

PROVIDER BULLETIN

PROVIDER INFORMATION



WHAT'S INSIDE:

April 2, 2018

Administrative Updates

- Reminder: Blue Cross Will Cease Mailing Certain Provider Bulletins (Effective 5/1/18, P10-18) Page 2
- Reminder: Medicare Requirements for Reporting Demographic Changes (published in every monthly Bulletin) Page 2

Contract Updates

- Minnesota Health Care Programs Reimbursement Rate for Vaccine Administration (Effective 6/1/18, P11-18) Page 3

Reimbursement Policy Updates

- Commercial and FEP Business New Reimbursement Policy for Facility: Readmission (Effective 6/1/18, P13-18) Page 3

Medical and Behavioral Health Policy Updates

- New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial Lines of Business (Effective 6/4/18, P12-18) Page 4-6
- Updated: New Medical Drug Prior Authorization Requirements for Voretigene Neparvovec (Luxturna™) (Effective 6/4/18, PR21-18) Page 6-7

This summary document can be found in 'Forms and Publications' section of providers.bluecrossmn.com. Individual Bulletins are also available in the 'Forms and Publications' section of providers.bluecrossmn.com.

Questions? If you have questions about any of the updates, unless otherwise specified, please contact provider services at (651) 662-5200 or 1-800-262-0820.

ADMINISTRATIVE UPDATES

Reminder: Blue Cross Will Cease Mailing Certain Provider Bulletins

(P10-18, published 3/1/18)

As of April 2, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will begin publishing monthly Provider Bulletins and posting them on the first business day of each month on the bluecrossmn.com website. Effective May 1, 2018, Blue Cross will no longer be mailing Provider Bulletins that are published on the first business day of the month. If additional Bulletins are published on a day other than the first business day of the month due to a business need, the Provider Bulletin will be mailed to impacted providers in addition to being posted on the website. These changes support ease of access and administrative efficiency for providers and Blue Cross and will reduce the use of paper to be environmentally friendly. Provider Bulletins will continue to be available on our website as well as on Availity's provider portal.

To view Provider Bulletins on the Blue Cross website

- Access **providers.bluecrossmn.com**
- Select forms and publications
- Select Bulletins

To view Provider Bulletins on Availity's provider portal

- Access **availity.com**
- Select Payer Spaces (Blue Cross)
- Select News and Announcements
- Select "more" to go to the actual Bulletin

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

CONTRACT UPDATES

Minnesota Health Care Programs (MHCP) Reimbursement Rate for Vaccine Administration (P11-18, published 4/2/18)

Effective June 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be establishing a MHCP reimbursement rate for vaccine administration, based on Minnesota Department of Human Services (DHS) guidance.

Revisions published on January 12, 2018, to the Minnesota Health Care Programs (MHCP) Provider Manual indicate there will no longer be a reimbursement differential for the administration of vaccinations, regardless of where the vaccine is obtained.

Products Impacted

This change applies to the following products:

- Blue Advantage Prepaid Medical Assistance Program (PMAP)
- MinnesotaCare
- Secure Blue (MSHO)
- Minnesota Senior Care Plus (MSC+)

REIMBURSEMENT POLICY UPDATES

Commercial and FEP Business New Reimbursement Policy for Facility: Readmission (P13-18, published 4/2/18)

Effective June 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will implement a new Readmission Reimbursement Policy. This policy will be effective for initial admits on or after June 1, 2018. The policy addresses the criteria by which Readmission from 0-10 days will be eligible for reimbursement.

Blue Cross will work with a vendor to perform readmission validation.

The policy is available under the provider section of the Blue Cross website located at providers.bluecrossmn.com, then scroll to Tools and Resources and select Reimbursement policies, Facility section.

Products Impacted

- This Reimbursement policy only applies to subscribers that have coverage through commercial lines of business and the Federal Employee Program (FEP).
- The changes do not impact, Medicare Supplement (Senior Gold, Basic, Medicare Blue and Extended Basic Blue), Medicare Advantage, Platinum Blue, Minnesota Health Care Programs: Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare), SecureBlue (MSHO), Minnesota Senior Care Plus (MSC+) health plan.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial Lines of Business – Effective June 4, 2018

(P12-18, published 4/2/18)

Effective June 4, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding both the overall medical policy library set and utilization management requirements for commercial lines of business. This includes both prior authorization (PA) requirements and the Medical Drug Prior Authorization Program.

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.

