

PROVIDER QUICK POINTS

PROVIDER INFORMATION



March 8, 2018

Medical Drug Exclusion Lists Expanded to Include Ixifi, Durolane, Visco-3 and TriVisc

As stewards of healthcare expenditures for our subscribers, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is charged with ensuring the highest quality, evidence-based care for our subscribers, while driving quality, safety, and affordability. To accomplish this, when multiple versions of the same drug exist, Blue Cross may decide to cover only certain versions of the drug after completing a review of the drugs.

Effective March 12, 2018, Blue Cross will expand the Medical Drug Exclusion Lists for the Commercial and Medicaid lines of business to include Ixifi™ (Infliximab-qtbx) and Visco-3™, TriVisc™ and Durolane™ (new versions of intra-articular Hyaluronan injections). If a subscriber chooses to use one of the excluded (non-covered) drugs, they will be liable to pay the full retail cost of the drug.

Effective March 12, 2018 , the following non-preferred drugs will NOT be covered under the medical benefit.

Drug	Preferred Medical Drug (Covered)			Excluded Drug Alternatives (Not Covered)			Products Impacted
	Brand Name	NDC Codes	HCPCS Code	Brand Name	NDC Codes	HCPCS Code	
Hyaluronan Injections*	Synvisc-One® Synvisc®	58468-0090-xx	J7325	Durolane™	16986-0020-xx	J3490	<ul style="list-style-type: none"> • Commercial health plans (excluding FEP) • Prepaid Medical Assistance Program (PMAP) • MinnesotaCare (MNCare) • Minnesota Senior Care Plus (MSC+) • SecureBlue (MSHO)
				Visco-3™	87541-0301-xx	J7321	
				TriVisc™	NA	J3490	
Infliximab**	Remicade®	57894-0030-xx	J1745	Ixifi™	00069-0811-xx	Q5102	<ul style="list-style-type: none"> • Commercial health plans (excluding FEP)

* See medical policy II-29 – Intra-Articular Hyaluronan Injections for Osteoarthritis for medical necessity criteria.

** See medical policy II-97 – Infliximab for medical necessity criteria.

NA: not available or unclassified at the time of this Bulletin

Products Not Impacted

The changes do not impact Platinum Blue, Medicare Advantage, or Federal Employee Program (FEP) health plans which have their own requirements.

Continued

Medical Drug Exclusions List

We encourage providers to review the list online frequently, as the list is subject to change as new drug formulations and products are introduced on the market. To review the list:

- Go to **providers.bluecrossmn.com**
- Under 'Tools and Resources' select 'Medical policy' and then acknowledge the Acceptance Statement
- Click on the '+' next to 'Medical and Behavioral Health Policies' to view the Medical Drug Exclusions List

To view Blue Cross 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 to locate the medical policy search tool
- Select the "Upcoming Policy Notifications" option to view policy criteria or changes that will be going into effect.

Coding requirements reminder

All coding and reimbursements are subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (e.g. HCPCS, CPT, ICD), only valid codes for the date of service may be submitted or accepted.

Questions?

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

HCPCS stands for Healthcare Common Procedure Coding System.

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