

PROVIDER BULLETIN

PROVIDER INFORMATION

October 1, 2019

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

Effective December 1, 2019, 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 health care 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 **December 1, 2019**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
CG-GENE-11	Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status	Yes	Yes	Yes
CG-SURG-100	Laser Trabeculoplasty and Laser Peripheral Iridotomy	Yes	Yes	Yes
SURG.00153	Cardiac Contractility Modulation Therapy	Yes	No	No
MHCP	Gene Expression Profiling for Managing Breast Cancer Treatment	No	Yes	Yes
DME.00038	Static Progressive Stretch (SPS) and Patient-Actuated Serial Stretch (PASS) Devices	Yes	No	No
MHCP	Evenity (romosozumab-aqqg)	No	Yes	Yes
MHCP; ING-CC-0001	Erythropoiesis Stimulating Agents	Yes	Yes	Yes

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
ING-CC-0138	Asparlas (calaspargase pegol-mknl)	Yes	Yes	Yes
ING-CC-0140	Zulresso (brexanolone)	Yes	Yes	Yes
ING-CC-0137	Cablivi (caplacizumab-yhdp)	Yes	Yes	Yes
CG-SURG-11	Surgical Treatment for Dupuytren's Contracture	Yes	Yes	Yes
GENE.00051	Bronchial Gene Expression Classification for the Diagnostic Evaluation of Lung Cancer	Yes	No	No
MHCP	Actimmune (interferon gamma-1B)	No	Yes	Yes
MHCP	Aliqopa (copanlisib)	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 **December 1, 2019**.

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
CG-SURG-101	SURG.00106	Ablative Techniques as a Treatment for Barrett's Esophagus	Yes	Yes
CG-SURG-102	SURG.00133	Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy	No	No
ING-CC-0093	CG-DRUG-34	Docetaxel (Docefrez, Taxotere)	Yes	Yes
ING-CC-0094	CG-DRUG-38	Alimta (pemetrexed)	Yes	Yes
ING-CC-0095	CG-DRUG-40	Velcade (bortezomib)	Yes	Yes
ING-CC-0097	CG-DRUG-48	Vidaza (Azacitidine)	Yes	Yes
ING-CC-0098	CG-DRUG-49	Doxorubicin Hydrochloride Liposome	Yes	Yes
ING-CC-0099	CG-DRUG-50	Abraxane (paclitaxel protein-bound)	Yes	Yes
ING-CC-0100	CG-DRUG-51	Istodax (romidepsin)	Yes	Yes
ING-CC-0101	CG-DRUG-52	Torisel (temsirolimus)	Yes	Yes
ING-CC-0136	CG-DRUG-53	Dose, frequency, and route of administration	Yes	Yes
ING-CC-0103	CG-DRUG-62	Faslodex (fulvestrant)	Yes	Yes
ING-CC-0104	CG-DRUG-63	Levoleucovorin Agents (Fusilev, Khapzory)	Yes	Yes
ING-CC-0105	CG-DRUG-66	Vectibix (panitumumab)	Yes	Yes
ING-CC-0106	CG-DRUG-67	Erbitux (cetuximab)	Yes	Yes
ING-CC-0107	CG-DRUG-68	Bevacizumab for Non-ophthalmologic Indications (Avastin, Mvasi)	Yes	Yes

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
ING-CC-0108	CG-DRUG-70	Halaven (eribulin)	Yes	Yes
ING-CC-0109	CG-DRUG-71	Zaltrap (ziv-aflibercept)	Yes	Yes
ING-CC-0110	CG-DRUG-72	Perjeta (pertuzumab)	Yes	Yes
ING-CC-0111	CG-DRUG-75	Nplate (romiplostim)	Yes	Yes
ING-CC-0112	CG-DRUG-77	Xofigo (Radium Ra 223 Dichloride)	Yes	Yes
ING-CC-0113	CG-DRUG-79	Sylvant (siltuximab)	Yes	Yes
ING-CC-0114	CG-DRUG-80	Jevtana (cabazitaxel)	Yes	Yes
ING-CC-0115	CG-DRUG-96	Kadcyla (ado-trastuzumab)	Yes	Yes
ING-CC-0116	CG-DRUG-98	Bendamustine agents (Bendeka, Treanda, Belrapzo)	Yes	Yes
ING-CC-0090	CG-DRUG-101	Ixempra (ixabepilone)	Yes	Yes
ING-CC-0120	DRUG.00053	Kyprolis (carfilzomib)	Yes	Yes
ING-CC-0121	DRUG.00062	Gazyva (obinutuzumab)	Yes	Yes
ING-CC-0122	DRUG.00063	Arzerra (ofatumumab)	Yes	Yes
ING-CC-0123	DRUG.00067	Cyramza (ramucirumab)	Yes	Yes
ING-CC-0126	DRUG.00076	Blinicyto (blinatumomab)	Yes	Yes
ING-CC-0130	DRUG.00109	Imfinzi (durvalumab)	Yes	Yes
ING-CC-0132	DRUG.00112	Mylotarg (gemtuzumab ozogamicin)	Yes	Yes
ING-CC-0102	CG-DRUG-60	Gonadotropin Releasing Hormone (GnRH) Analogs for the Treatment of Oncologic Indications	Yes	Yes
ING-CC-0118	CG-THER-RAD-03; DRUG.00098	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra, Lutathera, Zevalin)	Yes	Yes
MHCP	DRUG.00088	Tecentriq (atezolizumab)	Yes	Yes
ING-CC-0096	MHCP	Asparagine Specific Enzymes (for pegaspargase [Oncaspar] only)	Yes	Yes
MHCP	ING-CC-0030	Implantable and ER Buprenorphine Containing Agents	Yes	Yes
ING-CC-0065	MHCP; ING-CC-0065	Agents for Hemophilia and von Willebrand Disease	Yes	Yes
CG-SURG-97	MHCP	Cardioverter Defibrillators	Yes	Yes
MHCP	CG-SURG-81	Cochlear Implants and Auditory Brainstem Implants	No	Yes
MHCP	ING-CC-0008	Testopel (testosterone subcutaneous implant)	Yes	Yes

