Provider Press

Provider information

March 2017 / Vol. 22, No. 1

BlueCross BlueShield Minnesota

MINNESOTA SENIOR HEALTH OPTIONS MODEL OF CARE REQUIREMENTS

SecureBlue[sm] is Blue Plus' Minnesota Senior Health Options (MSHO) plan, a Fully Integrated Dual Eligible Special Needs Plan (SNP) in which Medicare and Medicaid benefits and services are integrated into one benefit package. The Centers for Medicare & Medicaid Services (CMS) requires all SNPs to provide training to participating providers on the Model of Care. The MSHO Model of Care describes the management, procedures, and operational systems necessary to provide access to services and coordination of care to our membership.

Provider Responsibility

All providers are required by CMS to complete **one** of the following training options on an annual basis.

1. Review the MSHO Model of Care description at: https://www.bluecrossmn.com/carecoordination/public/BluePlus_MOC_Training%202015.pdf

Or

2. Attend a "Blue Cross Basics" seminar that includes information on the Model of Care.

Following the seminar, share or review the slides presented at the seminar with all appropriate clinic staff and partners. Providers must document and maintain training completion records and provide such records to Blue Plus upon request in order to validate that the training has been completed.

Seminar information

Providers may attend one of the free "Blue Cross Basics" seminars that are held throughout the year in various locations across the state of Minnesota. This three hour seminar provides helpful information and resources including the online reference manuals. Providers are required to pre-register for these seminars in order to allow Blue Cross to assure adequate space is available. To view the specific schedule and location of seminars go to **providers.bluecrossmn.com**.

Attendance at these seminars will be tracked to help support the CMS requirements for annual training, and attendees will receive materials that cover the information presented including the Model of Care program description and its location within the Blue Plus Provider Manual.

NEED HELP UNDERSTANDING OUR NETWORKS?

Blue Cross has published two guides to help providers identify and understand our products. The Commercial Network Guide provides details regarding commercial products, including our narrow networks, and the Medicare Product Guide provides details about our Medicare products. Both guides are located on our website at **providers.bluecrossmn.com** under the "Education Center" section. The Medicare product guide is available under "Medicare Education" and the Commercial Network Guide has its own section in the Education Center.

Provider Press

Provider Press is a quarterly newsletter available online. Issues are published in March, June, September and December. Below is the URL (select "provider press" from the "Select a Category" drop down option):

https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications.

Inside preview

FYI

PUBLICATIONS AVAILABLE ONLINE

The following is a list of Quick Points and Bulletins published from December 2016 to February 2017 that are available online at **providers.bluecrossmn.com**. As a reminder, Bulletins are mailed to all participating providers affected by the information. Quick Points are available only on our website unless noted otherwise in the bottom left corner of the publication.

QUICK POINTS	TITLE
QP34-16	Provider Cost Data Update
QP3516	Update; Apogee Employer Group
QP37-16	Difference in Operating Systems Identified – GY Modifier
QP38-16	Update on Car & Booster Seat Program for PMAP and MinnesotaCare Subscribers
QP39-16	Digital Breast Tomosynthesis for Routine Breast Cancer Screening
QP40-16	Medicare Outpatient Observation Notice (MOON) CMS-10611
QP41-16	Quality Improvement Information Available in Provider Press Publication
QP42-16	Pharmacy Step Therapy Program Name Change for Anticonvulsant Agents and Update on Drugs Subject to This Step Therapy Program
QP1-17	2017 Commercial Network Guide
BULLETINS	**TITLE**
P45R1-16	Update on New Drug, Ocrevus (ocrelizumab)
P59-16	Organizational Determination Additions for Platinum Blue
P60-16	New Drug-Related Prior Authorization for Topical Gel, Fluorourcil Cream, Imquimod Cream and Ingenol Gel
P61-16	New Drug-Related Prior Authorization for Amitiza and Linzess
P62-16	EY Modifier for Platinum Blue Subscribers
P63-16	Drug-Related Prior Authorization Criteria Changes for Ampyra, H.P. Acthar Gel Transmucosal Fentanyl, Growth Hormone and Oral Pulmonary Arterial Hypertension Agents
P64-16	PA Criteria Change Amprya-Fentany GH-Actharl-PAH
P1-17	Prior Authorization Requirements for Gender Dysphoria
P2-17	Updated: Change in Coverage for Detoxification Services for Minnesota Health Care programs Subscribers
P3-17	Added Reimbursement Policies
P4-17	Addition of Drug to the Self-Administered Oncology Prior Authorization with Quantity Limit Program
P5-17	Updated: Third Party Payments of Premium and/or Cost-Sharing

FYI

MEMBER RIGHTS AND RESPONSIBILITIES

Blue Cross is committed to treating its members in a way that respects their rights, while maintaining an expectation of their individual responsibilities. All Blue Cross members have certain rights concerning their care and treatment, and responsibilities as a member, such as following agreed upon instructions for care, or supplying information needed to provide care. A complete listing of Member Rights and Responsibilities can be found online at **bluecrossmn.com** by entering "member rights" in the search field. Questions or requests for a paper copy may be directed to Lisa K. at **(651) 662-2775**.

FYI

REMINDER: MEDICARE REQUIREMENTS FOR REPORTING PROVIDER DEMOGRAPHIC CHANGES

Blue Cross and Blue Shield of Minnesota (Blue Cross) has continually collaborated with providers in an effort to ensure accurate information is provided in all provider directories.

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 notifying all providers to submit a form to us when 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 this link: https://www.bluecrossmn.com/healthy/public/personal/home/providers/admin-updates.

How do we submit changes?

Send the appropriate form via fax as indicated below:
Fax: **651-662-6684, Attention: Provider Data Operations**

Questions?

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

FYI WHOM TO CONTACT?

HELPFUL PHONE NUMBERS	
BLUELINE (voice response unit)	**(651) 662-5200 or 1-800-262-0820**
BlueCard® member benefits or eligibility	**1-800-676-BLUE (2583)**
FEP® (voice response unit)	**(651) 662-5044 or 1-800-859-2128**
Availity	**1-800-282-4548**
Provider services	**(651) 662-5200 or 1-800-262-0820**
Please verify these numbers are correctly programmed into your office phones.	
For phone numbers, fax numbers and addresses for Care Management programs and services please refer to the Provider Policy and Procedure Manual, Chapter 1 "How to Contact Us" section.	

CODING CORNER

MAY I HAVE YOUR AUTOGRAPH PLEASE?

Handwritten or electronic, a documentation signature is required. The documentation for a service or visit is part of the patient's permanent legal record and signatures are an important element of documentation. Blue Cross requires that medical record entries for services provided/ordered be authenticated by the author. The accepted method is a handwritten or electronic signature. Stamp signatures are not acceptable. Patient identification, date of service, and provider of the service should be clearly identified on the submitted documentation.

