

PROVIDER BULLETIN

PROVIDER INFORMATION

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JANUARY 2, 2019

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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

Professional Liability (Malpractice) Coverage Requirements

(P1-19, published 1/2/19)

Effective July 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) requires that all participating providers continuously maintain professional liability (malpractice) coverage in the amount of \$2 million per incident and \$4 million aggregate, unless the practitioner or provider is covered by a State or Federal Tort Claim liability statute, i.e., Minnesota State Statute Section 3.736. Common Carrier and Special Transportation providers are required to carry automobile insurance liability coverage of no less than \$2 million per incident and \$4 million aggregate.

Practitioners must provide evidence of malpractice coverage (or Federal Tort coverage letter), or provide proof that they have the required amounts through a binder, a copy of which must be provided to Blue Cross via email:

Malpractice.Ins@bluecrossmn.com

CONTRACT UPDATES

Updated Reimbursement Policy for Preventable Readmissions: Medicare Advantage (P3-19, published 1/2/19)

On June 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) implemented an Inpatient Readmission reimbursement policy for Commercial and Federal Employee Program (FEP) plans.

On March 4, 2019, Blue Cross will update the existing reimbursement policy to include Medicare Advantage plans. This policy will be managed via a post-payment review process conducted by Change Healthcare to identify preventable readmissions within 30 days of the prior admission. The scope of the existing policy for Commercial and FEP will remain the same with a review period of 10 days. Blue Cross will not reimburse institutional claims for readmissions found to be preventable based on CMS and clinical guidelines.

The purpose of this initiative is to more effectively monitor the quality of care for Blue Cross members and reduce preventable hospital readmissions. By working with provider partners to reduce preventable hospital readmissions, Blue Cross aims to create better outcomes and experiences for members while limiting unnecessary health care costs. This reimbursement policy applies to clinically-related preventable readmissions occurring at the same hospital as the prior admission.

Timeframes for Preventable Readmission Reviews Based on Line of Business

Commercial/FEP – 10 days (no change)

Medicare Advantage – 30 days (new policy)

To review this updated policy in full, please visit providers.bluecrossmn.com

- Tools and Resources
- Reimbursement policies
- Facility: Inpatient Readmission

Products Impacted

Products subject to the Preventable Readmissions Policy include:

- Commercial (Fully-Insured, Self-Insured, ITS HOST)
- Federal Employee Program (FEP)
- Medicare Advantage

Products Excluded from the Preventable Readmissions Policy:

- ITS HOME (non-MN providers)
- Minnesota Health Care Programs: Prepaid Medical Assistance Program (PMAP)
- MinnesotaCare (MNCare)
- SecureBlue (MSHO)
- Minnesota Senior Care Plus (MSC+)
- Medicare Supplement
- Medicare Cost

Additional Information

- Potentially Preventable Readmission (PPR)
 - A readmission is when a patient is admitted to an acute care hospital following a prior admission to an acute care hospital within a specified amount of time. A potentially preventable readmission is when the reason for that readmission is related to care rendered during or immediately after the initial hospital stay. This reimbursement policy only applies when the potentially preventable readmission occurs at the same acute care hospital. Recoupment will only be made if the readmission is reviewed and found to be preventable.
- Readmission Review Criteria
 - The same or related condition/procedure as the prior discharge
 - A preventable need for inpatient care that could have been reasonably avoided by the provision of appropriate care consistent with accepted standards in the prior discharge or during the post discharge follow-up period
 - An issue resulting from a premature discharge from the same facility
 - A reason that is medically unnecessary
 - A condition that develops or a procedure is required which was related to the care provided in the initial hospitalization, including but not limited to:
 - Development of a complication of care, such as an infection
 - A condition or procedure due to a failed surgical intervention
 - An acute decompensation of a coexisting chronic disease
- Exceptions/Exemptions
 - Intervening admissions to non-acute care facilities are not considered readmissions and are therefore exempt from this policy.
 - Readmissions that are not clinically-related are exempt from this policy. Clinically-related readmissions are a result of the process of treatment and care during the previous admission, or from a lack of post-admission follow-up. Unrelated events that occur following the prior admission are not considered potentially preventable.
 - Readmissions to a different acute care facility from the prior admission are exempt from this policy.
 - A readmission occurring within zero and one day related to the prior admission is considered part of the original admission and should be combined with the original claim.
 - Admission for the medical treatment of cancer, primary psychiatric disease, rehabilitation, neonatal or obstetrical care, ophthalmic emergencies, sickle cell crisis, transplants, and Hospice care are exempt from this policy for all lines of business.
 - Planned readmissions or patients discharged against medical advice are exempt from this policy.
- Appeals
 - Providers may submit an appeal through the standard Blue Cross appeals process

Process Change for Requesting Precertification for Skilled Nursing Facility, Long Term Acute Care and Inpatient Rehabilitation Admissions (P6-19, published 1/2/19)

In order to better assist our members with post-acute level of care transitions, Blue Cross and Blue Shield of Minnesota (Blue Cross) is changing the process for reviewing Skilled Nursing Facility (SNF), Inpatient

Rehabilitation (IRF/ACR), and Long Term Acute Care (LTAC) admissions for **commercial and Federal Employee Program (FEP) members**. Effective **March 1, 2019**, Blue Cross will only accept requests for post-acute level of care admissions from the **discharging hospital/facility** and will no longer accept them from the admitting facility.

Post-acute admissions for Medicare Advantage members will continue to be managed by eviCore healthcare.

This process change is designed to align the member's discharge planning decisions with the facility's clinical team recommendations, to ensure the member's safety, to maximize use of in-network benefits, and to reduce preventable readmissions.

Blue Cross will accept extended stay (concurrent) requests, if needed, from the admitting facility after the initial admission has been approved.

Summary of changes

- For members in an acute care facility, the hospital will be responsible for submitting the initial inpatient precertification request for SNF, IRF and LTAC admissions
- SNF, IRF and LTAC facilities will submit concurrent review requests
- SNF, IRF and LTAC facilities will submit precertification requests when a patient admits directly from the community

Note: Home Health Care agencies will continue to submit prior authorization (PA) requests for direct hospital discharges and community referrals. Discharging SNF, IRF and LTAC facilities may also submit Home Health PA requests.

