

# PROVIDER BULLETIN

## PROVIDER INFORMATION

### WHAT'S INSIDE:

OCTOBER 1, 2018

#### Administrative Updates

- Reminder: Medicare Requirements for Reporting Demographic Changes (published in every monthly Bulletin) Page 2
- Revised: Provider Price Disclosure Requirement (Effective 7/1/19, P43R1-18) Page 2
- Retirement of Legacy Provider Portal Hub (PWSS) (Effective 12/1/18, P46-18) Page 3
- 2019 Minnesota Medicare Network Update (Effective 1/1/19, P52-18) Page 4-6

#### Contract Updates

- Migration of Minnesota Health Care Programs Subscribers to Amerigroup (Effective 12/1/18, P48-18) Page 7-22

#### Medical and Behavioral Health Policy Updates

- Update: eviCore PA Process for DME and PAC Services Delayed Until 2019 Page 23
- New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial Lines of Business – Effective December 3, 2018 (Effective 12/3/18, P49-18) Page 24-25
- Lab Management Program CPT® Code Update for Fully Insured Commercial Members – eviCore Healthcare Specialty Utilization Management Program (Effective 12/1/18, P51-18) Page 25-28
- New Medical Drug-Related Prior Authorization Requirements for Takhzyro (Landadelumab-flyo) (Effective 12/1/18, P47-18) Page 28-29
- Minnesota Health Care Programs Medical Policies Effective December 1, 2018 (Effective 12/1/18, P53-18) Page 30-58

**This summary document can be found in 'Forms and Publications' section of [providers.bluecrossmn.com](http://providers.bluecrossmn.com). Individual Bulletins are also available in the 'Forms and Publications' section of [providers.bluecrossmn.com](http://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: 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**

## **Revised: Provider Price Disclosure Requirement** (P43R1-18, published 10/1/18)

*The information in this Bulletin replaces Provider Bulletin P43-18, which was published on September 4, 2018. The reason for this revision is due to the effective date incorrectly communicated as January 1, 2019. The correct effective date is July 1, 2019.*

Effective July 1, 2019, in accordance with Minnesota Statute 62J.81, Providers must provide patients with information regarding other types of fees or charges that the patient may be required to pay in conjunction with a visit to the Provider, including but not limited to any applicable facility fees, within ten business days from the day of a completed request. In addition, Providers must maintain a list of the services over \$25.00 that correspond with the Provider's 25 most frequently billed current procedural terminology (CPT) codes. This list shall be updated annually and must be posted in the Provider's reception area of the clinic or office and made available on the Provider's Web site if the Provider maintains a website. No contract between a Provider and Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) prohibits any of these price disclosures. Price disclosure is not a guarantee of final costs for Health Services received nor a final determination of eligibility of coverage.

## **Retirement of Legacy Provider Portal Provider Hub (PWSS)**

(P46-18, published 10/1/18)

To create administrative simplification for providers, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has been migrating provider transaction and referral capability from its legacy Provider Hub (PWSS) Portal to the Availity provider portal (Availity.com). Referral and Pre-Admission Notification (PAN) submission functionality was added to Availity this year. There is no need for providers to continue using the legacy Blue Cross PWSS portal.

**Effective December 1, 2018** Provider Hub (PWSS) will be retired. Providers are asked to submit Referral requests for commercial members using the Availity portal. Please note that providers must continue to fax referrals to Blue Cross for the Minnesota Healthcare Programs (MHCP) Restricted Recipient Program as referrals for this program cannot be submitted via Availity. Below is a summary of how to do this.

### **Submitting Referrals Requests for Commercial Membership on Availity:**

1. Sign on to **Availity.com**
2. Select Patient Registration, choose Authorizations & Referrals, then Referrals
3. Select Payer BCBSMN, your Organization and you'll be redirected to the Referral application
4. Complete the required fields in steps 1-3, then review and submit your Referral
5. Receive and print your confirmation for your records

### **Faxing Referral Requests to Blue Cross for MCHP Restricted Recipient Program Membership\*:**

1. Sign on to **Bluecrossmn.com**
2. Go to Providers section and select Forms & Publication for HealthCare Providers
3. In the categories dropdown chose "forms - Clinical Operations" then Managed Care Referrals
4. Completely fill out the Managed Care Referrals form and fax the form to 651-662-6815 or 855-315-4041

\*Please note that referrals are only required for MCHP members that are in the Restricted Recipient Program, no referrals are required for other MCHP members. If you have any questions call **651-662-5062** or **800-859-2139**.

### **Submitting PAN Requests on Availity:**

1. Sign on to **Availity.com**
2. Select Patient Registration, choose Authorizations & Referrals, then Authorizations
3. Select Payer BCBSMN, your Organization and you'll be redirected to the Authorization application
4. Select Inpatient Authorization
5. Complete the required fields in steps 1-3, then review and submit your authorization
6. Receive and print your confirmation for your records

### **How to Access Training Demos from the Availity Portal:**

1. Click **Help & Training | Get Trained** (Availity Learning Center (ALC) opens a new tab)
2. Go to the very top of the ALC screen, search with the keyword "BCBSMN"
3. Click the desired course title **BCBSMN Prior Authorizations - Training Demo (for PAN's) or Referral Submission and Follow Up – Training Demo (for Referrals)**
4. Click Enroll in the top right corner and confirm that you want to enroll
5. Click Start to view the training

## 2019 Minnesota Medicare Network Update

(P52-18, published 10/1/18)

### Medicare Advantage Plans to Replace Medicare Cost Plans in Most Minnesota Counties

Effective January 1, 2019, Medicare Cost plans will no longer be available in most Minnesota counties due to a change in federal law. This change affects more than 400,000 Minnesotans. Blue Cross and Blue Shield of Minnesota (Blue Cross) will begin offering Medicare Advantage products across the state to meet the needs of our senior members. It is very important for providers to understand the new Medicare network landscape in Minnesota in order to ensure a seamless transition for Medicare members.

#### Cost plans (Platinum Blue) *will* continue in these 21 Minnesota counties in 2019:

Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, St. Louis, Sibley, Stevens, Traverse and Yellow Medicine.

For members living in the 21 counties listed above, there will be no changes to their Medicare plan or the network for which it's applicable. For all other counties across the state, the following Blue Cross networks will be supporting Medicare Advantage products in 2019:

- **Group Medicare Advantage** is a state-wide broad network for group retirees that will be offered in the 66 Medicare Advantage counties, including 100% of hospitals and 96% of quality providers.
- **Medicare High Value** is made up of select providers that meet a specific standard of high quality and Total Cost of Care measurements.
- **Medicare Southern MN** is an Accountable Care Organization (ACO) made up of in-network providers in this region.
- **Strive Medicare Advantage Metro Region** is a single-system ACO network included in the Metro region to enable a value-based product with a higher degree of care management.

*Please see the maps below detailing which networks apply to which Minnesota residents across the various counties (based on where the member lives, not where the provider is located).*

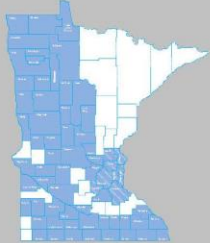
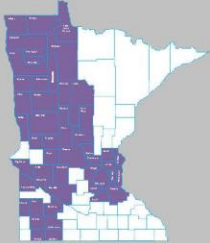



To confirm whether a provider is participating in one or more of these networks, please use the "Find a Doctor" tool on the bluecrossmn.com website. Once you have searched for the provider, validate they are in the network by selecting the appropriate network, 'Group Medicare Advantage', 'Medicare High Value', 'Medicare Southern MN' or 'Strive Medicare Advantage Metro Region' in the search criteria on the left side of the search results screen.