THE FULL DIAGNOSIS

Blue Cross requires submission of valid codes to report medical services and supplies on both professional and institutional claims. This includes the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis codes. It is important to report the diagnosis to the highest specificity. This will help ensure the services adjudicate accurately and the correct benefits are applied to the member's service(s).

FYI

PROVIDER MANUAL UPDATES

The following is a list of Blue Cross provider manuals that have been updated from December to February 2017. As a reminder, provider manuals are available online at **providers.bluecrossmn.com**. To view the manuals, select "Forms & publications," then "manuals." Updates to the manuals are documented in the "Summary of changes" section of the online manuals.

MANUAL NAME	CHAPTER NUMBER AND TITLE	CHANGE
Provider Policy and Procedure Manual	Chapter 1, At your Service	Content changes to How to Contact Us
Provider Policy and Procedure Manual	Chapter 3, Quality Improvement	Content changes to: • Clinical Practice Guidelines • Access and Availability Guidelines
Provider Policy and Procedure Manual	Chapter 8, Claims Filing	Content changes to: • Administrative Simplification • Pharmacy and Dental Claims
Provider Policy and Procedure Manual	Chapter 11, Coding Policies and Guidelines, Public Programs section	Content changes to Interpreter Services
Blue Plus Manual	Chapter 3, Quality Improvement	Added 2017 Group Numbers
Provider Policy and Procedure Manual	Chapter 4, Medical Management	Content changes throughout the entire chapter
Provider Policy and Procedure Manual	Chapter 9, Reimbursement/ Reconciliation	Content changes to Payment Methodology
Provider Policy and Procedure Manual	Chapter 11, Dental Services section	Content changes throughout the entire chapter

2017 HOLIDAY SCHEDULE

Provider services will be closed on the following days in 2017:

Monday, May 29

Monday, July 3

Tuesday, July 4

Monday, September 4

Thursday, November 23

Friday, November 24

Monday, December 25

With the exception of the dates stated above, representatives answering the provider services numbers are available to assist you 8 a.m. to 5 p.m. Monday through Thursday, and 9 a.m. to 5 p.m. on Friday.

PHARMACY SECTION

PHARMACY UPDATES FOR QUARTER 1, 2017

Drug Formulary Changes

As part of our continued efforts to evaluate and update our formularies, Blue Cross and Blue Shield of Minnesota and Blue Plus evaluate drugs on a regular basis. This evaluation includes a thorough review of clinical information, including safety information and utilization. Based on our most recent review, the following BRAND name drugs have been added to or removed from drug formularies effective January 1, 2017.

ADDITIONS TO FlexRx FORMULARY	ADDITIONS TO GenRx FORMULARY
AFSTYLA	AFSTYLA
AUBAGIO	AUBAGIO
AVONEX	AVONEX
AXIRON	AXIRON
CABOMETYX	BETASERON
DESCOVY	CABOMETYX
EPCLUSA	DESCOVY
EVOMELA	EPCLUSA
GENVOYA	EVOMELA
GILENYA	GENVOYA
HYDROXYPROGESTERONE CAPROATE	GILENYA
IDELVION	HYDROXYPROGESTERONE CAPROATE
IMPAVIDO	IDELVION
KOSHER PRENATAL PLUS IRON	IMPAVIDO
KOVALTRY	INVOKAMET
KYPROLIS	INVOKANA
LENVIMA	KOSHER PRENATAL PLUS IRON
ODEFSEY	KOVALTRY
ORFADIN	KYPROLIS
OTEZLA	LENVIMA
OXYCODONE W/ ACETAMINOPHEN SOLN 5-325 MG/5ML	ODEFSEY
TECENTRIQ	ORFADIN
TIVICAY	OTEZLA
TRUVADA	TECENTRIQ
VELPHORO	TIVICAY
VENCLEXTA	TRUVADA
VONVENDI	VENCLEXTA
XIIDRA	VONVENDI
	XIIDRA

(continued on next page)

PHARMACY SECTION

PHARMACY UPDATES FOR QUARTER 1, 2017 (cont. from previous page)

Drug Formulary Changes

REMOVALS TO FlexRx FORMULARY	REMOVALS TO GenRx FORMULARY
ANDRODERM	ANDRODERM
ANDROGEL	ANDROGEL
CRESTOR	CRESTOR
DAKLINZA	DAKLINZA
ROXICET (oxycodone w/ acetaminophen soln 5-325 mg/5ml)	

The complete list of formulary changes can be found at:

FlexRx –
https://www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSMN/COMMERCIAL/MNFLEXRX/MN_FlexRx_Formulary_Update.pdf

GenRx –
https://www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSMN/COMMERCIAL/MNGENRX/MNSM_Formulary_Update.pdf

BasicRx –
BasicRx is a new drug formulary for the 2017 Blue Plus individual and family (non-grandfathered) health insurance plans. The complete 2017 BasicRx drug formulary can be found at:
https://www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSMN/COMMERCIAL/MNHIMBSCRX/MN_HIM_BasicRx_Drug_List_2017.pdf

UTILIZATION MANAGEMENT UPDATES

Blue Cross and Blue Shield of Minnesota implemented additional Prior Authorizations, Quantity Limits, and/or Step Therapy depending on the member's prescription drug benefit. Programs in this update include new Prior Authorizations (PA), Quantity Limits (QL), or Step Therapy (ST) for:

Effective January 1, 2017

BRAND NAME (generic name - if available)	Requirement		
AFREZZA 90 x 4 unit cartridge + 90 x 8 unit cartridge mix packs		QL	
BELVIQ XR	PA	QL	
butorphanol 10 mg/mL nasal spray		QL	
BYVALSON		QL	ST

PA = Prior Authorization QL = Quantity Limit;

(continued on next page)

UTILIZATION MANAGEMENT STATEMENT

Utilization Management (UM) decision making is based only on appropriateness of care and service and on existing coverage provisions. Blue Cross does not compensate providers, practitioners or other individuals making UM decisions for denial of coverage or services. We do not offer incentives to decision makers to encourage denial of coverage or services that would result in less than appropriate care or under-utilization of appropriate care and services.

PHARMACY SECTION

UTILIZATION MANAGEMENT UPDATES (continued from previous page)

BRAND NAME (generic name - if available)	Requirement		
CODEINE SULFATE **(codeine)**		QL	
DEMEROL **(meperidine)**		QL	
DILAUDID **(hydromorphone)**		QL	
DOLOPHINE **(methadone)**		QL	
INVOKAMET XR		QL	
LEVORPHANOL 2 mg		QL	
LOMAIRA	PA	QL	
LYRICA		QL	ST***
MEPERIDINE		QL	
METHADONE **(methadone)**		QL	
METHADOSE **(methadone)**		QL	
MORPHINE SULFATE		QL	
morphine sulfate		QL	
OPANA **(oxymorphone)**		QL	
OXAYDO		QL	
oxycodone		QL	
RESTASIS	PA*	QL	
ROXICODONE **(oxycodone)**		QL	
SAVELLA		QL	
TREXIMET 10-60 mg		QL	
XIIDRA	PA	QL	
YOSPRALA			ST
ZAVESCA	PA	QL**	

PA=Prior Authorization; QL=Quantity Limit; ST=Step Therapy

**PA currently in place; **QL currently in place; ***ST currently in place*

Effective January 1, 2017

For the Multiple Sclerosis Agents Step Therapy with Quantity Limit Program, the following drugs are no longer subject to step therapy, but quantity limits still apply.