How to submit a request to Blue Cross for SNF, IRF or LTAC admissions

Blue Cross accepts precertification and prior authorization requests from providers in any of the following ways:

- [Availity.com](https://www.availity.com) is the quickest way to create prior authorizations and check existing case status.
 - If the admitting facility is not yet known at the time the authorization request is created in Availity, use the discharging facility as the "facility" on screen three. When the member is discharged, contact Blue Cross to update the admitting facility's information.
 - **Admitting facilities should obtain the authorization number from the discharging facility at the time of admission.** Admitting facilities can request concurrent reviews on Availity using Authorization Inquiry to find the initial approval and selecting the "Update" option. Validate the authorization is approved for the correct facility before adding a concurrent review request.
- Fax the request with supporting clinical records to **(651) 662-1004**
- Telephone – Call Blue Cross at **1-800-711-9868** to start the request and discuss the patient's discharge needs with our clinical review team.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

New Medical Drug-Related Prior Authorization Requirements for Revcovi, Gamifant, Lemtrada, and Rituxan (P2-19, published 1/2/19)

Effective March 4, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will expand utilization management requirements for commercial and Medicare Advantage lines of business to require prior authorization (PA) for medical drugs: *Revcovi*TM, *Gamifant*TM, *Lemtrada*[®], and *Rituxan*[®].

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.

PA Requirements: starting March 4, 2019, a medical drug PA will be required for the following drugs or as they are approved by FDA and become available for use:		
Drug	Products Impacted	Medical Policy Criteria
Elapegademase-lvir (REVCOVITM)	Commercial* Medicare Advantage	Commercial: II-173 Medicare
Emapalumab-lzsg (GAMIFANTM)	Commercial* Medicare Advantage	Commercial: II-173 Medicare
Alemtuzumab (LEMTRADA®)	Medicare Advantage	Medicare
Rituximab (RITUXAN®) – for non-oncologic indications	Medicare Advantage	Medicare

*Products Impacted

This PA program applies to subscribers that have coverage through Medicare Advantage and commercial health plans as indicated above (excluding federal Employee Program (FEP) which has separate PA requirements).

Submitting a PA Request when Applicable

- Before submitting a PA request, Providers are asked to check applicable Blue Cross policy and attach all required clinical documentation with the request. PA requests will be reviewed when patient-specific, relevant medical documentation has been provided supporting the medical necessity of the service. Failure to submit required information may result in review delays (if outreach is needed to obtain missing clinical information) or a denial of the request due to insufficient information. 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
- Prior Authorization Lists are updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access 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.
- Providers may submit PA requests for any treatment in the above table starting February 25, 2019

Providers can Submit an Electronic Prior Authorization (ePA) Request

- Online via our free Availity provider portal – for Blue Cross to review.
- 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 Minnesota Uniform Form for PA Request and Formulary Exceptions fax form located under the Forms section on the Blue Cross website, or their own PA form (secure fax: 651.662.2810).
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

eviCore CPT® Code Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P7-19, published 1/2/19)

eviCore has released the following updates by program based on the annual American Medical Association (AMA) code update.

Radiation Therapy Program

The following Radiation Therapy codes will be deleted by the AMA on January 1, 2019.

Code	Description	Additional Information
0333	Radiology-Therapeutic and/or Chemotherapy Administration-Radiation Therapy	
C9031	Lutathera: Lutetium Lu 177, dotatate, therapeutic, 1 mCi.	Replaced by A9513

The following Radiation Therapy codes have been added and will require prior authorization (PA) effective **March 1, 2019**.

Code	Description	Additional Information
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Replacing C9031
C9408	Iodine i-131 iobenguane, therapeutic, 1 millicurie (Azedra)	

Code	Description	Additional Information
79403	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy (List separately in addition to code for primary procedure)	
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	
A9543	Yttrium 90 Ibritumomab Tiuxetan (Zevalin) , therapeutic, per treatment dose, up to 40 millicuries	

Radiology Program

The following Radiology codes will be deleted by the AMA on January 1, 2019.

Code	Description	Additional Information
77058	MRI Breast With And/Or Without Contrast	Code will be redirected to 77048 or 77046
77059	MRI Breast Bilateral	Code will be redirected to 77049 or 77047
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)	
C8904	MRI Breast w/o contrast, unilateral	
C8907	MRI BREAST BILATERAL w/o CONTRAST	

The following Radiology codes have been added and will require PA effective **March 1, 2019**.

Code	Description	Additional Information
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Replacing 77058
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Replacing 77059

Code	Description	Additional Information
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Replacing 77058
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Replacing 77059
76391	Magnetic resonance (eg, vibration) elastography	
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	

Cardiology Program

The following Cardiology codes will be deleted by the AMA on January 1, 2019.

Code	Description	Additional Information
0387T	Implantation or replacement of permanent ventricular pacemaker	Code will be redirected to 33274
0388T	Removal of permanent ventricular pacemaker	Code will be redirected to 33275

The following Cardiology codes have been added and will require PA effective **March 1, 2019**.

Code	Description	Additional Information
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Replacing 0387T
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	Replacing 0388T
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	

Code	Description	Additional Information
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	

Sleep Program

The following Sleep codes have been added and will require PA effective **March 1, 2019**.

Code	Description
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment
A9270	Non-covered item or service (Used for oral appliances that do not incorporate all of the criteria as set forth in the Policy Article; tongue-retaining or tongue-positioning devices; and devices that are used only to treat snoring without a diagnosis of obstructive sleep apnea)
E1399	Durable medical equipment, miscellaneous (Oral Appliances related to Sleep Program)

Lab Management Program

The following Lab Management codes have been added and will require PA effective **March 1, 2019**.

Code	Description
0081U	Oncology (uveal melanoma), mRNA, gene-expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping genes), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis.

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**” and locate the “**Medical Policy Supporting Documents**” section
- Click on “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
- Click on the “**Clinical Guidelines and Forms**” link
- Select desired solution in dropdown.

Products Impacted

This change only applies to fully insured commercial and Medicare Advantage subscribers.

The changes do not impact:

- Blue Cross Commercial Self-Insured Subscribers
- Blue Cross Platinum Blue and Senior Gold Subscribers

- Blue Cross Government Programs (Families and Children(F&C), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans)
- Blue Cross Federal Employee Program (FEP)

To submit a Prior Authorization (PA) Request to eviCore

Providers began submitting 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 need to submit a PA by phone or need to speak to an eviCore representative call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.

Sleep Program Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P4-19, published 1/2/19)

eviCore has released clinical guideline updates for the Sleep program. Updates include, but are not limited to: New information added, criteria updated, indications updated, clarification added, etc.

Updates to the Sleep program will become **effective March 1, 2019**.

A footnote has been added to the following guidelines noting Blue Cross’ experimental/investigative position:

- SL-6: Actigraphy
- SL-10: Hypoglossal Nerve Stimulation
- SL-12: Phrenic Nerve Stimulation

eviCore’s Sleep 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**”
 - Scroll down to locate the “**Medical Policy Supporting Documents**” section
- Click on “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
 - Click on the “**Clinical Guidelines**” link
 - Select “**Sleep**” solution in dropdown.

