

# PROVIDER BULLETIN

## PROVIDER INFORMATION



### WHAT'S INSIDE:

September 1, 2021

#### **Administrative Updates**

- Reminder: Medicare Requirements for Reporting Demographic Changes (published in every monthly Bulletin) Page 2

#### **Contract Updates**

- Introduction of New Self-Insured Product (Effective 10/1/21, P52-21) Page 2-3

#### **Medical and Behavioral Health Policy Updates**

- eviCore Healthcare Specialty Utilization Management Program Radiation Oncology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers (Effective 11/1/21, P50-21) Page 3-5
- eviCore Healthcare Specialty Utilization Management Program Cardiology and Radiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers (Effective 11/1/21, P51-21) Page 5-6

#### **Minnesota Health Care Programs (MHCP) Updates**

- Updated MHCP and Minnesota Senior Health Options Prior Authorization and Medical Policy Requirements (Effective 11/1/21, P49-21) Page 6-10

# 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**

### Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

# CONTRACT UPDATES

## Introduction of New Self-Insured Product (P52-21, published 9/1/21)

Effective October 1, 2021, Blue Cross and Blue Shield of Minnesota has entered into an agreement with Blue Cross and Blue Shield of Alabama for operational services including claims administration for a new product that will allow us to deliver a flexible solution to groups that have unique network and benefit requirements. The prefix for groups effective 10/01/21 is W8H. Additional prefixes will be added in 2022 for groups that choose this product.

For members accessing Minnesota providers, providers should submit the claims to Minnesota as a BlueCard claim. Minnesota will price the claims based on the Minnesota provider agreement and will send claims to Blue Cross and Blue Shield of Alabama to apply the benefits.

For members accessing providers outside Minnesota, including providers in counties that border Minnesota, claims should be submitted to the local Blue Plan as a BlueCard claim. The local plan will price the claims based on the provider agreement and will send claims to Blue Cross and Blue Shield of Alabama to apply the benefits.

Blue Cross and Blue Shield of Alabama will be providing all functions of claim management including but not limited to, medical policy, prior authorizations, pre-certifications and appeals.

Providers **must** include the three-digit prefix when checking benefits, eligibility and authorization requirements in order to be routed to the correct application.

### **Medical Policy and Prior Authorization Requirements**

Providers will be able to see medical policies and the categories of services that require prior authorization for this product at [mn-policies.exploremyplan.com](https://mn-policies.exploremyplan.com)

### **Prior Authorizations**

Providers who use the Authorization Portal in Availity® to check to see if a prior authorization is required will be directed to skip this step and submit an authorization. Once the provider data and the member identification number are entered with prefix, the provider will be routed to submit the request in the appropriate application for this product. When submitting requests online, providers can attach multiple document attachments with medical records before submission but cannot attach additional records electronically after submission. If necessary, additional records can be faxed to **866-713-6516**.

Requests for outpatient physical, occupational and speech therapy cannot be submitted online and should be faxed to **1-844-594-6010**. Requests for chiropractic, home health care and hospice services and inpatient hospital and long-term acute care admission should be faxed to **1-855-288-8357**. If requests for these services are submitted online, the provider will be advised to send the request via fax.

To prevent delays, do not submit prior authorization requests or medical records for this product to fax numbers used for other Blue Cross and Blue Shield of Minnesota products.

### **Appeals**

Blue Cross and Blue Shield of Alabama will handle appeals which can be faxed to **833-374-0220**.

### **Provider Service Questions**

Providers that may have questions can call **1-833-749-1975**.

## **MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES**

### **eviCore Healthcare Specialty Utilization Management (UM) Program Radiation Oncology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers (P50-21, published 9/1/21)**

eviCore has released clinical guideline updates for the Radiation Oncology program. Guideline updates will become **effective November 1, 2021**:

**Please review all guidelines when submitting a prior authorization request.**

#### **Guidelines with substantive changes:**

- Breast Cancer
- Skin Cancer – Non-Melanoma

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](https://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**
3. Select Payer **BCBSMN**, your Organization, Transaction Type **Outpatient** and you’ll 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.

**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.

## **eviCore Healthcare Specialty Utilization Management (UM) Program - Cardiology and Radiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers (P51-21, published 9/1/21)**

eviCore has released clinical guideline updates for the Cardiology & Radiology program. Guideline updates will become **effective November 1, 2021**:

**Please review all guidelines when submitting a prior authorization request.**

### **Guidelines with substantive changes:**

- Oncology Imaging Guidelines
- Pediatric Oncology 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
- 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'll 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.