- AUBAGIO, AVONEX, BETASERON

In addition, information on upcoming changes to select Utilization Management programs are included below. The medical policy database will be updated to reflect these changes.

Effective February 1, 2017

- The Amitiza (luprostone), Linzess (linaclotide) Prior Authorization Program will be implemented for the Commercial lines of business.

(continued on next page)

PHARMACY SECTION

UTILIZATION MANAGEMENT UPDATES (continued from previous page)

- The Topical Diclofenac Gel, Fluorouracil Cream, Imiquimod Cream, and Ingenol Gel Prior Authorization with Quantity Limit Program will be implemented for the Commercial lines of business.

Effective April 1, 2017

- Savella (milnacipran) will be added as a target to the Fibromyalgia Agents Step Therapy Program. Savella quantity limits will still apply.
- The Topical NSAID Step Therapy program will be implemented for the Commercial lines of business. Topical NSAIDs Quantity Limit Program will still apply.

A complete listing of all utilization management updates can be found at:
FlexRx –
https://www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSMN/COMMERCIAL/MNFLEXRX/MN_FlexRx_UM_Updates.pdf

GenRx –
https://www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSMN/COMMERCIAL/MNGENRX/MNSM_GenRx_UM_Updates.pdf

BasicRx –
https://www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSMN/COMMERCIAL/MNHIMBSCRX/IVL_GenRx_Standard_UM_Programs.pdf

PHARMACY NETWORK UPDATES

RX Network E:
Rx Network E is a new pharmacy network used by Blue Plus individual and family health insurance plans as well as select employer groups for 2017. RxNetwork E is a limited pharmacy network that has over 30,000 pharmacies nationwide, including most major chains and many independent pharmacies. If an out-of-network pharmacy is used, the prescription will not be covered. The Specialty Pharmacy Network is not impacted by this new RxNetwork E pharmacy network. The Specialty Network participating pharmacies will continue to be Fairview Specialty Pharmacy, Prime Therapeutics Specialty Pharmacy, and Children's Home Care (for Hemophilia medicines only).

Medicare Part D:
For Medicare Part D, the Platinum Blue with Rx plan has a preferred pharmacy network in place for 2017. (continued on next page)

QUALITY IMPROVEMENT

PHARMACY NETWORK UPDATES (continued from previous page)

Medicare Part D:
The preferred pharmacy network includes approximately 5 chain and many independent pharmacies, while other pharmacies are in the standard network. Members can use both preferred and standard pharmacies to fill their Part D drugs. The member will experience a lower copay/coinsurance with using a preferred pharmacy.

To review the pharmacies for each network go to the following link:
https://www.myprime.com/en/find-pharmacy.html

For tools and resources regarding Pharmacy please visit our website at **bluecrossmn.com** and select "Shop Plans" and "Prescription Drugs." Tools include our formulary updates (by formulary list) and frequently asked questions.

Formulary updates are completed quarterly and posted online for review. These updates can be found by selecting the "Search a Drug List" link under the "Prescription Drugs" section and then selecting the applicable formulary listing.

Additional information regarding Pharmacy is also located in the Provider Policy and Procedure Manual. To access the manual go online to **providers.bluecrossmn.com** and select "Forms and Publications" then "Manuals." Topics in the manual include, but are not limited to, formulary exceptions, quantity limits and step therapy.

Similar Pharmacy Management for the Federal Employee Program (FEP) members can be found on the **Fepblue.org** website. FEP members have a different PBM (Caremark) and will have different formulary list and procedures for prior authorizations and quantity limits than listed above. This information can be found by scrolling down to "Pharmacy Benefits" and selecting "Finding out more."

QUALITY IMPROVEMENT

CHOLESTEROL SCREENING IN MEMBERS WITH DIABETES TO REDUCE CARDIOVASCULAR RISK

One of the goals for our Chronic Care Improvement Program (CCIP) in members with diabetes is to reduce and/or manage risk factors for cardiovascular disease. Based on the American Heart Association's Million Hearts campaign and Clinical Practice Guidelines for Care of Persons with Diabetes, Blue Plus continues to support efforts to improve the rate of annual LDL screening. This project identifies Secure Blue (MSHO) members with diabetes who have not had an annual LDL-Screening and promotes a telephonic outreach to educate and encourage the member to discuss lipid management with their provider. Use of cholesterol lowering medication to potentially reduce the risk of cardiovascular complications for Secure Blue members requires shared decision-making between patient and provider.

Year-to-Year Data Results

LDL SCREENING FOR SECURE BLUE (MSHO) MEMBERS WITH DIABETES - CCIP PROJECT					
	HEDIS 2012	**HEDIS 2013**	**HEDIS 2014**	**HEDIS 2015**	**HEDIS 2016**
Measurement Year	**2011 (baseline)**	**2012**	**2013**	**2014**	**2015**
Administrative Rates (member ages up to 75 years of age based on HEDIS 2012 technical specifications)	**80.23%**	**82.12%**	**84.74%**	**81.75%**	**79.59%**

Thank you for your continued care of our Secure Blue members. Please direct any questions concerning this project to: Sheila Dalen, RN,
Sr. Project Manager,
Quality & Compliance at
651-662-1170 or sheila.dalen@bluecrossmn.com.

QUALITY IMPROVEMENT

CLINICAL PRACTICE GUIDELINES

Blue Cross believes that the use of clinical practice guidelines is a key component of Quality Improvement. Each year, Blue Cross' Quality Management Committee approves the adoption of select guidelines that are used to support various programs and initiatives. The guidelines do not substitute for sound clinical judgement; however, they are intended to assist clinicians in understanding key processes for improvement efforts.

For the complete list of Clinical Practice Guidelines with hyperlinks, please refer to Chapter Three of the Blue Cross Provider Policy and Procedure Manual. To access the manual, go to **providers.bluecrossmn.com** and select "Forms and Publications" then "Manuals."

Please note, some treatment and management options recommended in clinical practice guidelines may not be covered benefits under a Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) member's health plan.