Products Impacted

This change only applies to **fully insured commercial** and **Medicare Advantage** subscribers.

The changes do not impact:

- Blue Cross Commercial Self-Insured Subscribers
- Blue Cross Platinum Blue and Senior Gold Subscribers
- Blue Cross Government Programs (Families and Children(F&C), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans)
- Blue Cross Federal Employee Program (FEP)

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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.

Questions?

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Radiation Therapy Program Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P8-19, published 1/2/19)

eviCore has released clinical guideline updates for the Radiation Therapy program. Updates include, but are not limited to: New information added, criteria updated, indications updated, clarification added, etc.

New guidelines and updated guidelines will become **effective March 1, 2019:**

Guideline Name
Radiation Therapy for Multiple Myeloma and Solitary Plasmacytomas - NEW
Radiation Therapy for Thymoma and Thymic Cancer - NEW
Radiation Treatment with Azedra® (iobenguane I-131) - NEW

eviCore’s Radiation Therapy 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**”
 - Scroll down to locate the “**Medical Policy Supporting Documents**” section
- Click on “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
 - Click on the “**Clinical Guidelines**” link
 - Select “**Radiation Therapy**” solution in dropdown.

Products Impacted

This change only applies to **fully insured commercial** and **Medicare Advantage** subscribers.

The changes do not impact:

- Blue Cross Commercial Self-Insured Subscribers
- Blue Cross Platinum Blue and Senior Gold Subscribers
- Blue Cross Government Programs (Families and Children(F&C), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans)
- Blue Cross Federal Employee Program (FEP)

To submit a PA Request to eviCore

Providers submit eviCore PA requests via our free <https://www.availity.com> 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 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.

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.

Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Utilization Management (UM) Program (P9-19, published 1/2/19)

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

The following oncologic drugs already require PA through eviCore's Medical Oncology program, but will have the following code changes **effective January 2, 2019**:

Drug	Deleted/Discontinued code(s)	Newly added code(s)
Aprepitant (Cinvanti™)	C9463	J0185
Bevacizumab (Avastin™)	C9257	
Bevacizumab-awwb (Mvasi™)		Q5107
Copanlisib (Aliqopa™)	C9399, C9030	J9057
Dinutuximab (Unituxin™)	J3490, J3590	
Doxorubicin HCL (liposomal) – (Doxil™)	Q2049	
Doxorubicin HCL (liposomal) – (Lipodox™)	Q2050	
Durvalumab (Imfinzi™)	C9492	J9173
Fosnetupitant/Palonosetron (Akynzeo™)	C9399, C9033	J1454, J3590, J9999
Gemtuzumab Ozogamicin (Mylotarg™)	C9399, J9999	

Drug	Deleted/Discontinued code(s)	Newly added code(s)
Inotuzumab Ozogamicin (Besponsa™)	J3490, J3590, C9028	J9229
Liposome-encapsulated combination of Daunorubicin and Cytarabine (Vyxeos™)	J3490, J3590, C9024	J9153
Pegfilgrastim-jmdb (Fulphila™)	C9399, J3590	Q5108
Peginterferon, alfa-2a (Pegasys™)	C9399, J3490, J3590, J9999	
Peginterferon, alfa-2b (Sylatron™)	J3490	
Peginterferon, alfa-2b (PegIntron™)	J3490, J3590	
Rituximab and Hyaluronidase Human (Rituxan Hycela™)	J3490, J3590, C9467	J9311
Rituximab (Rituxan™)	J9310	J9312

The following drugs have been added to the Medical Oncology program and will require prior authorization for oncologic reasons beginning March 1, 2019:

Drug	Code(s)
Bendamustine (Generic Bendamustine)	C9399, J9999
Cemiplimab-rwlc (Libtayo™)	C9399, J9999
Etoposide – injectable (Etopophos™)	J9181
Filgrastim-aafi (Nivestym™)	Q5110
Leuprolide Acetate (Leuprolide Acetate™)	J1950 (3.75mg) J9218 (1mg) J9217 (7.5mg)
Levoleucovorin (Khapzory™)	J3490, J3590
Mogamulizumab-kpkc (Poteligeo™)	C9038, C9399, J9999
Moxetumomab pasudotox-tdfk (Lumoxiti™)	C9399, J9999
Pegfilgrastim-cbqv (Udenyca™)	Q5111
Rituximab-abbs (Truxima™)	C9399, J3490, J3590, J9999

The following drug has been removed from the market by the Federal Drug Administration and has been removed from eviCore's Medical Oncology program effective January 1, 2019:

Drug	Code(s)
Rolapitant (Varubi™)	C9464, J3490, J8670

The following medications are awaiting regulatory approval. When approved, the medications will automatically be added to the PA list for oncologic reasons effective immediately. CPT® codes will be assigned closer to the approval date.

Drug Name	Brand Name(s)
Aldoxorubicin hydrochloride	
Alvocidib	
Bevacizumab biosimilar	
Binimetinib / encorafenib / cetuximab (IV only)	
Calaspargase pegol	
Depatuxizumab mafodotin	

Drug Name	Brand Name(s)
Lisocabtagene maraleucel	
Lurbinectedin	
Luspatercept	
Mirvetuximab soravtansine	
Sacituzumab govitecan	
Tagraxofusp	Elzonris™
Trastuzumab biosimilar	Herzuma™, Ontruzant™, Trazimera™, Kanjinti™

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria available for review on the Blue Cross website at providers.bluecrossmn.com:

- 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**” and locate the “**Medical Policy Supporting Documents**” section
- Scroll down and click on the “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
- Scroll down to “**Medical Oncology**” section to view PA CPT® code list

To view Clinical Guidelines:

- Click on “**Clinical Guidelines and Forms**” in the upper right corner
- Select “**Medical Oncology**” solution

Products Impacted

This change only applies to **fully insured commercial** and **Medicare Advantage** subscribers.

The changes do not impact:

- Blue Cross Commercial Self-Insured Subscribers
- Blue Cross Platinum Blue and Senior Gold Subscribers
- Blue Cross Government Programs (Families and Children(F&C), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans)
- Blue Cross Federal Employee Program (FEP)

To submit a Prior Authorization (PA) Request to eviCore

Providers began submitting 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.
- 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
- Click on the “+” (plus) sign next to “Utilization Management”

Questions?

If you have questions, please contact eviCore provider service at **844-224-0494**.

Musculoskeletal Program Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program (P5-19, published 1/2/19)

eviCore has released clinical guideline updates for the Musculoskeletal program. Updates include, but are not limited to: New information added, criteria updated, indications updated, clarification added, etc.