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			Medicaid	MSHO
Blue Cross IV-123	MHCP	Surgical Treatment of Gender Dysphoria	Yes	Yes
CG-SURG-82	MHCP; CG-SURG-82	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband	Yes	Yes

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **December 1, 2019**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-ADMIN-01	Clinical Utilization Management (UM) for Pre-Payment Review Medical Necessity Determination When No Other Clinical UM Guideline Exists	No	No
CG-DME-39	Dynamic Low-Load Prolonged-Duration Stretch Devices	Yes	Yes
CG-MED-49	Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders	No	No
CG-MED-57	Cardiac Stress Testing with Electrocardiogram	No	No
CG-MED-59	Upper Gastrointestinal Endoscopy in Adults	Yes	Yes
CG-SURG-17	Trigger Point Injections	No	No
CG-SURG-49	Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities	Yes	Yes
CG-SURG-85	Hip Resurfacing	Yes	Yes
CG-SURG-93	Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction	Yes	Yes
GENE.00010	Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	Yes	Yes
GENE.00025	Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignancies	Yes	Yes
LAB.00027	Selected Blood, Serum and Cellular Allergy and Toxicity Tests	No	No
LAB.00033	Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer	No	No
MED.00109	Corneal Collagen Cross-Linking	No	No
SURG.00005	Partial Left Ventriculostomy	No	Yes
SURG.00011	Allogenic, Xenographic, Synthetic and Composite Products for Wound Healing and Tissue Grafting	Yes	Yes
SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	Yes	Yes
SURG.00028	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
SURG.00045	Extracorporeal Shock Wave Therapy	No	No
SURG.00120	Internal Rib Fixation Systems	No	No
SURG.00121	Transcatheter Heart Valve Procedures (for TAVR and TPVI only)	Yes	Yes
ING-CC-0061	Gonadotropin Releasing Hormone (GnRH) Analogs for the treatment of non-oncologic indications	Yes	Yes
ING-CC-0003	Immunoglobulins	Yes	Yes
ING-CC-0008	Subcutaneous Hormonal Implants (for estrogen containing implants only)	No	No
ING-CC-0031	Intravitreal Corticosteroid Implants	Yes	Yes
ING-CC-0057	Krystexxa (pegloticase)	Yes	Yes
ING-CC-0002	Colony Stimulating Factor Agents	Yes	Yes

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

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-SURG-87	Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring	Yes	Yes
SURG.00005	Partial Left Ventriculostomy	No	Yes
SURG.00008	Mechanized Spinal Distraction Therapy for Low Back Pain	Yes	Yes
SURG.00047	Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia	Yes	Yes
SURG.00072	Lysis of Epidural Adhesions	No	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 **December 1, 2019**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-DRUG-04	Use of low molecular weight heparin therapy, fondaparinux (Arixtra) and direct thrombin inhibitors in the outpatient setting	No	Yes
CG-DRUG-18	Nesiritide (Natrecro)	Yes	Yes
MHCP	Glatiramer acetate (Copaxone, Glatopa), 20 mg	Yes	Yes
MHCP	Rilonacept (Arcalyst), 1 mg	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
MHCP	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	Yes	Yes
MHCP	Daunorubicin citrate, liposomal formulation, 10 mg	Yes	Yes
MHCP	Mesna, 200 mg	Yes	Yes
MHCP	Rasburicase, 0.5 mg	Yes	Yes
MHCP	Ganciclovir sodium, 500 mg	Yes	Yes
MHCP	Histrelin implant (Supprelin LA)	Yes	Yes

Where do I find the current government programs Pre-Certification/Pre-Authorization/Notification list?

Go to providers.bluecrossmn.com

- Under Tools & Resources, select “Medical Policy,” and read/accept the Blue Cross Medical Policy and UM Statement
- Click on the ‘+’ next to ‘Utilization Management’ and under the ‘Precertification Lists’ select the ‘MN Government Programs Pre-Certification/Pre-Authorization/Notification List’

OR

Go to providers.bluecrossmn.com

- Under Tools & Resources, select “Migration of Minnesota Health Care Programs”
- Click on the ‘+’ next to ‘Prior Authorizations’ and select the ‘Prior Authorization Grid (PDF)’

Where do I find the current government programs Medical Policy Grid?

Go to providers.bluecrossmn.com

- Under Tools & Resources, select “Migration of Minnesota Health Care Programs”
- Click on the ‘+’ next to ‘Medical Policies’ and select the ‘MHCP Medical Policy Grid (PDF)’

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://medicalpolicies.amerigroup.com/am_search.html
- AND**
<https://www.anthem.com/pharmacyinformation/clinicalcriteria>

Please note that the Precertification Look Up Tool (PLUTO) will not be available for prior authorization look up.

Questions?

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