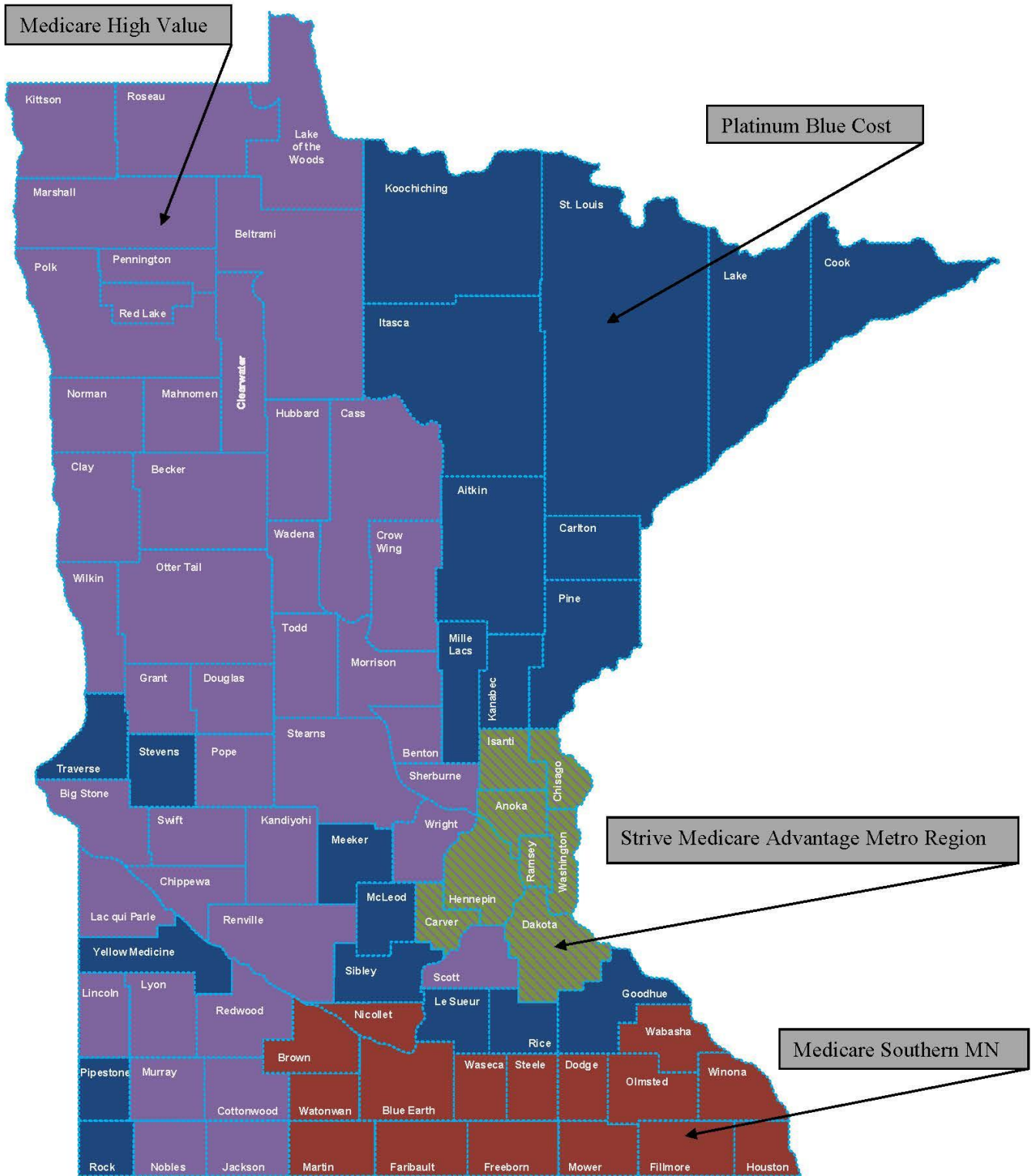
The new Medicare networks were developed by Blue Cross based on:

- Stars Scores of Providers
- Risk Scores of Providers
- Quality Measured (HEDIS Data)
- CMS Network Adequacy Guidelines
- Medicare Total Cost of Care
- 3rd Party Evidence Based Medicine Protocols
  - Choosing Wisely (trusted vendor)

In preparation for 2019, it is important to reiterate that not all providers participate in all Blue Cross networks. Members should be directed to confirm the participation status of providers within their specific plan network by calling the number on the back of their member ID card. We are available to assist members to identify in-network providers in their specific Plan to ensure the most appropriate care at the greatest benefit of their plan. Directories of participating providers are available at [bluecrossmn.com](http://bluecrossmn.com) or upon request by contacting provider services at **1-800-262-0820** or **(651) 662-5200**.

Network Availability Based on Member’s place of Residence:

Network Availability Based on Member’s Place of Residence				
GROUP MEDICARE ADVANTAGE	MEDICARE HIGH VALUE	MEDICARE SOUTHERN MN	STRIVE MEDICARE ADVANTAGE METRO REGION	PLATINUM BLUE COST
<p>This is a state-wide broad network used in the 66 Medicare Advantage counties, including 100% of hospitals and 96% of quality providers.</p> 	<p>This network is made up of select providers that meet a specific standard of high quality and Total Cost of Care measurements.</p> 	<p>This ACO will be the in-network provider for members in this region.</p> 	<p>This single-system ACO network will be included for the Metro region to enable a value-based product with a higher degree of care management.</p> 	<p>This network will not change as cost plans are set to continue for these 21 counties.</p> 



# CONTRACT UPDATES

## Migration of Minnesota Health Care Programs Subscribers to Amerigroup

(P48-18, published 10/1/18)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has entered into a collaborative agreement with Amerigroup Health Solutions, a subsidiary of Anthem, to operationally support subscribers who have coverage through a Minnesota Health Care Program (MHCP) including Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare), SecureBlue (MSHO) and Minnesota Senior Care Plus (MSC+). This change will help Blue Cross deliver an improved member experience, better health outcomes, and achieve lower medical cost goals. **Effective December 1, 2018, Providers are required to follow the policies and procedures indicated below for Minnesota Health Care Program Subscribers.** The policies and procedures identified in this Bulletin will be incorporated into the Blue Plus Manual by December 1, 2018. Blue Cross is publishing this information in advance to allow for providers to prepare for any changes affecting their operations. Medical policies will be available for review on October 1, 2018.

Provider seminars are scheduled in October to provide education on these changes as well as other Blue Cross initiatives. Seminar dates, times and locations are published in Provider Quick Points QP75-18. For providers that are unable to attend in person, a webinar will also be available.

### Website Reference

Information in this Bulletin will be available by October 2, 2018 on the provider page on the Blue Cross website:

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

- Go to 'Tools and Resources'
- Select 'Minnesota Health Care Programs Migration'

Blue Cross will be posting weekly updates on this site.

### Products Impacted

The changes will impact the following programs; Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+).

### Provider Contracts, Credentialing and Demographics

Blue Cross will maintain the provider data, credentialing and contractual relationship with providers. The provider contracts in place will remain and any communications related to contracts will continue to be provided by Blue Cross. All processes regarding these functions will remain consistent with current processes.

### Provider Services

For questions regarding eligibility and benefits, utilization management, or claims, please contact Provider Services at **1-866-518-8448** on or after December 1, 2018.

For questions regarding contracts, credentialing, or demographic set up, please continue to contact Provider Services at **1-800-262-0820**.



## Subscriber ID

Subscribers will receive a new ID card to be used for dates of service beginning December 1, 2018. Subscriber ID cards should be verified at every visit. **Claims submitted with an incorrect subscriber ID will deny for no coverage.**

New prefixes have been assigned:

- LMN – Medicaid (PMAP, MNCare, MSC+)
- JTM – Secure Blue (MSHO)

Sample cards (please note that the details may differ from what is displayed below):

### PMAP

BlueCross BlueShield BluePlus		Blue Advantage	
Name [ELIZABETH SAMPLENAM46]	GRP [PP412-ZS]	Medicaid ID [PCC name]	[PCC phone number]
ID [JTM#####]			
Svc Types Office Visit Copay [3.00] ER Copay [NONE] Non-ER Copay [3.50] Eyeglasses Copay [NONE] Brand Name Copay [3.00] Generic Copay [1.00] Rx Network [C]	Med, Rx, Dental	Care Type Dental Network Dental Copay RX Bin RX PCN	[MN HLTH Care Program] [CIVICSMILES] [NONE] [610455] [MCAIDMN]


