May 1, 2018

New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial Lines of Business – Effective July 2, 2018

Effective July 2, 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 **new medical policies** will be managed as follows effective July 2, 2018 for commercial lines of business:

Policy #	Policy Name	Enforcement
II-26	Agalsidase beta (Fabrazyme®)	Prior Authorization
II-186	Alglucosidase alfa (Lumizyme®)	Prior Authorization
II-203	Benralizumab (Fasenra®)	Prior Authorization
II-199	Bezlotoxumab (Zinplava®)	Prior Authorization
IV-17	Blepharoplasty and Brow Ptosis Repair	Prior Authorization
IV-108	Breast Ductal Lavage and Fiberoptic Ductoscopy	Deny as Investigative
VII-64	Esophageal pH Monitoring	Post Service Audit
II-198	Fecal Microbiota Transplantation	Covered for indications noted in policy
IV-71	Gynecomastia Surgery	Prior Authorization
II-145	Injectable Clostridial Collagenase for Fibroproliferative Disorders (Xiaflex®)	Covered for indications noted in policy
VII-66	Interferential Current Stimulation	Deny as Investigative
II-201	Mepolizumab (Nucala®)	Prior Authorization
II-147	Pegloticase (Krystexxa®)	Prior Authorization
II-202	Reslizumab (Cinqair®)	Prior Authorization
IV-83	Sacral Nerve Neuromodulation/Stimulation for Selected Conditions	Retrospective Review/ Post Service Audit
II-200	Sebelipase Alfa (Kanuma®)	Prior Authorization
IV-152	Transcatheter Mitral Valve Repair (TMVR)	Prior Authorization
IV-155	Transcatheter Pulmonary Valve Implantation	Post Service Audit

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

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