Updates to the Blue Cross and Blue Shield of Minnesota (Blue Cross) Musculoskeletal program will become **effective March 1, 2019**.

A footnote has been added to the following guideline noting Blue Cross’ experimental/investigative position:

- CMM-308 Thermal Intradiscal Procedures

eviCore’s Musculoskeletal 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**”
 - Scroll down to locate the “**Medical Policy Supporting Documents**” section
- Click on “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
 - Click on the “**Clinical Guidelines**” link
 - Select “**Musculoskeletal**” solution in dropdown.

Products Impacted

This change only applies to **fully insured commercial** and **Medicare Advantage** subscribers.

The changes do not impact:

- Blue Cross Commercial Self-Insured Subscribers
- Blue Cross Platinum Blue and Senior Gold Subscribers
- Blue Cross Government Programs (Families and Children(F&C), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans)
- Blue Cross Federal Employee Program (FEP)

To submit a PA Request to eviCore

Providers submit eviCore PA requests via our free <https://www.availity.com> 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 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.

Questions?

If you need to submit a PA by phone or need to speak to an eviCore representative call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.

New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial Lines of Business – Effective March 4, 2019 (P12-19, published 1/2/19)

Effective March 4, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be changing criteria for prior authorization for Early Intensive Behavioral Intervention (EIBI) to **only** medical policy X-43 for commercial lines of business.

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 and revision 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 criteria will be utilized for prior authorization effective March 4, 2019 for commercial lines of business:

Procedure/Service	Previous Criteria	New Criteria & Prior Authorization Details				
		Policy #	Policy Title	New Policy	Continued Prior Authorization	Continued Prior Authorization Details
Early Intensive Behavioral Intervention (EIBI)	InterQual & X-43	X-43	Autism Spectrum Disorder: Assessment and Early Intensive Behavioral Intervention	No	Yes	Greater than 9 hours/week (MN and participating border county providers)

Products Impacted

The information in this Bulletin applies **only** to subscribers who have coverage through commercial lines of business.

Submitting a PA Request when Applicable

- Before submitting a PA request, Providers are asked to check applicable Blue Cross policy and **attach all required clinical documentation** with the request. PA requests will be reviewed when patient-specific,

relevant medical documentation has been provided supporting the medical necessity of the service. Failure to submit required information may result in review delays (if outreach is needed to obtain missing clinical information) or a denial of the request due to insufficient information. 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.
- Prior Authorization Lists are updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access 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.

Providers can Submit an Electronic Prior Authorization (ePA) Request

- Online via our free [Avality](#) provider portal – for Blue Cross to review.
- 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 [Minnesota Uniform Form for PA Request and Formulary Exceptions](#) fax form located under the Forms section on the Blue Cross website, or their own PA form (secure fax: 651.662.2810).

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

Update: Prior Authorization Requirements for Blue Cross Medicare Advantage – Effective January 1, 2019 (P64R1-19, published 1/2/19)

The information in this Provider Bulletin provides a correction to Provider Bulletin P64-18, which was published on November 1, 2018. Reviews for prior authorization requests for new Part B medical drugs and injectables will apply Medicare National Coverage Determination (NCD) and Local Coverage Determinations (LCD), unless none exist, and the Medicare Advantage PA List identifies a local Blue Cross policy will be applied.

Blue Cross and Blue Shield of Minnesota (Blue Cross) will publish an updated list of Prior Authorization (PA)/notification requirements that will be effective January 1, 2019 for Medicare Advantage (MA) members. **The 2019 list with procedure codes will be available online by November 16, 2018.** To access Blue Cross prior authorization lists:

- 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. Or Select the “+” (plus) sign next to “Medical and Behavioral Health Policies” to see the Upcoming Medical Policy Notifications section.

PA Requirements

Only the services on the PA/Notification and eviCore CPT Code Lists require prior authorization.

However, if a Medicare member wants to know if a service is covered, the member, their appointed representative, or any provider that furnishes, or intends to furnish services to a Medicare member may also ask the plan if the service is covered. (See Provider Bulletin P19-14, *Discontinuation of the Advance Beneficiary Notices of Non-Coverage (ABN)* dated July 14, 2014).

When PA is required for a service, procedure or item, the provider must submit the clinical information in advance. The prior authorization must be completed before the service is rendered.

PA requirements listed below will be added to the existing MA PA list effective January 1, 2019. As noted above, the full PA list with procedure codes will be published on the Blue Cross website by 11/16/18.

Changes

- Prior authorization required for **all** planned and unplanned medical and behavioral inpatient admissions
- Non-emergent ground and air ambulance
- Ancillary Services (chiropractic & outpatient therapies) - PA required from the first visit (after initial evaluation)

NEW

Policy #	Policy Name / Description
II-04 Medicare	Hyperbaric oxygen treatment
II-26 Medicare	Part B drugs and injectables
II-154 Medicare	Bone marrow transplants
II-190	Transcatheter arterial chemoembolization
II-192	Plasma exchange

Policy #	Policy Name / Description
II-194	Extracorporeal photopheresis (Transplant services)
II-205	Photodynamic therapy
III-03	Cognitive Rehabilitation
IV-01	Balloon Ostial Dilatation for Treatment of Chronic Rhinosinusitis
IV-123	Gender dysphoria
IV-143, IV-144, IV-149, IV-152 Medicare	Vagus Nerve Stimulation
IV-150	Endothelial Keratoplasty
IV-17 Medicare	Blepharoplasty and Brow Ptosis Repair
IV-74	Spinal Cord Stimulation
IV-84	Implantable Cardioverter-Defibrillator

Important: PA approvals for Platinum Blue members do not automatically carry over for members moving from Platinum Blue to Medicare Advantage. Providers will need to reference the Medicare Advantage PA list to determine what services require a PA in 2019.

eviCore Healthcare Specialty UM

As notified through separate Bulletins, Blue Cross has contracted with eviCore Healthcare (eviCore), an independent specialty medical benefits management company, to manage benefit preauthorization requests for:

- Post-Acute Care (PAC) services. See Provider Bulletin P39R1-18, published on October 1, 2018.
- Durable Medical Equipment (DME). See Provider Bulletin P62-18, published on November 1, 2018.
- Core Specialty UM programs. See Provider Bulletin P66-18, published on November 1, 2018.

Providers should Submit an Electronic Prior Authorization (ePA) Request

- Online via our free [Availity](#) provider portal – for Blue Cross and eviCore to review.
- For medical drugs, prior authorizations 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 [Minnesota Uniform Form for PA Request and Formulary Exceptions](#) fax form located under the Forms section on the Blue Cross website, or their own PA form (secure fax: 651.662.2810).