BlueCross BlueShield BluePlus of Minnesota		[www.bluecrossmn.com/publicprograms]	
<p><b>[Members:</b> Possession of this card does not guarantee eligibility of benefits. Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.]</p> <p>[Delta Dental of Minnesota PO Box 1328 Minneapolis, MN 55440-1328] [Prime Therapeutics 2900 Ames Crossing Road Eagan, MN 55121] [DHS Appeals Unit PO Box 64941 St. Paul, MN 55164-0249] [Providers: Submit claims to the local Blue Cross and/or Blue Shield plan]. [Blue Plus, PO Box 61249 Virginia Beach, VA 23466]</p>			
Member Services:	[1-800-711-9862]		
DHS Ombudsman:	[651-431-2660]		
24/7 NurseLine:	[1-800-657-3729]		
Provider Service:	[1-800-711-9862]		
Prime Therapeutics/	[1-866-518-8448]		
Prescription Questions:	[1-844-765-5939]		
Pharmacist Only:	[1-844-765-5940]		
Delta Dental of MN:	[1-800-774-9049]		
Stop Smoking Program:	[1-888-662-2583]		
<p>[Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit Independent licensees of the Blue Cross and Blue Shield Association.]</p>			
MN00	Revised 6/4/18		


### MNCare

BlueCross BlueShield BluePlus		MinnesotaCare	
Name [ELIZABETH SAMPLENAM46]	GRP [PP412-ZS]	Medicaid ID [PCC name]	[PCC phone number]
ID [JTM#####]			
Svc Types Office Visit Copay [15.00] ER Copay [50.00] Non-ER Copay [50.00] Eyeglasses Copay [25.00] Brand Name Copay [20.00] Generic Copay [6.00] Rx Network [C]	Med, Rx, Dental	Care Type Dental Network Dental Copay RX Bin RX PCN	[MN HLTH Care Program] [CIVICSMILES] [NONE] [610455] [MCAIDMN]

BlueCross BlueShield BluePlus of Minnesota		[www.bluecrossmn.com/publicprograms]	
<p><b>[Members:</b> Possession of this card does not guarantee eligibility of benefits. Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.]</p> <p>[Delta Dental of Minnesota PO Box 1328 Minneapolis, MN 55440-1328] [Prime Therapeutics 2900 Ames Crossing Road Eagan, MN 55121] [DHS Appeals Unit PO Box 64941 St. Paul, MN 55164-0249] [Providers: Submit claims to the local Blue Cross and/or Blue Shield plan]. [Blue Plus, PO Box 61249 Virginia Beach, VA 23466]</p>			
Member Services:	[1-800-711-9862]		
DHS Ombudsman:	[651-431-2660]		
24/7 NurseLine:	[1-800-657-3729]		
Provider Service:	[1-800-711-9862]		
Prime Therapeutics/	[1-866-518-8448]		
Prescription Questions:	[1-844-765-5939]		
Pharmacist Only:	[1-844-765-5940]		
Delta Dental of MN:	[1-800-774-9049]		
Stop Smoking Program:	[1-888-662-2583]		
<p>[Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit Independent licensees of the Blue Cross and Blue Shield Association.]</p>			
MN02	Revised 6/4/18		



		<b>Blue Advantage</b>	
<hr/>		<hr/>	
Name	GRP	[PP412-ZS]	
[ELIZABETH SAMPLENAM46]	Medicaid ID	[PCC name]	
ID	[JTM#####]	[PCC phone number]	
<hr/>		<hr/>	
Svc Types	[Med, Rx, Dental]	Care Type	[MN HLTH Care Program]
Office Visit Copay	[3.00]	Dental Network	[CIVICSMILES]
ER Copay	[NONE]	Dental Copay	[NONE]
Non-ER Copay	[3.50]	RX Bin	[610455]
Eyeglasses Copay	[NONE]	RX PCN	[MCAIDMN]
Brand Name Copay	[3.00]		
Generic Copay	[1.00]		
Rx Network	[C]		

		<a href="http://www.bluecrossmn.com/publicprograms">www.bluecrossmn.com/publicprograms</a>	
<p><b>Members:</b> Possession of this card does not guarantee eligibility of benefits. Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.</p>			
<p>[Delta Dental of Minnesota PO Box 1329 Minneapolis, MN 55440-1329] [Prime Therapeutics 2900 Ames Crossing Road Eagan, MN 55121] [DHS Appeals Unit PO Box 64941 St. Paul, MN 55164-0249] [Providers: Submit claims to the local Blue Cross and/or Blue Shield plan]. [Blue Plus, PO Box 61249 Virginia Beach, VA 23466]</p>		<p>Member Services: [1-800-711-9862] [TTY 711] [651-431-2660] DHS Ombudsman: [1-800-657-3729] [1-800-711-9862] 24/7 NurseLine: [TTY 711] [1-866-518-8448] Provider Service: Prime Therapeutics/ Pharmacist Only: [1-844-765-5939] [1-844-765-5940] Delta Dental of MN: [1-800-774-9049] [TTY 711] Stop Smoking Program: [1-888-662-2583]</p>	
<p>[Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.]</p>			
<p>MN04</p>		<p>Revised 6/4/18</p>	

### Eligibility and Benefits and Claim Status

When checking eligibility and benefits or claim status on [Availity.com](http://Availity.com) for a service date on or after December 1, 2018, select ‘BCBSMN Blue Plus Medicaid’ from the Payer listing. **Use the new Payer ID code 00562** when submitting a 270/271 or 276/277 Electronic Data Interchange (EDI) transaction. **If an eligibility and benefits EDI transaction or a claim status EDI transaction is not submitted with the new Payer ID code, a non-covered or claim not found response will be received. Providers will need to correct the payer ID and resubmit the transaction.** Please note that eligibility files will not be loaded until November 2018.

### Claim Submissions

Claims for dates of service that occur on and after December 1, 2018 will be processed by Amerigroup. **Claims for dates of service beginning December 1, 2018 must be submitted with the new payer ID Code 00562. Claims submitted under the wrong Payer ID Code will reject and the claims will need to be resubmitted under the correct payer ID code.**

**Claims currently processed via Bridgeview, i.e. Elderly Waiver claims, will also be processed by Amerigroup.** Additional information regarding this process change will be communicated directly to the appropriate subset of providers in a separate notification.

Claims can be submitted directly on [Availity.com](http://Availity.com). Select ‘BCBSMN Blue Plus Medicaid’ from the Payer drop-down to appropriately route the claim. Availity will be available on or before December 1, 2018. A Provider Quick Point will be posted once the Availity Portal is available.

**Please note: for those subscribers that have a primary commercial Blue Cross plan and secondary PMAP or MSHO plan, Blue Cross will not automatically crossover a claim to Amerigroup. A secondary claim will need to be submitted with the appropriate secondary subscriber ID and payer code.**

Professional claims should be split and submitted with the appropriate Payer ID and Subscriber ID based on the date of service. Claims submitted with an incorrect payer ID for the date of service on the claim will be rejected.

Inpatient and outpatient facility claims should be submitted using the active Payer ID and Subscriber ID based on the ‘statement from date’. Claims submitted with an incorrect payer ID for the ‘statement from date’ will be rejected.

Claim attachments may be submitted on Availity, by mail, or via fax using the MN AUC Coversheet.

- Submit attachments via fax to 1-833-224-6929.
- To submit via Availity, select 'BCBSMN Blue Plus Medicaid' as the payer.
  - Go to 'Claims and Payments' from the Availity home page
  - Select 'Medical Attachments'
  - Click on 'Send Attachment' and enter the required fields
  - Click submit
- Attachments can also be submitted by mail to:  
Blue Cross and Blue Shield of Minnesota  
Attn: Consumer Service Center  
PO Box 64033  
St. Paul, MN 55164-4033

### **Claim Submission Changes for Atypical Providers**

The required billing provider and individual ID submitted on claims for providers ineligible to receive an NPI will be changing for dates of service that occur on and after December 1, 2018.

Billing providers and individuals that are assigned an NPI should submit claims with their assigned NPI. Billing providers and individuals that are unable to receive an NPI must submit with their Unique Minnesota Provider Identifier (UMPI). The Blue Cross ID will no longer be accepted on claims. Submitting a claim with a Blue Cross ID will cause claims to reject and the provider will be required to resubmit the claim with the appropriate ID.

### **Remittance**

Providers will receive a remittance weekly on Saturdays.