Recommended Sources

Blue Cross recognizes several sources for Clinical Practice Guidelines for a variety of areas of clinical practice; including, but not limited to the sources noted below:

- USPSTF: U.S. Preventive Services Task Force
  http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browserecommendations
- HRSA: Health Resources and Services Administration
  http://www.hrsa.gov/index.html
- ICSI: Institute for Clinical Systems Improvement
  https://www.icsi.org/guidelines_more/

Specific Guidelines

Specific guidelines recommended by Blue Cross include the following:

- Behavioral Health
  - Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (AAP)
  - Treatment of adults with major depressive disorder (APA, ICSI)
- Non-Preventive Acute or Chronic Conditions
  - Prevention and management of Diabetes (ADA)
  - Diagnosis and management of Asthma (NHLBI)
- Preventive Care Guidelines
  - Preventive Services for Adults (USPSTF)
  - Preventive Services Children and Adolescents (USPSTF)
  - Routine Prenatal Care (USPSTF)

Questions concerning Clinical Practice Guidelines can be directed to Abby Linn, Accreditation Analyst, Quality and Health Outcomes at **(651) 662-8943**.
A copy of the clinical practice guidelines with hyperlinks is also available by calling Abby Linn.

QUALITY IMPROVEMENT

PROVIDER SURVEY 2016 RESULTS COORDINATION OF CARE

Blue Cross recognizes the importance of coordination of care between medical professionals as a way to provide a seamless and positive experience for our members. Coordinated care also ensures that care is delivered at the right time, in the right place and at the right amount. Blue Cross annually reviews efforts related to improving continuity and coordination of medical care.

Survey content was designed by a Blue Cross team representing Medical Management, Provider Quality, and Market Research. The survey focuses on frequency and effectiveness of information received for patients during key care transitions and hand-offs between primary care, specialty care, inpatient, emergency department, behavioral health, and retail care settings.

A random sample of all Blue Cross providers were invited to participate in a telephone study. Qualified respondents included the Quality Director, Medical Director or Clinical Director at a facility. If those titles weren't available, someone with a clinical background and knowledgeable about continuity and coordination of care was interviewed. *We truly appreciate those providers who took time to complete the survey when contacted.*

Listed below are some key findings from the survey results:

90% Of respondents are at least "satisfied" with overall continuity and coordination of care for their patients, representing a significant increase over the prior year. Within this there was also a significant increase in percent of providers stating they were "very satisfied" (rate changed from 18% in 2015 to 24% in 2016).

The portion of 2016 respondents reporting that they "always" or "frequently" **receive communication about their patients from Emergency Department care continues to increase** going from 30% in 2014 to 43% in 2016. Effectiveness of this information has also increased over the last 3 years moving from only 67% in 2014 to 88% in 2016.

The **rates for frequency and effectiveness of information from Retail Care settings remains much lower overall** when compared to other hand-offs even with gains made in 2016. For example, in 2016, frequency from Primary Care was 59% where Retail Care was only 13%. Similarly, ratings of effectiveness of information received from Primary Care was 85% where Retail Care was only 57%.

(continued on next page)

QUALITY IMPROVEMENT

PROVIDER SURVEY 2016 RESULTS COORDINATION OF CARE

- continued from previous page

91%

Overall satisfaction between Primary Care and Specialty Care providers' hand-offs reflect high satisfaction. Respondents report receiving information from Specialty care at higher rates in 2016 (57%) compared to 2105 (48%), and that when they do receive information it is very effective (2016 rate of 87%).

Here are some tips you and your staff can take to ensure continuity and coordination occur for your patients.

1. Remind patients and/or care givers to sign the authorizations to release information, especially those who have been to the ER, retail site, or see multiple doctors.
2. Talk with your patients about how you like to receive information and records from other providers.
3. Offer to send summaries, records, and/or results to other health professionals involved in your patient's care.

Based on the results from the 2016 provider survey, opportunities for improvement still exist and Blue Cross will continue to explore avenues for sharing best practices in this area. Coordination and continuity of care is critical to achieving improved health outcomes, reduction of unnecessary procedures, and improved member experience of care received.

CODING CORNER

UNITS REPORTING REMINDER

Blue Cross' unit submission reimbursement policy (RP-General Coding – Maximum Units Per Day) is in good company. The policy also follows the Appendix A of the AUC Minnesota Uniform Companion guide for reporting units. The following is from Appendix A of the guide (http://www.health.state.mn.us/auc/guides/cg837p.pdf) as well as part of our reimbursement policy.

The number of units is the number of services performed and reported per service line item as defined in the code description unless instructed differently in this appendix.

The following are clarifications/exceptions:

- Report one unit for all services without a measure in the description.
- Report the number of units as the number of services performed for services with a measure in the description. For example, one unit equals:"per vertebral body;"
  - "each 30 minutes;"
  - "each specimen;"
  - "15 or more lesions;"
  - "initial."

- Follow all related AMA guidelines in CPT (e.g. "unit of service is the specimen" for pathology codes). Definition of "specimen": "A specimen is defined as tissue(s) that is (are) submitted for individual and separate attention, requiring individual examination and pathologic diagnosis."
- In the case of time as part of the code definition, more than half the time must be spent performing the service in order to report that code. Follow general rounding rules for reporting more than the code's time value. If the time spent results in more than one and one half times the defined value of the code and no additional time increment code exists, round up to the next whole number.
- Do not follow Medicare's rounding rules for speech, occupational, and physical therapy services. Each modality and unit(s) is reported separately by code definition. Do not combine codes to determine total time units.
- Anesthesia codes 00100-01999: 1 unit = 1 minute
- Decimals are accepted with codes that have a defined quantity in their description, such as supplies or drugs and biologicals. Units of service that are based on time are never reported with decimals.
- Drugs are billed in multiples of the dosage specified in the HCPCS Code.

QUALITY IMPROVEMENT

PCC QUALITY OF CARE COMPLAINT REPORT

Providers are required to complete the Blue Plus Quality of Care Complaint report for all written and verbal complaints from Blue Plus, Prepaid Medical Assistance Program and MinnesotaCare subscribers on a quarterly basis, per Minnesota Department of Health regulations. Complaints logged at the provider offices are to be investigated and resolved by the provider's office whenever possible.

These complaints are reported to Blue Plus in January, April, July and October for the preceding three months. The Primary Care Clinic (PCC) must submit a quarterly report even if the facility does not receive any complaints for the quarter. Your contract outlines the procedures required for your Quality of Care (QOC) PCC complaint reporting adherence agreement.

Complaints should no longer be directed to the attention of a single designated person. Sending your PCC QOC complaint report form to any source not listed below may delay the processing of your PCC QOC complaint report.

To access the PCC Blue Plus Quality of Care Complaint Report Form, go to **providers.bluecrossmn.com** and select "Forms & publications," then "forms - clinical operations."

