PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

May 1, 2019

eviCore Lab Management Clinical Guidelines and Code Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program

eviCore has released updates to the following Lab Management Clinical Guidelines and code updates becoming **effective on July 1, 2019:**

New guidelines and policies:

- MOL.CS.293.A Molecular Respiratory Infection Pathogen Panel (RIPP) Testing
- MOL.AD.304.A Medical Necessity Review Information Requirements
- MOL.TS.303.A FoundationOne CDx

Guidelines with Substantive Changes:

- MOL.CU.246.A Hereditary (Germline) Testing After Tumor (Somatic) Testing
- MOL.CU.117.A Investigational and Experimental Molecular and Genomic Testing
- MOL.CU.118.A Pharmacogenomic Testing for Drug Toxicity and Response
- MOL.CU.119.A Preimplantation Genetic Screening and Diagnosis
- MOL.TS.120.A 4Kscore for Prostate Cancer Risk Assessment
- MOL.TS.122.A Afirma Thyroid Cancer Classifier Test
- MOL.TS.123.A AlloMap Gene Expression Profiling for Heart Transplant Rejection
- MOL.TS.125.A Amyotrophic Lateral Sclerosis (ALS) Genetic Testing
- MOL.TS.129.A Ashkenazi Jewish Carrier Screening
- MOL.TS.240.A BCR-ABL Negative Myeloproliferative Neoplasm Testing
- MOL.TS.238.A BRCA Analysis
- MOL.TS.144.A CADASIL Testing
- MOL.TS.153.A ConfirmMDx for Prostate Cancer Risk Assessment
- MOL.TS.254.A DecisionDx Uveal Melanoma
- MOL.TS.159.A Dentatorubral-Pallidoluysian Atrophy Testing
- MOL.TS.160.Z DPYD Variant Analysis for 5-FU Toxicity
- MOL.TS.163.A EGFR Testing for Non-Small Cell Lung Cancer TKI Response
- MOL.TS.165.A Expanded Carrier Screening Panels
- MOL.TS.169.A Familial Hypercholesterolemia Genetic Testing
- MOL.CS.103.A Flow Cytometry
- MOL.CS.106.A Genitourinary Conditions Molecular Testing
- MOL.TS.194.A Liquid Biopsy Testing – Solid Tumors
- MOL.TS.199.A Lynch Syndrome Tumor Screening - Second-Tier
- MOL.CS.218.A Prenatal Aneuploidy FISH Testing
- MOL.TS.225.A Spinal Muscular Atrophy Testing

P42-19 Distribution: Available online: https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications

The following tests have always been Investigative/Experimental. However, they were previously addressed by a clinical use guideline. A test specific guideline has been created:

- MOL.TS.307.A AlloSure for Kidney Transplantation Rejection
- MOL.TS.305.A AssureMDx Testing for Bladder Cancer

The following tests have always been medically necessary when criteria are met; however, they were previously addressed by a clinical use guideline. A test specific guideline has been created:

- MOL.TS.302.A Legius Syndrome Genetic Testing
- MOL.TS.301.A Neurofibromatosis Type 1 Genetic Testing

Discontinued guidelines:

- BRCA Sequencing for Drug Treatment Response in Ovarian Cancer
  - This testing is addressed by the pharmacogenomic policy. The frequent additional FDA approved indications for this test made this policy redundant to the pharmacogenomic policy.
- Tumor Marker Testing-Solid Tumors
  - This guideline is now included in Foundation One CDx guideline.

The following CPT® Code has been deleted by the American Medical Association (AMA) **effective July 1, 2019:**

Code	Description
0057U	Oncology (solid organ neoplasia), mRNA, gene expression profiling by massively parallel sequencing for analysis of 51 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a normalized percentile rank

The following new Proprietary Laboratory Analyses CPT® Codes have been added by the AMA and will require prior authorization (PA) **beginning July 1, 2019:**

Code	Description
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a categorical result (ie, benign, indeterminate, malignant)
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])

Code	Description
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])
0104U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (32 genes sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])

eviCore clinical guidelines are available on the 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**"
- Click on the **"eviCore healthcare Specialty Utilization Management Clinical Guidelines"** link
- Click on **"Solution Resources"** tab
- Click on the "**BCBS MN Lab Policy Book"**

To view the Lab prior authorization code list:

- Click on the **"Lab Management Code List"**

Products Impacted

This change only applies to:

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

Products Not Impacted

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

Group Number List

The 2019 Commercial Network Guide which includes a listing of the group numbers that will be utilizing eviCore, was updated on January 2, 2019. The list includes Medicare Advantage group numbers as well. The list will be updated on the second Tuesday of each month. However, due to new groups being added every month, providers should verify authorization requirements by using the Availity Authorization Portal for the most current and accurate information. If a group number is not on the list, the provider will need to verify PA requirements through the Availity Authorization Portal.

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.
To find a listing of all the group numbers that will be utilizing eviCore, the 2019 Commercial Network Guide has been updated with this information. To access the guide, go to providers.bluecrossmn.com and under "What's Inside" select "Education Center" then select "2019 Commercial Network Guide." You can also find it under "Tools and Resources", select "Medical Policy" and then acknowledge the Acceptance Statement, click on the "+" next to "Utilization Management", and select "see group numbers for members managed by eviCore" under the paragraph titled eviCore Healthcare Specialty Utilization Management.

To submit a Prior Authorization (PA) Request to eviCore
Providers should 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 member's benefit plan. Member benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Questions?
If you have questions or need to speak to an eviCore representative call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.