### **Claim Appeals**

Post-Service claims appeals for dates of service on and after December 1, 2018 must be sent in the following ways:

- Submit the appeal on Availity
  - a) From the Availity home page, select Claims & Payments option from the top menu
  - b) Select the "Claim Status Inquiry" and locate the claim you want, click on "Details"
  - c) Select the option to dispute this claim
- Submit the AUC appeal form with appropriate documentation via fax to 1-833-224-6929
- Submit the AUC appeal form with appropriate documentation via mail:

Blue Cross and Blue Shield of Minnesota and Blue Plus  
Attention: Claim Appeals  
PO Box 64033  
St. Paul, MN 55164-4033

## **Changes for Non-Emergent Transportation (NEMT) Providers**

Claims for dates of service that occur on and after December 1, 2018 will be processed by LogistiCare. **Claims for dates of service beginning December 1, 2018 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.**

Claims can be submitted directly on Availity.com. Select 'BCBSMN Blue Plus Medicaid Non-Emergent Transportation' from the Payer drop-down to appropriately route the claim.

### **Appeals for NEMT providers must be submitted in one of the three following ways:**

- By phone at 855-933-6989
- Submitting the AUC Appeals form with supporting documentation by fax to 833-224-6929
- Submitting the AUC Appeals form with supporting documentation by mail to:  
Consumer Service Center  
Attn: Transportation  
PO Box 64033  
St. Paul, MN 55164-4033

## **Restricted Recipient Program**

As of December 1, 2018, Providers will continue to submit Restricted Recipient referrals through the current Blue Cross processes. No change in submission process for Government Program member requests is required.

## **Medical Policy**

As stewards of healthcare expenditures on behalf of the state, Blue Cross is charged with ensuring the highest quality, evidence-based care is delivered to our subscribers. Effective December 1, 2018, Blue Cross will implement new medical policies that will apply to services provided under the medical benefit for Medicaid (PMAP, MNCare, MSC+) and MSHO subscribers.

**Please note that Federal and State Guidelines, including Minnesota Health Care Program (MHCP) policies, may supersede the Amerigroup Medical Policies and Clinical Utilization Management Guidelines. A subset of Prior Authorizations will continue to be enforced utilizing the current Blue Cross policies and will also supersede the Amerigroup Medical Policies and Clinical Utilization Management Guidelines.**

The full Medical Policy Grid and further information is being published in Provider Bulletin P53-18.

## **Prior Authorizations (PA) for Outpatient Services as of December 1, 2018**

Providers will follow current Blue Cross processes until December 1, 2018, **regardless** of the date of service. Any PA's obtained through the current process by Blue Cross will be forwarded to Amerigroup for use in claims adjudication where applicable.

The primary purpose of the PA process is to ensure that evidence-based care is provided to Blue Cross subscribers, driving quality, safety, and affordability. Prior Authorizations will be reviewed by Amerigroup for dates of service beginning December 1, 2018. The Precertification/Prior Authorization Look Up Tool will be available on Availity on or before December 1, 2018, which will allow a search by procedure code.

**The Pre-Certification/Prior Authorization Look Up Tool will be available on or before December 1, 2018. A Provider Quick Point will be posted once the Look Up Tool is available.**

To verify if a prior authorization is required, use the Precertification Lookup Tool (PLUTO). Providers can log into Availity to search by procedure code to determine if the service requires an authorization. From the Availity home page, select 'Payer Spaces' from the top navigation. Select the health plan, 'BCBSMN Blue Plus Medicaid'. From the 'Payer Spaces' home page, select the 'Applications' tab and select the 'Pre-Certification/Prior Authorization Lookup Tool.'

Medical Prior Authorizations reviewed by Amerigroup should be submitted in one of the following ways:

- Phone: 866-518-8448
- Fax: PMAP, MSC+, MNCare (Medicaid) Fax: 844-480-6839. MSHO (Medicare): 866-959-1537
- Web: To access Interactive Care Reviewer (ICR) on Availity for the first time, contact your Availity Administrator and request to be assigned the *Authorization and Referral Request* role to create and submit a PA. Once you have the role assignment you can immediately access ICR by taking the following steps
  - From the Availity home page, select 'Patient Registration' from the top navigation.
  - Select 'Authorizations & Referrals', then select 'Authorizations'.
  - Select the 'Payer (BCBSMN Blue Plus Medicaid) and 'Organization' and submit.
  - The Interactive Care Reviewer (ICR) application will open. Use ICR to submit and manage (appeal) your medical prior authorizations.
- **Submit Medical and Medical Injectable Drugs PAs using ICR accessed on the Availity Portal.**

To access ICR on Availity for the first time, contact your Availity Administrator and request to be assigned the *Authorization and Referral Request* role to create and submit a PA. Once you have the role assignment you can immediately access ICR by taking the following steps:

Select **Patient Registration** from Availity's home page

Select **Authorizations and Referrals | Authorizations**

Choose **Payer - BCBSMN Blue Plus Medicaid** and your Availity **Organization** affiliated with the PA

Accept the ICR Disclaimer

**Medicaid Medical Injectables:**

Phone Number: 844-410-0752

Fax Number: 844-480-6837

Hours of Operations: 8 AM to 8 PM, Monday through Friday

**Medicare Medical Injectables:**

Phone Number: 866-797-9884 (Option 5)

Fax Number:

- MSC+: 800-964-3627
- SecureBlue/MSHO: 866-959-1537

Hours of Operation: 8 AM to 8 PM, Monday through Friday

- **Pharmacy Benefit Prescription Drugs (self-administered drugs):** Drugs that are self-administered (inclusive of self-injection) will continue to be managed by Prime Therapeutics. To submit a pharmacy prescription drug prior authorization, contact Prime at <http://www.primetherapeutics.com> or at the phone numbers below:
  - MN Medicaid – 844-765-5939
  - MN SecureBlue – 888-877-6424

Prescribers also can submit pharmacy prescription drug prior authorization requests by either submitting a request through the [CoverMyMeds](#) (CMM) free web portal or by sending an electronic NCPDP file to Prime through an integrated Electronic Medical Record (EMR) system during the e-prescribing process.

- To access CMM, go to [www.covermymeds.com](http://www.covermymeds.com)
  - The first time you use the portal to submit a PA, you will need to create a CMM account.
  - For help using the CMM site select Support (top of the web page) to view FAQs, CMM physician training webinar offerings, and support options to help you get started.
- **Medical Drug PAs should be submitted electronically:**
    - Online via [Availity.com](http://Availity.com)
    - Using an 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.

### **Precertification/Authorization for Inpatient Medicaid Subscriber Admissions as of December 1, 2018.**

Providers will follow current Blue Cross processes until December 1, 2018, **regardless** of the date of service.

**All elective and emergent medical inpatient admissions will require precertification/authorization beginning December 1, 2018.** All inpatient services will require a medical necessity review with the exception of:

- Coordination of Benefits Scenarios where Blue Cross is not primary
- Normal Labor and Delivery
  - Note: A medical necessity review will be required for anything over a 48 hour stay for vaginal delivery and anything over a 72 hour stay for a cesarean section delivery.
- Observation stays for non-par facilities

**All behavioral health inpatient admissions, both elective and emergent, will require notification beginning December 1, 2018.**

**Emergent inpatient admissions** require notification to Amerigroup within one business day following the admission.

- Authorizations can be submitted via phone, fax or web portal.
  - Phone: 866-518-8448
  - Fax: PMAP, MSC+, MNCare (Medicaid) Fax: 1-844-480-6840. MSHO (Medicare) 844-480-6842
  - **Web: Log in to the Availity Portal to be automatically routed to Interactive Care Reviewer (ICR), our new online authorization tool. From Availity's home page select Patient Registration | Authorizations and Referrals | Authorizations to access ICR.**
- All medical emergent inpatient hospital admissions will be reviewed within 3 calendar days of the facility notification to Amerigroup.
- Clinical information for the initial (admission) review will be requested by Amerigroup at the time of the admission notification.
  - For medical admissions, the facilities are required to provide the requested clinical information within 24 hours of the request.
  - If the information is not received within 24 hours, a lack of information adverse determination (i.e., a denial) may be issued.
  - If the clinical information is received, a medical necessity review will be conducted using applicable nationally recognized clinical criteria.
  - Decisions are communicated verbally or via fax within 24 hours of the determination.

Planned/Elective admissions must receive prior approval at least 72 hours prior to the medical admission or scheduled procedure to ensure the proposed care is a covered benefit, medically necessary and performed at the appropriate level of care.