Submit quarterly PCC QOC reports using one of these methods:

Email: pcc.complaint@bluecrossmn.com

Secure fax line: **(651) 662-4004**

Mail: Blue Plus
Attn: Quality & Compliance Dept.
R472
P.O. Box 64179
St. Paul, MN 55164-0179

QUALITY IMPROVEMENT

DRUG-RELATED PRIOR AUTHORIZATION REQUIREMENTS FOR BOTULINUM TOXIN, REMICADE®, RITUXAN® AND BIOLOGIC IMMUNOMODULATORS

As previously communicated on October 10, 2016, in Provider Bulletin P47-16, on January 2, 2017, Blue Cross and Blue Shield of Minnesota (Blue Cross) expanded the Medical Drug Prior Authorization (PA) Program for commercial lines of business to include PA requirements for drugs noted in the Medical Policies below.

PA Requirements - effective January 2, 2017 - a medical drug PA will be required for the following drugs:
Botulinum toxin (botox®, dysport®, myobloc®, xeomin®) –medical policy II-16
Infliximab (remicade®) – medical policy II-97
Rituximab (Rituxan®) – medical policy II-47
Biologic Immunomodulators – medical policy – II-170
• Abatacept (Orencia®)
• Certolizumab Pegol (Cimzia®)
• Golimumab (Simponi Aria®)
• Tocilizumab (Actemra®)
• Ustekinumab (Stelara®)
• Vendolizumab (Entyvio®)

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence based care. One method of doing so is through 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.

Products Impacted

- This PA program only applies to commercial lines of business.
- The changes do not impact subscribers who have coverage through Prepaid Medical Assistance Program (PMAP), MinnesotaCare, SecureBlue (MSHO), Minnesota Senior Care Plus (MSC+), Federal Employee Program (FEP), or Platinum Blue as those lines of business have separate PA requirements.

Submitting a Medical Drug PA Request

Starting January 2, 2017 - Providers must submit a PA request for approval for the medical specialty drugs listed above. If a provider does not obtain required prior authorization before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization. The requirement applies to subscribers starting drug therapy and to those already being treated with one of the medications above.

Before submitting a prior authorization request, providers are asked to check the Medical Policy criteria and attach **all required clinical documentation** with the request including

(continued on next page)

QUALITY IMPROVEMENT

DRUG-RELATED PRIOR AUTHORIZATION REQUIREMENTS FOR BOTULINUM TOXIN, REMICADE®, RITUXAN® AND BIOLOGIC IMMUNOMODULATORS (continued from previous page)

documentation of previous therapies tried and evidence of symptom improvement using the drug. PA requests will be reviewed when patient-specific, relevant medical documentation has been provided supporting the medical necessity of the drug. 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 insufficient information.

The criteria for approval is based on medical policy criteria and dosing criteria. To access the medical policies:

- Go to **providers.bluecrossmn.com**
- Under Tools And Resources, select "Medical Policy," then acknowledge the Acceptance Statement
- Select the "+" (plus) sign next to Medical and Behavioral Health Policies

Providers can submit an electronic medical drug (ePA) request:

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

Note: An approved prior authorization does not guarantee a medication is covered 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 and 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 50 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.

CODING CORNER

BILATERAL MODIFIERS FOR 64612-64613

Chemodenervation procedures 64612 and 64613 may be performed bilaterally; however, we have noted that there have been denials for invalid modifier/procedure combination when submitted with the -50 modifier. The right side and left side modifiers -RT and -LT are accepted. To avoid denials we are suggesting using the -RT and -LT modifiers instead of -50.

99401-99404 RESTRICTIONS

Claims with preventive counseling (99401- 99404) have some restrictions. First, these codes are only compatible with routine/preventive diagnosis codes. Claims submitted with these procedure/service codes and a routine diagnosis code will process according to the patient's preventive benefit, provided the patient has coverage for preventive services. If CPT codes 99401-99404 were submitted with an illness diagnosis, such as diabetes, the claim would reject because the service was incompatible with the diagnosis.

The second restriction is that the codes 99401-99404 are considered integral to an illness (99202-99205, 99211-99215) or preventive (99381-99387, 99391-99397) evaluation and management procedure. Thus, if submitted together, the codes 99401-99404 will deny as incidental.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Medical and behavioral health policies are available for your use and review on the Blue Cross and Blue Shield of Minnesota website at **providers.bluecrossmn.com**. From this site, there are two ways to access medical policy information depending on the patient's Blue Plan membership.

For out-of-area Blue Plan patients:
Under "Medical Policy and Pre-Certification/Authorization Router," click Go. You will be taken to the page where you select either medical policy or pre-certification/prior authorization and enter the patient's three-letter alpha prefix as found on their member identification card, and click Go. Once you accept the requirements, you will be routed to the patient's home plan where you can access medical policy or pre-certification/pre-authorization information.

For local Blue Cross and Blue Shield of Minnesota plan patients:
Select "Medical policy" (under Tools & Resources), and then read and accept the Blue Cross Medical Policy Statement. You have now navigated to the Blue Cross and Blue Shield of Minnesota Medical Policy web page.

Click on the "+" (plus) sign next to "Medical and Behavioral Health Policies."

- The "Upcoming Medical Policy Notifications" section lists new or revised policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective **50** days from the date they were posted.
- The "Medical and Behavioral Health Policies" section lists all policies effective at the time of your inquiry.
    - Note: On November 1, 2015, Blue Cross and Blue Shield of Minnesota began migrating subscribers from our legacy operating system to our new operating system. Subscriber migration will continue over the next few years with the goal of having all subscribers migrated to the new operating system by the end of 2018. During the migration, there will be two sets of medical policies: one for migrated subscribers (new operating system) and one for non-migrated subscribers (legacy operating system). Please follow the instructions on the web page to select the applicable medical policy based upon the member's migration status. This change was previously communicated in the Provider Bulletin entitled "Medical Policies on the New Operating System Effective November 1, 2015" (P-32-15), which published September 9, 2015.

Click on the "+" (plus) sign next to "Utilization Management."

- The Pre-Certification/Pre-Authorization lists identify various services, procedures, prescription drugs, and medical devices that require pre-certification/pre-authorization. These lists are not exclusive to medical policy services only; they encompass other services that are subject to pre-certification/pre-authorization requirements.

If you have additional questions regarding medical or behavioral health policy issues, call provider services at **(651) 662-5200** or **1-800-262-0820** for assistance.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY

Policies Effective: 1/16/17 Notification Posted: 11/28/16

Policies developed

None

Policies revised

General Anesthesia Services for Dental Procedures II-166

I. General anesthesia services during dental procedures may be considered MEDICALLY NECESSARY for patients who meet ANY of the following criteria:

- Under 5 years of age; OR
- Presence of a severe disability, including but not limited to:
  - Epilepsy or a history of seizures;
  - Mental health disorders (e.g., autism, schizophrenia);
  - Chromosomal abnormalities (e.g., Down's syndrome, trisomy);
  - Cerebral palsy.