An approved PA does not guarantee coverage under a member’s benefit plan. Members’ 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:

- Changes to Blue Cross Medical Policy 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

- Changes to eviCore clinical guidelines and prior authorization code lists are available on Blue Cross website at 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**” and locate the “**Medical Policy Supporting Documents**” section
 - ✓ Click on the “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
- Changes to CMS medical polices for LCD and NCD can be found on CMS.gov.

Questions?

If you have questions regarding a request you have submitted, for:

- Blue Cross, call Provider Services (**651**) **662-5200** or **1-800-262-0820**, 8:00a.m. to 5:00p.m. CST, Monday – Friday.
- eviCore, call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

LogistiCare Transportation Claims Processing Delayed to January 1, 2019

(P10-19, published 1/2/19)

As previously communicated in Provider Bulletin P77-18, claims for dates of service that occur on or after January 1, 2019 will be processed by LogistiCare for eligible members with Minnesota Health Care Programs (MHCP), including Blue Advantage Families and Children (formerly Prepaid Medical assistance Program), MinnesotaCare (MNCare), SecureBlue (MSHO) and Minnesota Senior Care Plus (MSC+). **Claims for dates of service beginning January 1, 2019 must be submitted with the new payer ID Code A5143. Claims submitted under the wrong Payer ID Code will reject and the claims will need to be resubmitted under the correct payer ID code.**

Billing of Mileage and Base Rate

Effective January 1, 2019, reimbursement for mileage will be calculated based on the mileage sent to the transportation provider via the trip confirmation. Any mileage discrepancies should be reconciled with LogistiCare before submitting the claim.

Base and mileage rates for round-trip and multi-leg rides must be billed on separate lines for each leg of the ride (A/B/C).

Example:

Correct billing for round-trip ride from home to provider’s office, 10 miles each leg.

Base (Per Leg)

A0100 - RP – 1 UOS - \$11.00

A0100 - PR – 1 UOS - \$11.00

Mileage (Per Leg)

A0080 – 10 UOS - \$13.00

A0080 – 10 UOS - \$13.00

Incorrect billing for round-trip ride, 10 miles each leg.

Base Rate

A0100 - PR 1 UOS - \$11.00

A0100 - RP 1 UOS - \$11.00

Mileage Rate

A0080 – 20 UOS - \$26.00

Deadhead, Wait Time, Extra Attendant and Parking Fee Payments

Deadhead, wait time, extra attendant and parking fees must be billed on a separate line when approved by LogistiCare. Reimbursement for approved services listed above will be bundled in to the claim line for the initial base leg of the trip when reimbursed on the remittance advice.

Example of deadhead billing and payment:

Provider Billing Including Deadhead

Base (Per Leg)

A0100 - RP – 1 unit of service - \$11.00

A0100 - PR – 1 unit of service - \$11.00

Mileage (Per Leg)

A0080 – 10 unit of service - \$13.00

A0080 – 10 unit of service - \$13.00

Deadhead

A0080 Modifier TP – 10 UOS - \$5.40

LogistiCare Processing and Reimbursement on 835 Remit

Base (Per Leg)

A0100 - RP – 1 UOS - \$16.40 (\$11.00 base reimbursement + \$5.40 deadhead reimbursement)

A0100 - PR – 1 UOS - \$11.00

Mileage (Per Leg)

A0080 – 10 UOS - \$13.00

A0080 – 10 UOS - \$13.00

Deadhead

A0080 - TP – 10 UOS - \$0.00 (reimbursement was bundled with A leg base rate. See above.)

Contact Information

Providers may use the following numbers and emails to contact LogistiCare:

- **Dedicated phone and fax numbers for transportation providers**
 - 855-933-6989 MN Transportation Provider phone number
 - 855-933-6990 MN Transportation Provider Fax

Additional Information

The online Blue Plus Manual will be updated to include the information in this Bulletin. To view the manual, go to providers.bluecrossmn.com and select “forms and publications” then manuals.

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization Requirements (P11-19, published 1/2/19)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has revised its government programs prior authorization (PA) list effective January 1, 2019. The updated list clarifies PA requirements for the Minnesota Health Care Programs (Families and Children, MNCare and MSC+) and Minnesota Senior Health Options (MSHO) products. The service categories that require PA have been updated to include the procedure and/or HCPCS codes for reference to assist in determining what requires a PA submission. The codes that are included are for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

Blue Cross will be allowing providers the ability to become accustomed to the policy criteria and documentation required with a PA request. Blue Cross' expectation is that the providers take this opportunity to familiarize themselves with the new policies and authorization requirements during this initial implementation phase. **Enforcement of prior authorizations and pre-certifications will begin for March 1, 2019 dates of service.**

Effective Dates of Service: January 1, 2019 – February 28, 2019

- Provider will submit all relevant clinical information for review
- Clinical information will be reviewed to determine if the request meets the clinical guidelines
- Requests that do not meet criteria per the evidence-based guidelines will receive a denial with educational language in the rationale to help providers understand why a PA request did not meet the clinical guidelines

Claims for dates of service beginning March 1, 2019 will deny as provider liability without an approved prior authorization.

Where do I find the current government programs PA 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'

Please note that the Precertification Look Up Tool (PLUTO) will not be available for prior authorization look up and providers should use the PA list noted above until further notice.

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Medical Policies (P13-19, published 1/2/19)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is updating utilization management (UM) requirements for MHCP (Blue Advantage Families and Children [F&C], Blue Plus MinnesotaCare and Blue Advantage Minnesota Senior Care Plus [MSC+]) and Minnesota Senior Health Options (MSHO).

As stewards of health care expenditures for subscribers, Blue Cross is charged with ensuring subscribers 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 prior authorization (PA) process.

The following updates have been made to the *Medical Policies* previously published via Provider Bulletin P53-18 on October 1, 2018, and Provider Bulletin P67-18 on November 1, 2018.

Please note that Federal and state guidelines, including Minnesota Health Care Program policies, supersede Amerigroup *Medical Policies* and *Clinical UM Guidelines*. A subset of PAs will continue to be enforced utilizing current Blue Cross policies and will also supersede Amerigroup *Medical Policies* and *Clinical UM Guidelines*.

The following Blue Cross policies **will continue to be applicable** to subscriber claims on or after January 1, 2019.