- Authorizations can be submitted via phone, fax or web portal.
  - Phone: 866-518-8448
  - Fax: PMAP, MSC+, MNCare (Medicaid) 844-480-6839. MSHO (Medicare) 866-959-1537
  - Web: **Log in to the Availity Portal to be automatically routed to Interactive Care Reviewer (ICR), online pre-Certification/Prior Authorization tool. From Availity's home page select Patient Registration | Authorizations and Referrals | Authorizations to access ICR.**
- A medical necessity review will be conducted using applicable nationally recognized clinical criteria
  - If needed, additional supporting documentation may be requested to determine if the request is medically necessary.
- Determinations will be communicated to the facility.
  - For standard requests, a decision will be communicated as expeditiously as required by the enrollee's/member's condition, not to exceed ten (10) calendar days.
  - For expedited/urgent requests, decisions will be communicated as expeditiously as required by the enrollee's/member's condition, not to exceed 72 hours.

**Inpatient Concurrent Review** is the process of obtaining clinical information to establish medical necessity for a continued inpatient stay, including review for extending a previously approved admission.

- Facilities are required to supply the requested clinical information within 24 hours of the request to support continued stay.
- During each concurrent review interval, the clinician will assess member progress and needs to help coordinate such needs prior to discharge. This is done to help facilitate a smooth transition for the member between levels of care or home, and to avoid delays in discharge due to unanticipated care needs.
- In addition, the attending provider is expected to coordinate with the member's PCP or outpatient specialty provider regarding follow-up care and services after discharge. The PCP or outpatient specialty provider is responsible for contacting the member to schedule all necessary follow-up care.

MCG care guidelines for inpatient level of care will be used beginning December 1, 2018. Amerigroup licenses and utilizes MCG care guidelines to guide utilization management decisions. The four (4) products licensed include the following:

- **Inpatient & Surgical Care (ISC):** Manage, review, and assess people facing hospitalization or surgery proactively with nearly 400 condition-specific guidelines, goals, optimal care pathways, and other decision-support tools.
- **General Recovery Care (GRG):** Effectively manage complex cases where a single Inpatient & Surgical Care guideline or set of guidelines is insufficient, including the treatment of people with diagnostic uncertainty or multiple diagnoses.
- **Recovery Facility Care (RFC):** Coordinate an effective plan for transitioning people to skilled nursing facilities (SNFs) and inpatient rehabilitation facilities (IRFs).
- **Chronic Care (CC):** Evaluate needs, identify goals, develop personalized care plans, and support effective self-care. The modular design supports quick and efficient assessments and enables you to manage multiple comorbidities and behavioral health conditions.

Amerigroup has the right to customize MCG care guidelines based on determinations by its Medical Policy & Technology Assessment Committee (MPTAC).



## Reimbursement Policies

The following reimbursement policies will be effective December 1, 2018. The Reimbursement Policies can be found on [www.providers.bluecrossmn.com](http://www.providers.bluecrossmn.com). Within the ‘Tools and Resources’ section, select ‘Medicaid and MSHO Reimbursement Policies’ to view the policies. The table below provides high level information regarding how the policy compares to the reimbursement policies in place prior to December 1, 2018.

Reimbursement policy name and category	New	Change	No change	As of December 1, 2018
<b>Professional Anesthesia Services</b> Category: Anesthesia		X		Blue Cross allows reimbursement for professional neuraxial epidural anesthesia services provided in conjunction with labor and delivery for up to 150 minutes by either the delivering physician or a qualified provider other than the delivering physician based on the time the provider is physically present with the member.
<b>Assistant at Surgery (modifiers 80/81/82/AS)</b> Category: Coding		X		Assistant Surgeon services reported with Modifier AS will be eligible for reimbursement according to CMS reimbursement guidelines, currently 13.6 percent.
<b>DME Modifier for New, Rented and Used Equipment</b> Category: Coding		X		Blue Cross allows reimbursement for new, rented, or used equipment appended with the appropriate modifier. The listed modifiers are considered reimbursement modifiers and must be billed in the primary or first modifier field to determine appropriate reimbursement: <ul style="list-style-type: none"> <li>• Modifier NU: new equipment</li> <li>• Modifier RR: rented equipment</li> </ul> Modifier UE is not a recognized modifier. Reimbursement will be based on the applicable fee schedule or contracted/negotiated rate for claims submitted for the equipment with the valid modifier identifying new or rented equipment.
<b>Diagnoses Used in All Patients Refined Diagnosis Related Groups Computation</b> Category: Coding		X		Blue Cross ensures the diagnosis and procedure codes that generate the All Patients Refined Diagnosis Related Groups (APR DRGs) are accurate, valid and sequenced. Blue Cross performs APR DRG audits to determine the diagnostic and procedural information that led to the APR DRG assignment is substantiated by the medical record.
<b>Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)</b> Category: Coding			X	

<b>Reimbursement policy name and category</b>	<b>New</b>	<b>Change</b>	<b>No change</b>	<b>As of December 1, 2018</b>
<b>Modifier 22: Increased Procedural Service</b> Category: Coding		<b>X</b>		Reimbursement for appropriate use of Modifier 22 will be based on 125 percent of the fee schedule or contracted/negotiated rate.
<b>Modifier 24: Unrelated Evaluation and Management Service by the Same Physician during the Postoperative Period</b> Category: Coding			<b>X</b>	
<b>Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service</b> Category: Coding			<b>X</b>	
<b>Modifier 26 and TC: Professional and Technical Component</b> Category: Coding			<b>X</b>	
<b>Modifier 57: Decision for Surgery</b> Category: Coding			<b>X</b>	
<b>Modifier 62: Co-Surgeons</b> Category: Coding			<b>X</b>	
<b>Modifier 63: Procedure on Infants less than 4kg</b> Category: Coding	<b>X</b>			Reimbursement is based on 100 percent of the applicable fee schedule or contracted/negotiated rate for the procedure code when the modifier is valid for services performed. The neonate weight should be documented clearly in the report for the service.
<b>Modifier 66: Surgical Teams</b> Category: Coding		<b>X</b>		Blue Cross allows reimbursement of procedures eligible for surgical teams when billed with Modifier 66.  Each physician participating in the surgical team must bill the applicable procedure code(s) for their individual services with Modifier 66.  Multiple procedure rules and fee reductions apply if the surgical team performs multiple procedures unless surgeons of different specialties are each performing a different procedure. A prepayment review will be performed to support the use of Modifier 66.

Reimbursement policy name and category	New	Change	No change	As of December 1, 2018
<b>Modifier 76: Repeat Procedure by Same Physician</b> Category: Coding		X		Professional services will be subject to clinical review for consideration of reimbursement. Providers must submit supporting documentation for the use of Modifier 76 with the claim.
<b>Modifier 77: Repeat Procedure by Another Physician</b> Category: Coding		X		Professional services will be subject to clinical review for consideration of reimbursement. Providers must submit supporting documentation for the use of Modifier 77 with the claim.
<b>Modifier 78: Unplanned Return to the Operating/Procedure Room by the Same Physician Following Initial Procedure for a Related Procedure during the Postoperative Period</b> Category: Coding		X		Blue Cross allows reimbursement for claims billed with Modifier 78 when the following criteria are met: <ul style="list-style-type: none"> <li>• The return to the operating or procedure room is unplanned.</li> <li>• The procedure appended with Modifier 78 is: <ul style="list-style-type: none"> <li>• The appropriate surgical code for the procedure performed <ul style="list-style-type: none"> <li>○ Performed by the same physician who provided the initial procedure</li> </ul> </li> </ul> </li> <li>• Related to the initial procedure <ul style="list-style-type: none"> <li>○ Performed during the postoperative period of the initial procedure</li> </ul> </li> </ul> Reimbursement is based on 70 percent of the fee schedule or contracted/ negotiated rate of the surgical procedure code when the modifier is valid for the service performed. Reimbursement is based on the surgical procedure <b>only</b> , not including preoperative or postoperative care.
<b>Modifier 91: Repeat Clinical Diagnostic Laboratory Test</b> Category: Coding			X	
<b>Modifier LT and RT: Left Side/ Right Side Procedures</b> Category: Coding			X	
<b>Modifier Usage</b> Category: Coding	X			Blue Cross allows reimbursement for covered services provided to eligible members when billed with appropriate procedure codes and appropriate modifiers.  Reimbursement is based on the code-set combinations submitted with the correct modifiers. The use of certain modifiers requires the provider to submit supporting documentation along with the claim. Refer to the specific modifier policies for guidance on documentation submission. The use of correct modifiers does not guarantee reimbursement.