  OR
- Presence of a serious underlying medical condition, including but not limited to:
  - Respiratory conditions (e.g., severe asthma);
  - Cardiac conditions (e.g., arrhythmias, congestive heart failure, cardiac anomalies);
  - Bleeding disorders which could lead to immediate or severe airway compromise;
  - Conditions with known or suspected airway compromise.

  OR
- Requires immediate, comprehensive oral/dental care (e.g., dental abscess threatening patency of the airway); OR
- Requires significant restorative and/or surgical procedures (e.g., 5 or more dental procedures performed simultaneously, procedures requiring suturing); OR
- Local anesthesia is contraindicated because of acute infection, anatomic variations, or allergy; OR
- Other methods of basic and advanced behavior guidance in the dental office have been tried and were unsuccessful (e.g., communication techniques, parental presence/absence, nitrous oxide/oxygen inhalation, protective stabilization, sedation).

II. General anesthesia services during dental procedures are considered NOT MEDICALLY NECESSARY for patients who do not meet the medical necessity criteria described above.

- Coverage

  General anesthesia services for dental procedures are covered only when performed by properly-trained and credentialed anesthesia personnel, who are not also performing the primary procedure.

- Documentation Submission

  Documentation supporting the medical necessity criteria described in the policy must be included in the prior authorization, when prior authorization is required. In addition, the following documentation must also be submitted:

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- For pediatric cases where other methods of basic and advanced behavior guidance in the dental office have been unsuccessful, the provider attests to have considered the information related to general anesthesia established under the American Academy of Pediatric Dentistry's "Guideline on Behavior Guidance for the Pediatric Dental Patient", regardless of the age of the child, and has determined general anesthesia to be medically necessary.

Bone Morphogenetic Protein (BMP) IV-85

I. Use of recombinant human bone morphogenetic protein2 (rhBMP2) may be considered MEDICALLY NECESSARY for the following indications:

- As an adjunct to an anterior lumbar interbody fusion procedure when use of an autograft is unfeasible (e.g., need for a greater quantity of autograft than is available); OR
- For instrumented posterolateral intertransverse lumbar spinal fusion when use of an autograft is unfeasible (e.g., need for a greater quantity of autograft than is available); OR
- As an adjunct to treatment of open fracture of the tibial shaft when use of an autograft is unfeasible (e.g., need for a greater quantity of autograft than is available).

II. Use of recombinant human bone morphogenetic protein2 (rhBMP2) is considered INVESTIGATIVE for all other indications, including but not limited to:

- As an adjunct to thoracic and cervical fusion procedures;
- As initial treatment or revision of posterolateral spinal fusion, except as indicated above;
- As management of early stages of osteonecrosis of the vascular head femoral shaft;
- As an adjunct to distraction osteogenesis (Illiazarov procedure);
- Craniofacial applications including, but not limited to, periodontal defect regeneration, cleft palate repair, cranial defect repair, sinus augmentation, and localized alveolar ridge augmentations for defects associated with extraction sockets.

Percutaneous Facet Joint Denervation IV-95

I. Non-Pulsed Radiofrequency Facet Joint Denervation

- Initial Procedure: Non-pulsed radiofrequency denervation of cervical facet joints (C2-C3 thru C7-T1 vertebrae) and lumbar facet joints (T12-L1 thru L5-S1 vertebrae) may be considered MEDICALLY NECESSARY when ALL of the following criteria are met:

  1. No prior spinal fusion surgery in the vertebral level being treated; AND
  2. Non-radicular low back (lumbosacral) or neck (cervical) pain, suggestive of facet joint origin as documented in the medical record, including ALL of the following:
     - History, consisting of mainly axial or non-radicular pain; AND
     - Physical examination, with positive provocative signs of facet disease; AND
     - Radiographic imaging, obtained within the previous 12 months, excludes other causes of cervical or lumbar pain (e.g., nerve root compression).

     AND
  3. Pain has failed to respond to 3 months of conservative management within the last 6 months as documented in the medical record, including ALL of the following:
     - Oral pain medications (e.g., non-steroidal anti-inflammatory medications, analgesics, muscle relaxants, or pharmacological therapy); AND
     - At least ONE of the following therapies:

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- Course of physical therapy (e.g., at least 4 visits over a period of 4-6 weeks); OR
- Course of manipulative therapy (e.g., at least 4 visits over a period of 4-6 weeks).

AND

4. No therapeutic intra-articular injections (i.e., steroids, saline, or other substances) for a period of at least 4 weeks prior to use of a diagnostic medial branch block;
   AND
5. Diagnostic block with local anesthetic (no steroids or other drugs) of the facet nerve (medial branch block) or injection under fluoroscopic guidance into the facet joint has resulted in at least 50% reduction in pain for the duration of the specific local anesthetic used (e.g., generally 3-4 hours for bupivacaine and 30 minutes to 1 hour for lidocaine).

- **Repeat Procedure:** Repeat non-pulsed radiofrequency denervation may be considered MEDICALLY NECESSARY when ALL of the following criteria are met:
  1. Diagnostic block criteria described above for the initial procedure have been previously met; AND
  2. The repeat procedure will be performed on the same side and at the same anatomical level of the spine as the previous procedure; AND
  3. No prior spinal fusion surgery in the vertebral level being treated; AND
  4. A minimum of 6 months has elapsed since the previous procedure; AND
  5. Greater than 50% pain relief was obtained for at least 3 months following the previous procedure.
- Non-pulsed radiofrequency denervation is considered INVESTIGATIVE for the treatment of chronic spinal/back pain for all uses that do not meet the criteria listed above, including but not limited to treatment of thoracic facet or sacroiliac (SI) joint pain.

II. Pulsed Radiofrequency Denervation

- Pulsed radiofrequency denervation is considered INVESTIGATIVE for the treatment of chronic spinal/back pain, due to a lack of evidence supporting its impact on improved health outcomes.

III. Other Percutaneous Techniques for Facet Joint Denervation

- All other techniques for percutaneous facet joint denervation for treatment of chronic spinal/back pain are considered INVESTIGATIVE due to a lack of evidence supporting an impact on improved health outcomes. These other techniques include, but are not limited to:
  1. Laser;
  2. Cryodenervation.

- **Documentation Submission**

Documentation supporting the medical necessity criteria described in the policy must be included in the prior authorization. In addition, the following documentation must also be submitted for non-pulsed radiofrequency facet joint denervation procedures:

1. Written report, from a radiologist, describing findings from spinal diagnostic imaging studies.
2. Procedure report describing the medial branch blocks and follow-up report on the percent change in the level of pain, for the duration of the specific local anesthetic used.
3. For repeat procedures, documentation of the following:
   - Date of prior non-pulsed radiofrequency denervation; and

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- The percent change in the level of pain achieved from the previous procedure; and
- Positive result with prior diagnostic block.