Blue Cross policy #	Blue Cross policy title
II-29	Intra-Articular Hyaluronan Injections for Osteoarthritis
II-144	Cellular Immunotherapy for Prostate Cancer
II-165	Lyme Disease: Diagnostic Testing and Intravenous Antibiotic Therapy
IV-74	Spinal Cord Stimulation
IV-87	Spinal Fusion: Lumbar
IV-95	Percutaneous Facet Joint Denervation
IV-126	Sacroiliac Joint Fusion
V-07	Magnetic Resonance Imaging (MRI) of the Breast
V-14	Computed Tomography Angiography (CTA) for Evaluation of Coronary Arteries
V-27	Positron Emission Tomography (PET)
VI-09	Genetic Testing
VI-48	Genetic Testing to Evaluate Patients with Developmental Delay/Intellectual Disability, Autism Spectrum Disorder, or Congenital Anomalies

The following Amerigroup policies have transitioned to new policy numbers and **will continue to be applicable** to subscriber claims on or after January 1, 2019, with no changes in clinical criteria.

New Amerigroup policy #	Prior Amerigroup policy #	Amerigroup policy title
CG-DRUG-108	DRUG.00064	Enteral Carbidopa and Levodopa Intestinal Gel Suspension
CG-DRUG-110	DRUG.00091	Naltrexone Implantable Pellets
CG-MED-74	MED.00051	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry
CG-MED-76	RAD.00019	Magnetic Source Imaging and Magnetoencephalography
CG-MED-77	RAD.00042	SPECT/CT Fusion Imaging
CG-MED-79	MED.00100	Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems
CG-SURG-82	SURG.00020	Bone Anchored and Bone Conduction Hearing Aids
CG-SURG-83	SURG.00024	Bariatric Surgery and Other Treatments for Clinically Severe Obesity
CG-SURG-84	SURG.00049	Mandibular/Maxillary (Orthognathic) Surgery
CG-SURG-85	SURG.00051	Hip Resurfacing

New Amerigroup policy #	Prior Amerigroup policy #	Amerigroup policy title
CG-SURG-86	SURG.00054	Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection
CG-SURG-87	SURG.00074	Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring
CG-SURG-88	SURG.00085	Mastectomy for Gynecomastia
CG-SURG-89	SURG.00090	Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia
CG-TRANS-03	TRANS.00018	Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation

The following Amerigroup policies **will continue to be applicable** to subscriber claims between January 1, 2019, and January 31, 2019, and can be found on the Blue Cross MHCP migration site.

Amerigroup policy #	Amerigroup policy title
CG-BEH-05	Eating and Feeding Disorder Treatment
CG-BEH-11	Mental Health Support Services
CG-BEH-14	Intensive In-Home Behavioral Health Services
BEH.00001	Opioid Antagonists Under Heavy Sedation or General Anesthesia as a Technique of Opioid Detoxification

The following MCG Guidelines **will be applicable** to subscriber claims on or after February 1, 2019.

MCG Guideline #	MCG Guideline title
ORG: B-005-AOP (BHG)	Bulimia Nervosa, Binge-Eating Disorder, and Other Specified Feeding or Eating Disorders: Acute Outpatient Care
ORG: B-005-IOP (BHG)	Bulimia Nervosa, Binge-Eating Disorder, and Other Specified Feeding or Eating Disorders: Intensive Outpatient Program
ORG: B-005-PHP (BHG)	Bulimia Nervosa, Binge-Eating Disorder, and Other Specified Feeding or Eating Disorders: Partial Hospital Program
ORG: B-005-RES (BHG)	Bulimia Nervosa, Binge-Eating Disorder, and Other Specified Feeding or Eating Disorders: Residential Care
ORG: B-010-AOP (BHG)	Other Psychiatric Disorders: Acute Outpatient Care
ORG: B-010-IOP (BHG)	Other Psychiatric Disorders: Intensive Outpatient Program
ORG: B-010-PHP (BHG)	Other Psychiatric Disorders: Partial Hospital Program
ORG: B-010-RES (BHG)	Other Psychiatric Disorders: Residential Care
ORG: W0152 (BHG)	Medication-Assisted Opioid Withdrawal
ORG: B-808-T (BHG)	Assertive Community Treatment

The following Amerigroup policies **will not be applicable** to subscriber claims on or after January 1, 2019, as they will be archived or are superseded by state guidelines, MHCP policies and/or Blue Cross policies.

Amerigroup policy #	Amerigroup policy title
CG-ADMIN-02	Clinically Equivalent Cost Effective Services — Targeted Immune Modulators
ADMIN.00007	Immunizations

Amerigroup policy #	Amerigroup policy title
CG-ANC-03	Acupuncture
CG-ANC-04	Ambulance Services: Air and Water
CG-ANC-05	Ambulance Services: Ground; Emergent
CG-ANC-06	Ambulance Services: Ground; Nonemergent
ANC.00006	Biomagnetic Therapy
CG-BEH-01	Assessment for Autism Spectrum Disorders and Rett Syndrome
CG-BEH-02	Adaptive Behavioral Treatment for Autism Spectrum Disorder
CG-BEH-03	Psychiatric Disorder Treatment
CG-BEH-04	Substance-Related and Addictive Disorder Treatment
CG-BEH-04	Substance-Related and Addictive Disorder Treatment
CG-BEH-13	Targeted Case Management
CG-BEH-15	Activity Therapy for Autism Spectrum Disorders and Rett Syndrome
CG-DME-03	Neuromuscular Stimulation in the Treatment of Muscle Atrophy
CG-DME-04	Electrical Nerve Stimulation, Transcutaneous, Percutaneous
CG-DME-05	Cervical Traction Devices for Home Use
CG-DME-06	Pneumatic Compression Devices for Lymphedema
CG-DME-07	Augmentative and Alternative Communication Devices/Speech-Generating Devices
CG-DME-08	Infant Home Apnea Monitors
CG-DME-09	Continuous Local Delivery of Analgesia to Operative Sites using an Elastomeric Infusion Pump During the Postoperative Period
CG-DME-10	Durable Medical Equipment
CG-DME-12	Home Phototherapy Devices for Neonatal Hyperbilirubinemia
CG-DME-13	Lower Limb Prosthesis
CG-DME-15	Hospital Beds and Accessories
CG-DME-16	Pressure Reducing Support Systems Groups 1, 2 and 3
CG-DME-18	Home Oxygen Therapy
CG-DME-19	Therapeutic Shoes, Inserts or Modifications for Individuals with Diabetes
CG-DME-20	Orthopedic Footwear
CG-DME-21	External Infusion Pumps for the Administration of Drugs in the Home or Residential Care Settings
CG-DME-22	Ankle-Foot and Knee-Ankle-Foot Orthotics (Braces)
CG-DME-23	Lifting Devices for Use in the Home
CG-DME-24	Wheeled Mobility Devices: Manual Wheelchairs — Standard, Heavy Duty and Lightweight
CG-DME-25	Seat Lift Mechanisms
CG-DME-26	Back-Up Ventilators in the Home Setting
CG-DME-30	Prothrombin Time Self-Monitoring Devices
CG-DME-31	Wheeled Mobility Devices: Wheelchairs — Powered, Motorized, With or Without Power Seating Systems, and Power Operated Vehicles
CG-DME-33	Wheeled Mobility Devices: Manual Wheelchairs — Ultra Lightweight
CG-DME-34	Wheeled Mobility Devices: Wheelchair Accessories
CG-DME-35	Breastfeeding Pumps
CG-DME-36	Pediatric Gait Trainers
CG-DME-37	Air Conduction Hearing Aids