Reimbursement policy name and category	New	Change	No change	As of December 1, 2018
<b>Multiple and Bilateral Surgery: Professional Reimbursement</b> Category: Coding			<b>X</b>	
<b>Split-Care Surgical Modifiers</b> Category: Coding		<b>X</b>		<p>Blue Cross reimbursement for split-care surgical modifiers applies the following percentages of the fee schedule or contracted/negotiated rate for the surgical procedure:</p> <ul style="list-style-type: none"> <li>• Modifier 54 (surgical care only): 70 percent</li> <li>• Modifier 55 (postoperative management only): 20 percent</li> <li>• Modifier 56 (preoperative management only): 10 percent</li> </ul> <p>The global surgical package consists of preoperative services, surgical procedures, and postoperative services. Total reimbursement for a global surgical package is the same regardless of how the billing is split between the different physicians involved in the member's care.</p>
<b>Reimbursement for Reduced and Discontinued Services</b> Category: Coding			<b>X</b>	
<b>Reimbursement of Services with Obsolete Codes</b> Category: Coding	<b>X</b>			Blue Cross does not allow reimbursement for services billed with obsolete codes, in compliance with industry standard coding practices according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
<b>Unlisted, Unspecified or Miscellaneous Codes</b> Category: Coding			<b>X</b>	
<b>Durable Medical Equipment (Rent to Purchase)</b> Category: DME and Supplies		<b>X</b>		Reimbursement is based on the rental price up to the maximum allowed for the particular DME. The item is considered purchased when the purchase price has been met. The reimbursement limit for rented DME is 10 months. A break in continuous use is defined as a period of two months or more.

<b>Reimbursement policy name and category</b>	<b>New</b>	<b>Change</b>	<b>No change</b>	<b>As of December 1, 2018</b>
<b>Drugs and Injectable Limits</b> Category: Drugs		<b>X</b>		Reimbursement will be considered up to the Clinical Unit Limits (CUL) allowed for the prescribed/administered drug. When there is no MUE assigned by CMS, identified codes will have a CUL assigned or calculated based on the prescribing information, The Food and Drug Administration, and established reference compendia. Claims that exceed the CUL will be reviewed for documentation to support the additional units. If the documentation does not support the additional units billed, the additional units will be denied.
<b>Preventive Medicine and Sick Visits on the Same Day</b> Category: Evaluation and Management		<b>X</b>		Blue Cross allows limited reimbursement for preventive medicine and sick visits on the same day. Modifier 25 must be billed with the applicable Evaluation and Management code for the allowed sick visit.
<b>APR DRG Inpatient Facility Transfers</b> Category: Facilities			<b>X</b>	
<b>APR DRG Newborn Inpatient Stays</b> Category: Facilities		<b>X</b>		Reimbursement is allowed for newborn inpatient stays with the appropriate normal newborn or sick baby All Patients Refined Diagnosis-Related Group (APR DRG) code. Reimbursement for newborn inpatient stays grouped to calculate sick baby APR DRG codes will be subject to clinical review. Providers must provide authorization or medical records to support the admission for the higher level of care associated with the sick baby APR DRG. Failure to provide appropriate documentation will result in the claim being processed based at the normal newborn APR DRG rate.
<b>Inpatient Readmissions</b> Category: Facilities			<b>X</b>	
<b>Preadmission Services for Inpatient Stays</b> Category: Facilities			<b>X</b>	
<b>Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)</b> Category: Prevention			<b>X</b>	
<b>Vaccines for Children (VFC) Program</b> Category: Prevention			<b>X</b>	
<b>Prosthetic and Orthotic Devices</b> Category: Prosthetics & Orthotics			<b>X</b>	

<b>Reimbursement policy name and category</b>	<b>New</b>	<b>Change</b>	<b>No change</b>	<b>As of December 1, 2018</b>
<b>Claims Timely Filing</b> Category: Administration	<b>X</b>			Blue Cross follows the following standard: <ul style="list-style-type: none"> <li>• By contract for participating providers and facilities</li> <li>• 12 months for nonparticipating providers and facilities</li> </ul>
<b>Code and Clinical Editing Guidelines</b> Category: Administration			<b>X</b>	
<b>Documentation Standards for Episodes of Care</b> Category: Administration			<b>X</b>	
<b>Duplicate or Subsequent Services on the Same Date of Service</b> Category: Administration		<b>X</b>		Blue Cross allows reimbursement of a duplicate or subsequent service provided on the same date of service if billed with an appropriate modifier or with additional units, as applicable within benefit limits. Reimbursement of duplicate or subsequent services is based on the correct usage of certain modifiers which indicate the service was appropriately repeated or additionally billed for the same member.
<b>Emergency Services: Nonparticipating Providers and Facilities</b> Category: Administration	<b>X</b>			Out-of-state professional and facility reimbursement will be based on the amount that would have been reimbursed to the provider according to Minnesota's state Fee-for-Service (FFS) Medicaid program.
<b>Locum Tenens Physicians/Fee-for-Time Compensation</b> Category: Administration		<b>X</b>		Locum tenens reimbursement is allowed for physicians and advanced practice registered nurses.
<b>Medical Recalls</b> Category: Administration	<b>X</b>			Blue Cross does not allow reimbursement for repair or replacement of items due to a medical recall but will allow reimbursement of medically necessary procedures to remove and replace recalled or replaced devices. In circumstances where we have reimbursed the provider for repair or replacement of items or procedures related to items due to a medical recall, we are entitled to recoup or recover fees from the manufacturer and/or distributor, as applicable. In circumstances where we have reimbursed the provider the full or partial cost of a replaced device and the provider received a full or partial credit for the device, we are entitled to recoup or recover fees from the provider.



<b>Reimbursement policy name and category</b>	<b>New</b>	<b>Change</b>	<b>No change</b>	<b>As of December 1, 2018</b>
<b>Multiple Delivery Services</b> Category: Surgery		<b>X</b>		Blue Cross allows reimbursement for multiple births during the same delivery or combined delivery method.
<b>Other Provider Preventable Conditions (OPPC)</b> Category: Administration		<b>X</b>		Other Provider Preventable Conditions (OPPC) are not eligible for reimbursement. Erroneous surgical events occurring during an inpatient stay should be reflected on Type of Bill 0110 (no-pay claim) along with all services or procedures related to the surgery using the appropriate modifier (PA, PB, or PC).
<b>Present on Admission Indicator for Health Care-Acquired Conditions</b> Category: Administration	<b>X</b>			Blue Cross require the identification of hospital-acquired conditions and health care-acquired conditions (both referred to as Health Care Acquired Conditions HCAC) through the submission of a Present on Admission (POA) indicator for all diagnoses on facility claims. If the POA indicator identifies an HCAC, the reimbursement for that episode of care may be reduced or denied.
<b>Reimbursement for Eligible Billed Charges</b> Category: Administration	<b>X</b>			Eligible Charges means charges billed by the provider subject to conditions and requirements which make the service eligible for reimbursement. Blue Cross allows reimbursement of Eligible Charges.  The allowed amount reimbursed for the Eligible Charge is based on the applicable fee schedule or contracted/negotiated rate after application of coinsurance, copayments, deductibles, and coordination of benefits.
<b>Reimbursement for Items under Warranty</b> Category: Administration	<b>X</b>			Blue Cross does not allow reimbursement for repair or replacement of rented or purchased items during the warranty period designated by the applicable manufacturer.
<b>Reimbursement of Sanctioned and Opt-Out Providers</b> Category: Administration	<b>X</b>			Blue Cross does not allow reimbursement to providers who are excluded or debarred from participation in state and federal health care programs. Claims received for services submitted by sanctioned or opt-out providers as provided herein will be denied.
<b>Abortion (Termination of Pregnancy)</b> Category: Surgery	<b>X</b>			Blue Cross does not allow reimbursement for induced abortions.