Policies inactivated

CT Colonography (Virtual Colonoscopy) V-02

Policies Effective: 2/13/17 Notification Posted: 12/22/16

Policies developed

None

Policies revised

None

Policies inactivated

NOTE: Effective February 13, 2017, the following drugs will be subject to Pharmacy Utilization Management criteria for prior authorization reviews. See Provider Bulletin P63-16 "Drug-Related Prior Authorization Criteria Changes for Ampyra®, H.P. Acthar Gel®, Transmucosal Fentanyl, Growth Hormone, and Oral Pulmonary Arterial Hypertension Agents" for more information.

Dalfampridine (Ampyra), II-143

Growth Hormone Treatment, II-12

H.P. Acthar Gel (Repository Corticotropin), II-162

Transmucosal Fentanyl for Cancer-Related Pain, II-74

Policies Effective: 3/20/17 Notification Posted: 1/27/17

Policies developed

None

Policies revised

Biofeedback X-25

I. Biofeedback for Behavioral Health Conditions

- Biofeedback in a supervised clinical setting may be considered MEDICALLY NECESSARY as one component of a comprehensive treatment plan for behavioral health conditions other than those considered investigative.
- Biofeedback for the following behavioral health conditions is considered INVESTIGATIVE due to a lack of evidence demonstrating an impact on improved health outcomes:
  - Addictions
  - Adjustment disorders
  - Attention deficit hyperactivity disorder
  - Autism spectrum disorders
  - Mood disorders

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- Psychosomatic illness
- Schizoaffective disorders
- Schizophrenia

II. Biofeedback for Medical Conditions

- Biofeedback in a supervised clinical setting may be considered MEDICALLY NECESSARY as a component of a comprehensive treatment plan for the following medical conditions:
  - Cancer-related pain
  - Chronic pain
  - Dyssynergia-type chronic constipation in adults
  - Fecal incontinence in adults
  - Intractable musculoskeletal spasm
  - Migraine or chronic, recurrent tension-type headache
  - Temporomandibular disorder (TMD). (Refer to policy II-07, Treatment for Temporomandibular Disorder, for information on additional treatments of TMD)
  - Urinary incontinence in adults
- Biofeedback is considered INVESTIGATIVE for treatment of all other medical conditions including but not limited to the following due to a lack of evidence demonstrating an impact on improved health outcomes:
  - Asthma
  - Bell's palsy
  - Chronic fatigue syndrome
  - Cluster headache
  - Fecal or urinary incontinence in pediatric patients
  - Hypertension
  - Movement disorders
  - Multiple sclerosis
  - Ordinary muscle tension
  - Pain management during labor
  - Prevention of preterm birth
  - Raynaud's disease or phenomenon
  - Recovery of motor function after stroke
  - Sleep bruxism
  - Spinal cord injury
  - Tinnitus

III. Use of biofeedback in the home or an unsupervised setting for any indication is considered INVESTIGATIVE due to a lack of clinical evidence demonstrating an impact on improved health outcomes.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Selected Treatments for Temporomandibular Disorder (TMD) II-07

- **NOTE:** Use of biofeedback for treatment of temporomandibular disorder is addressed in policy X-25 Biofeedback
- The following **non-surgical treatments** may be considered MEDICALLY NECESSARY in the treatment of temporomandibular disorder:
  - Removable, intraoral appliances providing full-occlusal coverage;
  - Pharmacological treatment (such as anti-inflammatory, muscle relaxing, and analgesic medications);
  - Physical therapy (includes modalities such as ultrasound, heat and cold treatments, iontophoresis, and manipulation);
  - Transcutaneous electrical nerve stimulation (TENS);
  - Behavioral/psychological therapy (i.e., relaxation training, cognitive behavioral therapies); and
  - Self-management instruction.
- The following non-surgical treatments are considered INVESTIGATIVE in the treatment of temporomandibular disorder due to a lack of evidence demonstrating an impact on improved health outcomes:
  - Electrogalvanic stimulation;
  - Prolotherapy; and
  - Nociceptive Trigeminal Inhibition – tension suppression system (NTI-tss).
- The following **surgical treatments** may be considered MEDICALLY NECESSARY in the treatment of temporomandibular disorder:
  - Arthroscopic surgery in patients with objectively demonstrated (by physical examination and imaging) internal derangements or degenerative joint disease who have persistent TMJ pain and where conservative treatment has failed (e.g., orthotics/splints, analgesics, heat, muscle relaxants, physical therapy, jaw exercises,anti-inflammatory agents);
  - Manipulation for reduction of fracture or dislocation of the TMJ;
  - Arthrocentesis;
  - Open surgical procedures including, but not limited to, arthroplasties; condylectomies; meniscus or disc plication and disc removal when TMJ dysfunction is the result of congenital anomalies, trauma, or disease in patients where conservative treatment has failed.
- Arthroscopy of the temporomandibular joint solely for diagnostic purposes is considered INVESTIGATIVE due to a lack of evidence demonstrating an impact on improved health outcomes.

Advanced Pharmacologic Therapies for Pulmonary Arterial Hypertension II-107

- **NOTE:** For criteria on orally administered advanced therapies for pulmonary arterial hypertension, please refer to applicable pharmacy benefit plan.

I. Initial Review

Epoprostenol (Flolan®, Veletri®), treprostinil (Remodulin®, Tyvaso®), iloprost (Ventavis®), or sildenafil injection (Revatio®) may be considered MEDICALLY NECESSARY when ALL of the following criteria are met:

- The patient does not have any FDA labeled contraindications to therapy (see table below); AND

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- The patient has a diagnosis of pulmonary arterial hypertension (PAH), WHO Group 1, as determined by right heart catheterization **AND** ALL of the following:
  - Mean pulmonary artery pressure > 25 mm Hg; **AND**
  - Pulmonary capillary wedge pressure, left atrial pressure, or left ventricular end-diastolic pressure ≤ 15 mm Hg;

  AND
  - Pulmonary vascular resistance > 3 Wood units.

  AND
- ONE of the following:
  - The patient had a negative response to acute pulmonary vasodilator testing; OR
  - The patient had an inadequate response to a calcium-channel antagonist; OR
  - The patient has a documented intolerance, FDA labeled contraindication, or hypersensitivity to at least one calcium-channel antagonist.

  AND
- ONE of the following:
  - The requested agent will be used as monotherapy for PAH AND the patient is World Health Organization (WHO) functional class II or greater; OR
  - The requested agent will be used as add-on therapy to existing monotherapy for PAH AND ALL of the following:
    - The patient is WHO functional class II or greater; AND
    - The patient has unacceptable or deteriorating clinical status despite established PAH pharmacotherapy; AND
    - Both advanced therapies for PAH are from different therapeutic classes.

    OR
  - The requested agent will be used as add-on therapy to existing combination therapy for PAH AND ALL of the following:
    - The patient is WHO functional class III or IV; AND
    - The patient has unacceptable or deteriorating clinical status despite established PAH pharmacotherapy; AND
    - All advanced therapies for PAH are from different therapeutic classes.

