

# PROVIDER BULLETIN

## PROVIDER INFORMATION



February 1, 2021

### Update: Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements

The information in this bulletin replaces Provider Bulletin P93-20 published December 1, 2020. A clarification has been made that prior authorization requirements for Berinert (C1 esterase inhibitor), Cinryze (C1 esterase inhibitor), and Ruconest (C1 esterase inhibitor) will be removed under the medical benefit, and these drugs should be referred to the pharmacy benefit plan. Kalbitor (ecallantide) will continue to require prior authorization under the medical benefit.

Effective February 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, 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 **February 1, 2021**.

| Policy #    | Policy Name   | New Policy | Prior Authorization Required |      |
|-------------|---|------------|------------------------------|------|
|             |   |            | Medicaid                     | MSHO |
| MED.00134   | Non-invasive Heart Failure and Arrhythmia Management and Monitoring System  | Yes        | No                           | No   |
| SURG.00156  | Implanted Artificial Iris Devices   | Yes        | No                           | No   |
| SURG.00157  | Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis | Yes        | No                           | No   |
| ING-CC-0170 | Uplizna (inebilizumab)  | Yes        | Yes                          | Yes  |
| ING-CC-0172 | Viltepso (viltolarsen)  | Yes        | Yes                          | Yes  |
| ING-CC-0168 | Tecartus (brexucabtagene autoleucel)  | Yes        | Yes                          | Yes  |
| ING-CC-0171 | Zepzelca (lurbinectedin)  | Yes        | Yes                          | Yes  |

| Policy #    | Policy Name  | New Policy | Prior Authorization Required |      |
|-------------|--|------------|------------------------------|------|
|             |  |            | Medicaid                     | MSHO |
| ING-CC-0169 | Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf) | Yes        | Yes                          | Yes  |
| ING-CC-0179 | Blenrep (belantamab mafodotin-blmf)                | Yes        | Yes                          | Yes  |
| ING-CC-0180 | Monjuvi (tafasitamab-cxix)                         | Yes        | 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 **February 1, 2021**.

| New Policy # | Prior Policy # | Policy Name                         | Prior Authorization Required |      |
|--------------|----------------|-------------------------------------|------------------------------|------|
|              |                |                                     | Medicaid                     | MSHO |
| ING-CC-0178  | MHCP           | Synribo (omacetaxine mepesuccinate) | Yes                          | Yes  |
| ING-CC-0176  | MHCP           | Beleodaq (belinostat)               | Yes                          | Yes  |
| ING-CC-0175  | MHCP           | Proleukin (aldesleukin)             | Yes                          | Yes  |
| MHCP         | ING-CC-0161    | Sarclisa (isatuximab-irfc)          | Yes                          | Yes  |
| MHCP         | ING-CC-0162    | Tepezza (teprotumumab-trbw)         | Yes                          | Yes  |
| MHCP         | ING-CC-0163    | Durysta (bimatoprost implant)       | Yes                          | Yes  |
| MHCP         | ING-CC-0165    | Trodelvy (sacituzumab govitecan)    | Yes                          | Yes  |
| MHCP         | ING-CC-0041    | Ultomiris (ravulizumab-cwvz)        | Yes                          | Yes  |

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

| Policy #    | Policy Name   | Prior Authorization Required |      |
|-------------|---|------------------------------|------|
|             |   | Medicaid                     | MSHO |
| ADMIN.00006 | Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline | No                           | No   |
| CG-DME-44   | Electric Tumor Treatment Field (TTF)  | Yes                          | Yes  |
| CG-MED-51   | Three-Dimensional (3-D) Rendering of Imaging Studies  | Yes                          | Yes  |
| CG-MED-63   | Treatment of Hyperhidrosis  | Yes                          | Yes  |
| CG-MED-69   | Inhaled Nitric Oxide  | No                           | No   |
| CG-SURG-01  | Colonoscopy   | No                           | No   |
| CG-SURG-15  | Endometrial Ablation  | No                           | No   |
| CG-SURG-59  | Vena Cava Filters   | No                           | No   |
| CG-SURG-83  | Bariatric Surgery and Other Treatments for Clinically Severe Obesity  | Yes                          | Yes  |

| Policy #    | Policy Name   | Prior Authorization Required |      |
|-------------|---|------------------------------|------|
|             |   | Medicaid                     | MSHO |
| GENE.00052  | Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling                     | Yes                          | Yes  |
| LAB.00011   | Analysis of Proteomic Patterns  | No                           | No   |
| SURG.00077  | Uterine Fibroid Ablation: Laparoscopic, Percutaneous, or Transcervical Image Guided Techniques            | No                           | No   |
| SURG.00112  | Implantation of Occipital, Supraorbital, or Trigeminal Nerve Stimulation Devices (and Related Procedures) | No                           | No   |
| SURG.00128  | Implantable Left Atrial Hemodynamic Monitor   | No                           | No   |
| ING-CC-0132 | Mylotarg (gemtuzumab ozogamicin)  | Yes                          | Yes  |
| ING-CC-0104 | Levoleucovorin Agents   | Yes                          | Yes  |
| ING-CC-0094 | Alimta (pemetrexed disodium)  | Yes                          | Yes  |
| ING-CC-0061 | GnRH Analogs for the Treatment of Non-Oncologic Indications   | Yes                          | Yes  |
| ING-CC-0141 | Off-Label Drug and Approved Orphan Drug Use   | No                           | No   |
| ING-CC-0021 | Fabrazyme (agalsidase beta)   | Yes                          | Yes  |
| ING-CC-0017 | Xiaflex (collagenase clostridium histolyticum)  | Yes                          | Yes  |
| ING-CC-0023 | Naglazyme (galsulfase)  | Yes                          | Yes  |
| ING-CC-0024 | Elaprase (idursulfase)  | Yes                          | Yes  |
| ING-CC-0025 | Aldurazyme (laronidase)   | 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 **February 1, 2021**.

| Policy #    | Policy Name   | Prior Authorization Required |      |
|-------------|---|------------------------------|------|
|             |   | Medicaid                     | MSHO |
| MHCP        | Hereditary Angioedema Agents (Berinert, Cinryze, Ruconest [C1 esterase inhibitor] only) | Yes                          | Yes  |
| ING-CC-0035 | Duopa (carbidopa and levodopa enteral suspension)                                       | Yes                          | Yes  |
| CG-SURG-74  | Total Ankle Replacement   | Yes                          | Yes  |

| Policy #  | Policy Name                                      | Prior Authorization Required |      |
|-----------|--|------------------------------|------|
|           |  | Medicaid                     | MSHO |
| RAD.00062 | Intravascular Optical Coherence Tomography (OCT) | 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](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**.