Reimbursement policy name and category	New	Change	No change	As of December 1, 2018
<b>Global Surgical Package for Professional Providers</b> Category: Surgery		<b>X</b>		Blue Cross allows separate reimbursement for preoperative physicals occurring during the global period. Additionally, Split-Care Surgical Modifiers, Modifier 24, Modifier 25, and Modifier 57 have become related policies and are not addressed within this reimbursement policy.
<b>Maternity Services</b> Category: Surgery		<b>X</b>		<p>Blue Cross requires that providers use the appropriate diagnosis code on professional delivery service claims to indicate the outcome of delivery. Diagnosis codes that indicate the applicable gestational weeks of pregnancy are required on all professional delivery service claims and are recommended for all other pregnancy-related claims.</p> <p>Blue Cross also outlines when various obstetric services are included in the global reimbursement for obstetric services or when these services are eligible for separate reimbursement, pre-term prevention and newborn care.</p>
<b>Hysterectomy</b> Category: Surgery			<b>X</b>	
<b>Robotic Assisted Surgery</b> Category: Surgery	<b>X</b>			Blue Cross does not allow separate or additional reimbursement for the use of robotic surgical systems. Surgical techniques requiring use of robotic surgical systems will be considered integral to the surgical services and not a separate service. Reimbursement will be based on the payment for the primary surgical service(s).
<b>Sterilization</b> Category: Surgery			<b>X</b>	

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

## **eviCore PA Process for DME and PAC Services Delayed Until 2019**

In the September bulletin, Blue Cross and Blue Shield of Minnesota (Blue Cross) announced an agreement with eviCore healthcare (eviCore) to manage prior authorization (PA) requests for Durable Medical Equipment (DME) and Post-acute Care (PAC), beginning November 1, 2018.

In response to provider feedback, Blue Cross has decided to delay the implementation of the DME and PAC programs to allow providers more time to solidify processes that support the eviCore Healthcare Specialty Utilization Management Program rolled out on August 1, 2018 (Bulletin P25-18).

DME and PAC PA requirements for Medicare Advantage will now go into effect on **January 1, 2019**.

A new timeline for implementation across the other lines of business (Commercial Fully Insured and Individual) will be announced at a later date.

# New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial Lines of Business – Effective December 3, 2018

(P49-18, published 10/1/18)

Effective December 3, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding 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 December 3, 2018 for commercial lines of business:

Policy #	Policy Name	Enforcement
II-211	Romiplostim (Nplate®), non-oncologic indications only	Prior Authorization
II-212	Burosumab (Crysvita®)	Prior Authorization
II-214	Intravenous Enzyme Replacement Therapy for Gaucher Disease (Cerezyme®, Elelyso®, Vpriv®)	Prior Authorization

## Products Impacted

- The information in this Bulletin applies to subscribers that have coverage through 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 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.
  - Go to [providers.bluecrossmn.com](http://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](http://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 November 19, 2018.

**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](http://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

**Lab Management Program CPT® Code Update for Fully Insured Commercial Members – eviCore Healthcare Specialty Utilization Management (UM) Program (P49-18, published 10/1/18)**

The following Proprietary Laboratory Analyses CPT® Codes have been added by the AMA and will require prior authorization (PA) **beginning December 1, 2018:**

Code	Description
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and/or urine, algorithms to predict high-grade prostate cancer risk
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma

<b>Code</b>	<b>Description</b>
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements
0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma
0056U	Hematology (acute myelogenous leukemia), DNA, whole genome next-generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)
0057U	Oncology (solid organ neoplasia), mRNA, gene expression profiling by massively parallel sequencing for analysis of 51 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a normalized percentile rank
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin fixed paraffin-embedded tissue, algorithm reported as an expression score
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)



Code	Description
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/ multiplication) (List separately in addition to code for primary procedure)
0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification

The following CPT® Code has been deleted by the American Medical Association (AMA) **effective October 1, 2018:**

Code	Description
0028U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, copy number variants, common variants with reflex to targeted sequence analysis

eviCore's Lab Management clinical guidelines and prior authorization code list are available on the Blue Cross website at [providers.bluecrossmn.com](http://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
- Scroll down to the **Lab Management** section
- Click on the “**BCBSMN Lab Resources Page**”

### Products Impacted

- This change only applies to fully insured commercial members.
- The changes do not impact commercial self-insured health plans, 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, and Platinum Blue as those lines of business have separate PA requirements.

## To submit a Prior Authorization (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 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.

## New Medical Drug-Related Prior Authorization Requirements for Takhzyro™ (Lanadelumab-flyo) (P47-18, published 10/1/18)

Effective December 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will expand the Medical Drug Prior Authorization (PA) Program for Commercial lines of business to include PA requirements for TAKHZYRO (Lanadelumab), used to treat Hereditary Angioedema (HAE).

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.

<b>PA Requirements: effective December 1, 2018, a medical drug PA will be required for the following drug(s):</b>
---

Lanadelumab-flyo (Takhzyro™) – medical policy II-173
--

### Products Impacted

This PA program applies to subscribers that have coverage through Commercial health plans (excluding FEP which has separate PA requirements).

### Submitting a Medical Drug PA Request

For Commercial members, PA approval will be based on Blue Cross medical policy. 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 drug therapy and to those already being treated with the medication above. **Providers may submit PA requests for Takhzyro beginning November 20, 2018.**

Providers are asked to check Blue Cross and/or Medicare medical policy criteria and attach **all required clinical documentation** with the PA 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 submitted 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.

To review the Blue Cross and Medicare criteria:

- Go to [providers.bluecrossmn.com](http://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](https://www.availity.com) 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 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 45 days from the date they were posted. To access the website:

- Go to [providers.bluecrossmn.com](http://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

## **Minnesota Health Care Programs Medical Policies Effective December 1, 2018** (P53-18, published 10/1/18)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has entered into a collaborative agreement with Amerigroup Health Solutions, a subsidiary of Anthem, to operationally support subscribers who have coverage through a Minnesota Health Care Program (MHCP) including Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare), Minnesota Senior Care Plus (MSC+) and SecureBlue (MSHO) effective December 1, 2018.

Effective December 1, 2018, Blue Cross will implement Amerigroup medical policies that will apply to services provided under the medical benefit for MHCP (PMAP, MNCare, MSC+) and MSHO subscribers. In addition, some Blue Cross medical policies will continue to apply. The grid below provides the listing of the medical policies, whether they are Amerigroup medical policies or Blue Cross medical policies, and whether the medical policy is enforced via clinic edits, prior authorizations (PAs), or both. Bulletin P48-18 provides additional information on background and processes related to the submission of PAs.

Note that Federal and State Guidelines, including MHCP policies, may supersede the Amerigroup Medical Policies and Clinical Utilization Management Guidelines. A subset of PAs will continue to be enforced utilizing current Blue Cross policies and will also supersede Amerigroup Medical Policies and Clinical Utilization Management Guidelines.

### **How to determine if a PA is required:**

Procedure codes are included in both Amerigroup and Blue Cross policies. To determine if a PA is required, access the Pre-Certification/Prior Authorization Look Up Tool (PLUTO), available on or before December 1, 2018, to search for the code. From the Availity home page, select 'Payer Spaces' from the top navigation. Select the health plan, 'BCBSMN Blue Plus Medicaid'. From the 'Payer Spaces' home page, select the 'Applications' tab and select the 'Pre-Certification/Prior Authorization Lookup Tool.'

Regardless of PA requirements it is important to ensure that medical policies are followed to ensure proper care for Blue Cross subscribers.

### **Medical Policies Effective December 1, 2018:**

In addition to the medical policies in the table below, the following Blue Cross medical policies will continue to apply and will continue to require prior authorization:

- II-165 Lyme Disease: Diagnostic Testing and Intravenous Antibiotic Therapy
- IV-126 Sacroiliac Joint Fusion – requires Prior Authorizations
- II-29 Intra-Articular Hyaluronan Injections for Osteoarthritis

Amerigroup medical policies highlighted in gray include one or more codes within the policy for which an existing MHCP policy applies.

\* Amerigroup Policies marked with an X include one or more codes within the policy in which a System Claim Edit or PA will occur.

\*\* Amerigroup Policies marked with an X include one or more codes within the policy in which a System Claim Edit or PA requirement will be enforced utilizing current Blue Cross policies.