Amerigroup policy #	Amerigroup policy title
CG-DME-40	Electrical Bone Growth Stimulation
CG-DME-41	Ultraviolet Light Therapy Delivery Devices for Home Use
CG-DME-42	Nonimplantable Insulin Infusion and Blood Glucose Monitoring Devices
CG-DME-43	High Frequency Chest Compression Devices for Airway Clearance
DME.00009	Vacuum Assisted Wound Therapy in the Outpatient Setting
DME.00011	Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices
DME.00012	Intrapulmonary Percussive Ventilation Devices for Airway Clearance
DME.00022	Functional Electrical Stimulation; Threshold Electrical Stimulation
DME.00027	Ultrasound Bone Growth Stimulation
DME.00032	Automated External Defibrillators for Home Use
DME.00034	Standing Frames
DME.00037	Cooling Devices and Combined Cooling/Heating Devices
DME.00038	Static Progressive Stretch and Patient-Actuated Serial Stretch Devices
DME.00039	Prefabricated Oral Appliances for the Treatment of Obstructive Sleep Apnea
CG-DRUG-03	Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis
CG-DRUG-11	Infertility Drugs
CG-DRUG-19	Progesterone Therapy as a Technique to Prevent Preterm Delivery in High-Risk Women
CG-DRUG-24	Repository Corticotropin Injection (H.P. Acthar [®] Gel)
CG-DRUG-31	Oncology Drug Treatment Regimens for Adults Note: At this time, this guideline is not implemented for medical benefit determinations
CG-DRUG-42	Asparagine Specific Enzymes (Asparaginase)
CG-DRUG-43	Natalizumab (Tysabri [®])
CG-DRUG-47	Level of Care: Specialty Pharmaceuticals
CG-DRUG-55	Elosulfase alfa (Vimizim [®])
CG-DRUG-65	Tumor Necrosis Factor Antagonists
CG-DRUG-69	Ustekinumab (Stelera [®])
CG-DRUG-73	Denosumab (Prolia [®] , Xgeva [®])
CG-DRUG-74	Canakinumab (Ilaris [®])
CG-DRUG-76	Plerixafor Injection (Mozobil [™])
CG-DRUG-81	Tocilizumab (Actemra [®])
CG-DRUG-83	Growth Hormone
CG-DRUG-84	Belimumab (Benlysta [®])
CG-DRUG-85	Tesamorelin (Egrifta [®])
CG-DRUG-87	Vedolizumab (Entyvio [®])
CG-DRUG-88	Dupilumab (Dupixent [®])
CG-DRUG-93	Sarilumab (Kevzara [®])
CG-DRUG-95	Belatacept (Nulojix [®])
CG-DRUG-97	Rilonacept (Arcalyst [®])
CG-DRUG-99	Elotuzumab (Empliciti [™])
CG-DRUG-100	Interferon gamma-1b (Actimmune [®])
DRUG.00006	Botulinum Toxin
DRUG.00015	Prevention of Respiratory Syncytial Virus Infections

Amerigroup policy #	Amerigroup policy title
DRUG.00024	Omalizumab (Xolair [®])
DRUG.00040	Abatacept (Orencia [®])
DRUG.00046	Ipilimumab (Yervoy [®])
DRUG.00050	Eculizumab (Soliris [®])
DRUG.00058	Pharmacotherapy for Hereditary Angioedema
DRUG.00071	Pembrolizumab (Keytruda [®])
DRUG.00074	Alemtuzumab (Lemtrada [®])
DRUG.00075	Nivolumab (Opdivo [®])
DRUG.00077	Monoclonal Antibodies to Interleukin-17A
DRUG.00078	Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors
DRUG.00080	Monoclonal Antibodies for the Treatment of Eosinophilic Conditions
DRUG.00081	Eteplirsen (Exondys 51 [™])
DRUG.00082	Daratumumab (DARZALEX [™])
DRUG.00087	Asfotase Alfa (Strensiq [™])
DRUG.00089	Daclizumab (Zinbryta [™])
DRUG.00090	Bezlotoxumab (ZINPLAVA [™])
DRUG.00093	Sebelipase alfa (KANUMA [™])
DRUG.00095	Ocrelizumab (Ocrevus [™])
DRUG.00099	Cerliponase Alfa (Brineura [™])
DRUG.00103	Abaloparatide (Tymlos [™]) Injection
DRUG.00104	Nusinersen (SPINRAZA [™])
DRUG.00107	Avelumab (Bavencio [®])
DRUG.00108	Edaravone (Radicava [®])
DRUG.00110	Inotuzumab ozogamicin (Besponsa [®])
DRUG.00116	Vestronidase alfa (Mepsevii [™])
DRUG.00118	Copanlisib (Aliqopa [®])
GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment
GENE.00021	Chromosomal Microarray Analysis for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies
GENE.00029	Genetic Testing for Breast and/or Ovarian Cancer Syndrome
GENE.00041	Genetic Testing to Confirm the Identity of Laboratory Specimens
CG-LAB-03	Tropism Testing for HIV Management
CG-LAB-09	Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain
CG-MED-08	Home Enteral Nutrition
CG-MED-21	Anesthesia Services and Moderate ("Conscious") Sedation
CG-MED-22	Neuropsychological Testing
CG-MED-23	Home Health
CG-MED-34	Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures
CG-MED-41	Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting
CG-MED-42	Maternity Ultrasound in the Outpatient Setting
CG-MED-52	Allergy Immunotherapy (Subcutaneous)
CG-MED-55	Level of Care: Advanced Radiologic Imaging

