplostim)	Yes	Yes
ING-CC-0137	Cablivi (caplacizumab-yhdp)	Yes	Yes
ING-CC-0099	Abraxane (paclitaxel, protein bound)	Yes	Yes
ING-CC-0098	Doxorubicin Liposome (Doxil, Lipodox)	Yes	Yes
ING-CC-0101	Torisel (temsirolimus)	Yes	Yes
ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Yes	Yes
ING-CC-0106	Erbitux (cetuximab)	Yes	Yes
ING-CC-0105	Vectibix (panitumumab)	Yes	Yes
ING-CC-0114	Jevtana (cabazitaxel)	Yes	Yes
ING-CC-0151	Yescarta (axicabtagene ciloleucel)	Yes	Yes
ING-CC-0003	Immunoglobulins	Yes	Yes
ING-CC-0031	Intravitreal Corticosteroid Implants [Ozurdex (dexamethasone intravitreal implant), Retisert (fluocinolone acetonide intravitreal implant), and Iluvien (fluocinolone acetonide intravitreal implant) only]	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ING-CC-0057	Krystexxa (pegloticase)	Yes	Yes
ING-CC-0051	Enzyme Replacement Therapy for Gaucher Disease	Yes	Yes
ING-CC-0061	GnRH Analogs for the Treatment of Non-Oncologic Indications	Yes	Yes
ING-CC-0002	Colony Stimulating Factor Agents	Yes	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 **November 2, 2020**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
TRANS.00035	Other Stem Cell Therapy	No	No
TRANS.00036	Stem Cell Therapy for Peripheral Vascular Disease	No	No

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**.

Update Early Intensive Developmental and Behavioral Intervention (EIDBI) Authorization Process (P69-20, published 9/1/20)

Effective November 1, 2020, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be updating requirements for EIDBI prior authorizations.

For dates of service beginning November 1, 2020, Blue Cross will require the completed Individual Treatment Plan (ITP) form to be submitted as part of the initial, 6-month, and annual authorization requests. The provider landing page for EIDBI will be updated to reflect this change.
https://provider.publicprograms.bluecrossmn.com/minnesota-provider/resources/prior-authorization.

A new form has been developed to authorize services for EIDBI. This form will be required to be submitted upon request of authorization. The form will be available in the Behavioral Health forms section of the Minnesota Health Care Programs (MHCP) provider site.
https://provider.publicprograms.bluecrossmn.com/minnesota-provider/resources/forms.

Fax the ITP and Comprehensive Multi-disciplinary Evaluation (CMDE) forms along with a completed EIDBI Request Form to 1-800-505-1193 or submit via Availity by adding as an attachment when submitting the member authorization request within ICR (Interactive Care Reviewer).

Additional information regarding how to use ICR is located within the Provider Training Academy located at https://provider.publicprograms.bluecrossmn.com/minnesota-provider/resources/training-academy.

Products Impacted
This information applies to the following Minnesota Health Care Programs including:
- Families and Children (formerly Prepaid Medical Assistance Program)
- MinnesotaCare

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

Minnesota Health Care Programs Reimbursement Policy Update for Modifier 78 (P71-20, published 9/1/20)

Effective November 1, 2020, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be updating Reimbursement Policy Modifier 78: Unplanned Return to the Operating/Procedure Room by the Same Physician Following Initial Procedure for a Related Procedure during the Postoperative Period. Circumstances that are non-

reimbursable for Modifier 78 has been modified to include Procedures with Global Day indicator settings of 000, XXX, or ZZZ.

The definition of Modifier 78 has been updated to: Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period. It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room it may be reported by the modifier 78 to the related procedure.

Additional information can be found on the provider website:
https://provider.publicprograms.bluecrossmn.com/minnesota-provider/claims/reimbursement-policies

Products Impacted
Blue Cross Minnesota Health Care Programs (MHCP) including Blue Advantage Families and Children (F&C), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+).

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