**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 (P49-21, published 9/1/21)

Effective November 1, 2021, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be updating its government program's 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 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 1, 2021**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
CG-SURG-111	Open Sacroiliac Joint Fusion	Yes	No	No
ING-CC-0196	Zynlonta (loncastuximab tesirine-lpyl)	Yes	Yes	Yes
ING-CC-0197	Jemperli (dostarlimab)	Yes	Yes	Yes
ING-CC-0198	Relizorb (immobilized lipase) cartridge	Yes	Yes	Yes
MHCP	Cochlear Implants	No	Yes	Yes
JO-04	Musculoskeletal- Small Joint Surgery	Yes	No	No
ING-CC-0201	Rybrevant (amivantamab-vmjm)	Yes	Yes	Yes

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **July 5, 2021**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-SURG-01	Colonoscopy (Note: criteria changed from age 50 to age 45)	No	No

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **November 1, 2021**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
Blue Cross II-29	Intra-Articular Hyaluronan Injections for Osteoarthritis	Yes	Yes
Blue Cross IV-123	Gender Affirming Procedures for Gender Dysphoria	Yes	Yes
ANC.00007	Cosmetic and Reconstructive Services: Skin Related	Yes	Yes
ANC.00009	Cosmetic and Reconstructive Services of the Trunk and Groin	Yes	Yes
Blue Cross IV-152	Transcatheter Mitral Valve Repair	Yes	Yes
CG-MED-57	Cardiac Stress Testing with Electrocardiogram	No	No
CG-GENE-11	Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-GENE-13	Genetic Testing for Inherited Diseases	Yes	Yes
CG-MED-70	Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule	Yes	Yes
CG-SURG-12	Penile Prosthesis Implantation	Yes	Yes
CG-SURG-24	Functional Endoscopic Sinus Surgery (FESS)	Yes	Yes
CG-SURG-31	Treatment of Keloids and Scar Revision	Yes	Yes
CG-SURG-55	Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation	Yes	Yes
CG-SURG-59	Vena Cava Filters	No	No
CG-SURG-71	Reduction Mammoplasty	Yes	Yes
CG-SURG-84	Mandibular/Maxillary (Orthognathic) Surgery	Yes	Yes
CG-SURG-89	Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia	Yes	Yes
CG-SURG-93	Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction	Yes	Yes
MED.00004	Technologies for the Evaluation of Skin Lesions (including Dermoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)	No	No
MED.00090	Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders	No	No
MED.00132	Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures	Yes	Yes
SURG.00010	Treatments for Urinary Incontinence	Yes	Yes
SURG.00095	Viscocalostomy and Canalplasty	No	No
SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	Yes	Yes
SURG.00143	Perirectal Spacers for Use During Prostate Radiotherapy	No	No
SURG.00145	Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)	Yes	Yes
SURG.00155	Cryoneurolysis	No	No
ING-CC-0137	Cablivi (caplacizumab-yhdp)	Yes	Yes
ING-CC-0002	Colony Stimulating Factor Agents	Yes	Yes



Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ING-CC-0192	Cosela (trilaciclib)	Yes	Yes
ING-CC-0099	Abraxane (paclitaxel, protein bound)	Yes	Yes
ING-CC-0098	Doxorubicin Liposome (Doxil, Lipodox)	Yes	Yes
ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications (for Avastin, Mvasi, and Zirabev only)	Yes	Yes
ING-CC-0175	Proleukin (aldesleukin)	Yes	Yes
ING-CC-0142	Somatuline Depot (lanreotide)	Yes	Yes
ING-CC-0114	Jevtana (cabazitaxel)	Yes	Yes
ING-CC-0120	Kyprolis (carfilzomib)	Yes	Yes
ING-CC-0151	Yescarta (axicabtagene ciloleucel)	Yes	Yes
ING-CC-0150	Kymriah (tisagenlecleucel)	Yes	Yes
ING-CC-0052	Dihydroergotamine (DHE) Injection	No	No
ING-CC-0057	Krystexxa (pegloticase)	Yes	Yes
ING-CC-0102	GnRH Analogs for Oncologic Indications	Yes	Yes
ING-CC-0061	GnRH Analogs for the Treatment of Non-Oncologic Indications	Yes	Yes
ING-CC-0087	Gamifant (emapalumab)	Yes	Yes
ING-CC-0194	Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection	Yes	No

The following prior authorization requirements will be removed and **will not be applicable** under the medical benefit plan to subscriber claims on or after **November 1, 2021**. However, the policies will remain in effect.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists (Avastin only)	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 1, 2021**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-SURG-34	Diagnostic Infertility Surgery	No	No
DME.00024	Transtympanic Micropressure	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
LAB.00027	Selected Blood, Serum, and Cellular Allergy and Toxicity Tests	No	No
GENE.00042	Genetic Testing for Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy Syndrome	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 [www.bluecrossmn.com](http://www.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>

- Select **Medical Policies and UM Guidelines**

**OR**

Go to [www.bluecrossmn.com](http://www.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 is not available for prior authorization look up.**

**Questions?**

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