  AND
- If the requested agent is sildenafil injection (Revatio®), the patient is currently prescribed oral sildenafil (Revatio®) and temporarily unable to take oral medication.

II.Renewal Review

Epoprostenol (Flolan®, Veletri®), treprostinil (Remodulin®, Tyvaso®), iloprost (Ventavis®), or sildenafil injection (Revatio®) may be considered MEDICALLY NECESSARY when **ALL** of the following criteria are met:

- The patient has been previously approved for therapy through the initial review process; AND
- The patient has shown positive clinical response (e.g., slowing of disease progression or decrease in symptom severity and/or frequency); **AND**
- The patient does not have any FDA labeled contraindications to therapy (see table below).

III. All other uses of epoprostenol (Flolan®, Veletri®), treprostinil (Remodulin®, Tyvaso®), iloprost (Ventavis®), or sildenafil

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

injection (Revatio®) are considered INVESTIGATIVE, including but not limited to the following, due to the lack of clinical evidence demonstrating an impact on improved health outcomes:

- As part of combination therapy (i.e., two or more advanced therapies) for first-line treatment of PAH;
- Treatment of pulmonary hypertension conditions other than PAH, including but not limited to:
  - Pulmonary hypertension associated with left heart diseases (WHO Group 2);
  - Pulmonary hypertension associated with lung diseases and/or hypoxemia (including chronic obstructive pulmonary disease) (WHO Group 3);
  - Pulmonary hypertension due to chronic thrombotic and/or embolic disease (WHO Group 4);
  - Miscellaneous conditions (i.e., sarcoidosis, histocytosis X and lymphangiomatosis) (WHO Group 5).

- **Table. FDA Labeled Contraindications**

AGENT	FDA LABELED CONTRAINDICATIONS
Epoprostenol (Flolan®)	Heart failure with reduced ejection fraction; Hypersensitivity
Epoprostenol (Veletri®)	Congestive heart failure due to severe left ventricular systolic dysfunction; Pulmonary edema; Hypersensitivity
Treprostinil (Remodulin®)	None
Treprostinil (Tyvaso®)	None
Iloprost (Ventavis®)	None
Sildenafil injection Revatio®)	Use with organic nitrates or riociguat; Hypersensitivity

- **Documentation Submission:**

Documentation supporting the medical necessity criteria described in the policy must be included in the prior authorization. In addition, the following documentation must also be submitted:

Initial Review

1. Clinical notes describing confirmation of PAH by right heart catheterization and WHO functional class.
2. Clinical notes describing current and past medications for the diagnosis.

Renewal Review

1. Documentation supporting positive clinical response (e.g., slowing of disease progression or decrease in symptom severity and/or frequency).
2. Clinical notes describing current medications for the diagnosis.

Spinal Cord Stimulation IV-74

I. Temporarily Implanted Spinal Cord Stimulation

An initial trial period of spinal cord stimulation with temporarily implanted electrodes may be considered MEDICALLY NECESSARY when ALL of the following criteria are met:

- Documented history of chronic intractable neuropathic pain of the trunk or limbs (greater than 6 month duration); AND
- Objective documentation of pathology, i.e. objective basis of the pain complaint;

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

AND

- Documentation that all other appropriate conservative medical and invasive treatment measures have been tried for at least six months and exhausted (e.g., chronic pain management programs; conservative primary care case management, physical therapy programs; medications such as anti-depressants, anti-spasmodics, narcotics, anti-inflammatories; trigger point injections; nerve blocks and epidural blocks); AND
- Documentation from the patient's primary care physician or mental health professional (i.e., psychiatrist or PhD psychologist) that any identified mental health or chemical dependency disorders are being or have been addressed; AND
- No medical contraindications to the implantation/spinal surgery (e.g., drug allergies, sepsis, coagulopathy, inability to cope with the technology)

II. Permanently Implanted Spinal Cord Stimulation

A permanently implanted spinal cord stimulator may be considered MEDICALLY NECESSARY when ALL of the following criteria are met:

- All criteria for an initial trial procedure of spinal cord stimulation have been met: AND
- Demonstration of at least 50% pain relief for at least 2 days with a temporarily implanted electrode precedes permanent implantation; AND
- Improvement in function (e.g. increased ability to perform activities of daily living), documented in the medical record; AND
- The permanent electrodes are placed in the same spinal region(s) where the temporary trial produced relief.

III. Investigative Indications

Spinal cord stimulation is considered INVESTIGATIVE for all other indications due to a lack of evidence demonstrating an impact on improved health outcomes, including but not limited to treatment of:

- Critical limb ischemia, as a technique to forestall amputation;
- Refractory angina pectoris;
- Heart failure;
- Cancer-related pain

Policies inactivated

None

Policies reviewed with no changes in November 2016, December 2016, and January 2017

Actigraphy II-127

Allogeneic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias II-129

Anterior Eye Segment Scanning Computerized Imaging II-79

Axial (Percutaneous) Lumbar Interbody Fusion IV-91

Bioimpedance Spectroscopy Devices for Detection and Management of Lymphedema II-148

Bronchial Thermoplasty IV-117

Communication Assist Devices VII-52

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

QUALITY IMPROVEMENT

STAR RATINGS PROGRAM ONLINE RESOURCES

The Medicare STAR Center of Excellence offers a unique website for providers to access information and resources related to the Medicare Star Rating Program. Throughout 2017 we will be refreshing the site with new resources as well as giving it a fresh new look.

Resources for you:

- Star Rating Program measures and overview
- Toolkits offering information to care systems on how to improve clinical measure performance, such as measure specifications for twenty-four clinical quality measures which detail who is eligible, what demonstrates the measure has been met, who is excluded, the performance thresholds for Star achievement, and best practices for meeting the measure for each eligible member.
- How to make referrals for SecureBlue plan members to Case and Disease Management
- Medicare Part D Prescriber Toolkit

Additional enhancements will be made throughout the coming months, so check back often.

To learn more go to bluecrossmn.com/star-ratings-program

If you have questions, comments or feedback email ProviderStars@bluecrossmn.com

Provider Press is posted on our website quarterly for business office staff of multi-specialty clinics, physicians, public health agencies, DME providers, chiropractors, podiatrists, physical therapists, occupational therapists, optometrists and behavioral health professionals/providers. Direct inquiries to:

Network Management R317
Editor: Holly Batchelder
P.O. Box 64560
St. Paul, MN 55164-0560
(651) 662-2014
toll free: 1-800-382-2000, ext. 22014

Advisors/Faith Bauer, CPC, CPC-H, CPC-P; Betty Jo Haggerty and Alex Dirlam-Langlay.

03/17

Network Management R317
P.O. Box 64560
St. Paul, MN 55164-0560