The following medical policies will be managed as follows effective June 4, 2018 for commercial lines of business:

Policy #	Policy Name	Existing Policy	New Policy	Enforcement
III-01	Acupuncture	X		Prior Authorization after 20 visits per calendar year
II-184	Alemtuzumab (Lemtrada®)	X		Prior Authorization
IV-01	Balloon Ostial Dilation for Treatment of Chronic Rhinosinusitis		X	Prior Authorization
II-95	Catheter Ablation as Treatment for Atrial Fibrillation		X	Retrospective Review and/or Post Service Audit
II-193	Catheter Ablation for Cardiac Arrhythmias Other than Atrial Fibrillation		X	Post Service Audit
IV-143	Closure Devices for Patent Foramen Ovale and Atrial Septal Defects		X	Prior Authorization
II-103	Cognitive Rehabilitation		X	Covered for indications noted in policy
IV-150	Endothelial Keratoplasty		X	Prior Authorization
II-194	Extracorporeal Photopheresis		X	Prior Authorization
IV-28	Gastric Electrical Stimulation		X	Covered for indications noted in policy
II-100	Intravitreal Corticosteroid Implants	X		Covered for indications noted in policy
II-49	Natalizumab (Tysabri®)	X		Prior Authorization
IV-147	Nerve Graft with Radical Prostatectomy		X	Deny as Investigative
II-185	Ocrelizumab (Ocrevus™)	X		Prior Authorization
II-192	Plasma Exchange		X	Prior Authorization
IV-148	Prostatic Urethral Lift		X	Covered for indications noted in policy

Policy #	Policy Name	Existing Policy	New Policy	Enforcement
IV-138	Removal of Benign Skin Lesions	X		Post Service Audit
IV-142	Saturation Biopsy of the Prostate	X		Post Service Audit
II-195	Sphenopalatine Ganglion Nerve Block		X	Deny as Investigative
IV-153	Synthetic Cartilage Implants		X	Deny as Investigative
IV-149	Transcatheter Aortic Valve Replacement (TAVR)		X	Prior Authorization
IV-144	Viscocalostomy and Canaloplasty for the Treatment of Glaucoma		X	Prior Authorization
II-91	Wearable Cardioverter-Defibrillators	X		Prior Authorization

Products Impacted

- The information in this Bulletin applies to subscribers that have coverage through all commercial lines of business.
- The changes do not impact Government Programs lines of business (Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans), Federal Employee Program (FEP), Medicare Supplement (Senior Gold, Basic Medicare Blue and Extended Basic Blue), Medicare Advantage or Platinum Blue as those lines of business have separate PA requirements.

Submitting a PA Request when Applicable

- Before submitting a PA request, Providers are asked to check applicable Blue Cross criteria 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.
- 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
 - Complete the PA required PA form and fax to the appropriate number, including the required clinical documentation

Providers can Submit an Electronic Medical Drug Prior Authorization (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 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

Updated: New Medical Drug Prior Authorization Requirements for Voretigene Neparvovec (Luxturna™) (P2R1-18, published 4/2/18)

The information in this Bulletin provides an update to Provider Bulletin P2-18, which was published on January 11, 2018. The new information that has been added is the Medical Drug PA requirement for Voretigene Neparvovec (Luxturna™) using Medical Policy II-188.

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) expanded the Medical Drug Prior Authorization (PA) Program for Commercial and Government lines of business to include PA requirements for Voretigene Neparvovec (Luxturna™), on February 26, 2018.

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

The criteria for approval of Voretigene Neparvovec (Luxturna™) is based on FDA approved product labeling (see medical policy II-173).

Updated: As of June 4, 2018, a Medical Drug PA will be required for Voretigene Neparvovec (Luxturna™) using Medical Policy II-188.

Products Impacted

- This PA program applies to subscribers that have coverage through all Commercial and the following Government programs; Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans.
- The changes do not impact Federal Employee Program (FEP), Medicare Supplement (Senior Gold, Basic Medicare Blue and Extended Basic Blue), Medicare Advantage or Platinum Blue as those lines of business have separate PA requirements.

Submitting a Medical Drug PA Request

Before submitting a PA request, Providers are asked to check applicable Blue Cross, MHCP and/or Medicare criteria and **attach all required clinical documentation** with the request including 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 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.

To review the Blue Cross and Medicare criteria:

- 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 prior authorization (ePA) request:

- Online via our free [Avality](#) 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.
- Using the appropriate Government Program pre-authorization/pre-certification form available online at providers.bluecrossmn.com under the “Forms and Publications” section.
- 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 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