Amerigroup policy #	Amerigroup policy title
CG-MED-58	Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA and Cardiac MRI
CG-MED-60	Monitored Anesthesia Care and General Anesthesia for Cataract Surgery
CG-MED-71	Wound Care in the Home Setting
MED.00005	Hyperbaric Oxygen Therapy (Systemic/Topical)
MED.00024	Adoptive Immunotherapy and Cellular Therapy
MED.00055	Wearable Cardioverter Defibrillators
MED.00057	MRI Guided High Intensity Focused Ultrasound Ablation for Nononcologic Indications
MED.00077	In-Vivo Analysis of Gastrointestinal Lesions
MED.00081	Cognitive Rehabilitation
MED.00089	Quantitative Muscle Testing Devices
MED.00092	Automated Nerve Conduction Testing
MED.00096	Low-Frequency Ultrasound Therapy for Wound Management
MED.00106	Autologous Cellular Immunotherapy for the Treatment of Prostate Cancer
MED.00107	Medical and Other Nonbehavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome
MED.00110	Growth Factors, Silver-Based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting
MED.00120	Voretigene neparvovec-rzyl (Luxturna™)
CG-OR-PR-04	Cranial Remodeling Bands and Helmets (Cranial Orthotics)
CG-OR-PR-06	Spinal Orthoses: Thoracic-Lumber-Sacral (TLSO), Lumbar-Sacral (LSO), and Lumber
OR-PR.00003	Microprocessor Controlled Lower Limb Prosthesis
RAD.00002	Positron Emission Tomography and PET/CT Fusion
RAD.00036	MRI of the Breast
RAD.00046	Cerebral Perfusion Studies using Diffusion and Perfusion Magnetic Resonance Imaging
RAD.00061	PET/MRI
CG-REHAB-02	Outpatient Cardiac Rehabilitation
CG-REHAB-04	Physical Therapy
CG-REHAB-05	Occupational Therapy
CG-REHAB-06	Speech-Language Pathology Services
CG-REHAB-07	Skilled Nursing and Skilled Rehabilitation Services (Outpatient)
CG-REHAB-08	Private Duty Nursing in the Home Setting
CG-REHAB-10	Level of Care: Outpatient Physical Therapy, Occupational Therapy and
CG-SURG-09	Temporomandibular Disorders
CG-SURG-10	Ambulatory or Outpatient Surgery Center Procedures
CG-SURG-27	Sex Reassignment Surgery
CG-SURG-32	Pain Management: Cervical, Thoracic and Lumbar Facet Injections
CG-SURG-33	Lumbar Fusion and Lumbar Total Disc Arthroplasty
CG-SURG-38	Lumbar Laminectomy, Hemi-laminectomy, Laminectomy and/or Discectomy
CG-SURG-39	Pain Management: Epidural Steroid Injections
CG-SURG-42	Cervical Fusion
CG-SURG-43	Knee Arthroscopy
CG-SURG-45	Bone Graft Substitutes

Amerigroup policy #	Amerigroup policy title
CG-SURG-47	Surgical Interventions for Scoliosis and Spinal Deformity
CG-SURG-48	Elective Percutaneous Coronary Interventions
CG-SURG-50	Assistant Surgeons
CG-SURG-52	Level of Care: Hospital-Based Ambulatory Surgical Procedures, including Endoscopic Procedures
CG-SURG-53	Elective Total Hip Arthroplasty
CG-SURG-54	Elective Total Knee Arthroplasty
CG-SURG-60	Cervical Total Disc Arthroplasty
CG-SURG-65	Recombinant Human Bone Morphogenetic Protein
CG-SURG-66	Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)
CG-SURG-67	Treatment of Osteochondral Defects
CG-SURG-68	Surgical Treatment of Femoroacetabular Impingement Syndrome
CG-SURG-69	Meniscal Allograft Transplantation of the Knee
CG-SURG-79	Implantable Infusion Pumps
SURG.00014	Cochlear Implants and Auditory Brainstem Implants
SURG.00048	Panniculectomy and Abdominoplasty
SURG.00066	Percutaneous Neurolysis for Chronic Neck and Back Pain
SURG.00067	Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty
CG-TRANS-02	Kidney Transplantation
TRANS.00008	Liver Transplantation
TRANS.00009	Lung and Lobar Transplantation
TRANS.00010	Autologous and Allogeneic Pancreatic Islet Cell Transplantation
TRANS.00011	Pancreas Transplantation and Pancreas Kidney Transplantation
TRANS.00013	Small Bowel, Small Bowel/Liver and Multivisceral Transplantation
TRANS.00023	Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias
TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome
TRANS.00025	Laboratory Testing A181:B212 as an Aid in the Diagnosis of Heart Transplant Rejection
TRANS.00026	Heart/Lung Transplantation
TRANS.00027	Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors
TRANS.00028	Hematopoietic Stem Cell Transplantation for Hodgkin Disease and
TRANS.00029	Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias
TRANS.00030	Hematopoietic Stem Cell Transplantation for Germ Cell Tumors
TRANS.00031	Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors
TRANS.00033	Heart Transplantation
TRANS.00034	Hematopoietic Stem Cell Transplantation for Diabetes Mellitus

Amerigroup Medical Policy and Clinical UM Guideline definitions

Medical Policy

Developed to assess the following:

- New technologies
- New applications of an existing technology

- Experimental or investigational technologies
- Services with very limited specific clinical indications in order to qualify as a medically necessary service
- Services requiring scientific, evidence-based direction

CG= *Clinical UM Guideline*

Developed to assess the following:

- Existing, generally accepted technologies or services
- Services that are proven standards of care in the medical community; however, appropriateness and medical necessity of the technology or service may vary for different clinical indications
- Services listing detailed patient selection criteria for when the service is considered medically necessary
- Goal length of stay or place of service
- Level of care

To view the full *Medical Policy Grid* or determine PA requirements:

- Go to <https://www.bluecrossmn.com/healthy/public/personal/home/providers>.
- Select **Tools and Resources**.
- Select **Migration of Minnesota Health Care Programs**, and then **Medical Policies**.

How to locate *Medical Policies*:

- **MN DHS policies:**
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionS electionMethod=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
 - Enter a specific *Medical Policy* name and hit enter or enter part of a policy, word or phrase to search.

Effective January 1, 2019, the Precertification Lookup Tool will not be available. In order to assist providers with the transition to Amerigroup *Medical Policies*, a PA listing at the CPT code level will be published on the MHCP migration site.

To access the PA listing:

- Go to <https://www.bluecrossmn.com/healthy/public/personal/home/providers>.
- Select **Tools and Resources**.
- Select **Migration of Minnesota Health Care Programs**, and then **Medical Policies**.

Amerigroup behavioral health (BH) policies:

BH policies effective January 1, 2019 through January 31, 2019 are located at:

<https://www.bluecrossmn.com/healthy/public/personal/home/providers>.

- Select **Tools and Resources**.
- Select **Migration of Minnesota Health Care Programs**, and then **Medical Policies**.

Effective February 1, 2019, BH policies will be managed via MCG Guidelines as listed above and previously communicated in the *December Behavioral Health Provider Bulletin*.