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required *	System Claim Edit*	PA Required*
ADMIN.00001	<i>Medical Policy Formation</i>						
ADMIN.00002	<i>Preventive Health Guidelines</i>						
ADMIN.00004	<i>Medical Necessity Criteria</i>						
ADMIN.00005	<i>Investigational Criteria</i>						
ADMIN.00006	<i>Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline</i>						
ADMIN.00007	<i>Immunizations</i>						
ANC.00006	<i>Biomagnetic Therapy</i>						X
ANC.00008	<i>Cosmetic and Reconstructive Services of the Head and Neck</i>			X	X		X
ANC.00009	<i>Cosmetic and Reconstructive Services of the Trunk and Groin</i>			X	X		X
BEH.00001	<i>Opioid Antagonists Under Heavy Sedation or General Anesthesia as a Technique of Opioid Detoxification</i>						
BEH.00002	<i>Transcranial Magnetic Stimulation</i>			X	X		X
CG-ADMIN-01	<i>Clinical UM Guideline for Prepayment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists</i>						
CG-ANC-03	<i>Acupuncture</i>						
CG-ANC-04	<i>Ambulance Services: Air and Water</i>				X		
CG-ANC-05	<i>Ambulance Services: Ground; Emergent</i>						
CG-ANC-06	<i>Ambulance Services: Ground; Nonemergent</i>						X
CG-BEH-02	<i>Adaptive Behavioral Treatment for Autism Spectrum Disorder</i>				X		X
CG-BEH-03	<i>Psychiatric Disorder Treatment</i>				X		X
CG-BEH-04	<i>Substance-Related and Addictive Disorder Treatment</i>				X		
CG-BEH-05	<i>Eating and Feeding Disorder Treatment</i>						
CG-BEH-07	<i>Psychological Testing</i>				X		X
CG-BEH-09	<i>Assertive Community Treatment</i>						
CG-BEH-10	<i>Basic Skills Training/Social Skills Training</i>						
CG-BEH-11	<i>Mental Health Support Services</i>				X		
CG-BEH-12	<i>Psychosocial Rehabilitation Services</i>				X		

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required *	System Claim Edit*	PA Required*
CG-BEH-13	<i>Targeted Case Management</i>				X		
CG-BEH-14	<i>Intensive In-Home Behavioral Health Services</i>				X		
CG-BEH-15	<i>Activity Therapy for Autism Spectrum Disorders and Rett Syndrome</i>						
CG-DME-03	<i>Neuromuscular Stimulation in the Treatment of Muscle Atrophy</i>			X	X		X
CG-DME-04	<i>Electrical Nerve Stimulation, Transcutaneous, Percutaneous</i>						X
CG-DME-05	<i>Cervical Traction Devices for Home Use</i>				X		X
CG-DME-06	<i>Pneumatic Compression Devices for Lymphedema</i>						X
CG-DME-07	<i>Augmentative and Alternative Communication Devices/Speech-Generating Devices</i>				X		X
CG-DME-08	<i>Infant Home Apnea Monitors</i>						X
CG-DME-09	<i>Continuous Local Delivery of Analgesia to Operative Sites using an Elastomeric Infusion Pump During the Postoperative Period</i>				X		X
CG-DME-10	<i>Durable Medical Equipment</i>				X		
CG-DME-12	<i>Home Phototherapy Devices for Neonatal Hyperbilirubinemia</i>				X		
CG-DME-13	<i>Lower Limb Prosthesis</i>				X		X
CG-DME-15	<i>Hospital Beds and Accessories</i>				X		X
CG-DME-16	<i>Pressure Reducing Support Systems Groups 1, 2 and 3</i>				X		X
CG-DME-18	<i>Home Oxygen Therapy</i>				X		X
CG-DME-19	<i>Therapeutic Shoes, Inserts or Modifications for Individuals with Diabetes</i>			X			X
CG-DME-20	<i>Orthopedic Footwear</i>				X		X
CG-DME-21	<i>External Infusion Pumps for the Administration of Drugs in the Home or Residential Care Settings</i>						X
CG-DME-22	<i>Ankle-Foot and Knee-Ankle-Foot Orthotics (Braces)</i>				X		X
CG-DME-23	<i>Lifting Devices for Use in the Home</i>			X	X		X



			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
CG-DME-24	<i>Wheeled Mobility Devices: Manual Wheelchairs — Standard, Heavy Duty and Lightweight</i>				X		X
CG-DME-25	<i>Seat Lift Mechanisms</i>				X		X
CG-DME-26	<i>Back-Up Ventilators in the Home Setting</i>				X		X
CG-DME-30	<i>Prothrombin Time Self-Monitoring Devices</i>						
CG-DME-31	<i>Wheeled Mobility Devices: Wheelchairs — Powered, Motorized, With or Without Power Seating Systems, and Power Operated Vehicles</i>				X		X
CG-DME-33	<i>Wheeled Mobility Devices: Manual Wheelchairs — Ultra Lightweight</i>				X		X
CG-DME-34	<i>Wheeled Mobility Devices: Wheelchair Accessories</i>			X	X		X
CG-DME-35	<i>Breastfeeding Pumps</i>				X		X
CG-DME-36	<i>Pediatric Gait Trainers</i>						
CG-DME-37	<i>Air Conduction Hearing Aids</i>						
CG-DME-39	<i>Dynamic Low-Load Prolonged-Duration Stretch</i>				X		X
CG-DME-41	<i>Ultraviolet Light Therapy Delivery Devices for Home Use</i>			X	X		X
CG-DME-42	<i>Nonimplantable Insulin Infusion and Blood Glucose Monitoring Devices</i>				X		X
CG-DME-43	<i>High Frequency Chest Compression Devices for Airway Clearance</i>			X	X		X
CG-DME-44	<i>Electric Tumor Treatment Field (TTF)</i>			X			
CG-DRUG-01	<i>Off-Label Drug and Approved Orphan Drug Use</i>						
CG-DRUG-08	<i>Enzyme Replacement Therapy for Gaucher Disease</i>				X		
CG-DRUG-09	<i>Immune Globulin Therapy</i>				X		X
CG-DRUG-100	<i>Interferon gamma-1b (Actimmune®)</i>						
CG-DRUG-101	<i>Ixabepilone (Ixempra®)</i>						
CG-DRUG-102	<i>Olaratumab (Lartruvo™)</i>						
CG-DRUG-14	<i>Dihydroergotamine Mesylate (DHE) Injection for the Treatment of Migraine or Cluster Headaches in Adults</i>						

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
CG-DRUG-18	<i>Nesiritide (Natrecro®)</i>						
CG-DRUG-19	<i>Progesterone Therapy as a Technique to Prevent Preterm Delivery in High-Risk Women</i>				X		
CG-DRUG-20	<i>Enfuvirtide (Fuzeon)</i>						
CG-DRUG-21	<i>Naltrexone (Vivitrol®) Injections for the Treatment of Alcohol and Opioid Dependence</i>						
CG-DRUG-24	<i>Repository Corticotropin Injection (H.P. Acthar® Gel)</i>				X		
CG-DRUG-25	<i>Intravenous versus Oral Drug Administration in the Outpatient and Home Setting</i>						
CG-DRUG-27	<i>Clostridial Collagenase Histolyticum Injection</i>				X		X
CG-DRUG-28	<i>Alglucosidase alfa (Lumizyme®, Myozyme®)</i>				X		
CG-DRUG-31	<i>Oncology Drug Treatment Regimens for Adults **NOTE: At this time, this guideline is not implemented for medical benefit determinations</i>						
CG-DRUG-43	<i>Natalizumab (Tysabri®)</i>				X		X
CG-DRUG-44	<i>Pegloticase (Krystexxa®)</i>				X		X
CG-DRUG-46	<i>Fosaprepitant (Emend®)</i>						
CG-DRUG-47	<i>Level of Care: Specialty Pharmaceuticals</i>						
CG-DRUG-53	<i>Drug Dosage, Frequency, and Route of Administration</i>						
CG-DRUG-54	<i>Agalsidase beta (Fabrazyme®)</i>				X		
CG-DRUG-55	<i>Elosulfase alfa (Vimizim®)</i>				X		
CG-DRUG-56	<i>Galsulfase (Naglazyme®)</i>				X		
CG-DRUG-57	<i>Idurasulfase (Elaprase®)</i>				X		
CG-DRUG-58	<i>Laronidase (Aldurazyme®)</i>				X		
CG-DRUG-65	<i>Tumor Necrosis Factor Antagonists</i>				X		X
CG-DRUG-67	<i>Cetuximab (Erbix®)</i>						
CG-DRUG-69	<i>Ustekinumab (Stelera®)</i>				X		X
CG-DRUG-74	<i>Canakinumab (Ilaris®)</i>				X		
CG-DRUG-75	<i>Romiplostim (Nplate®)</i>				X		X
CG-DRUG-82	<i>Prostacyclin Infusion Therapy and Inhalation Therapy for Treatment of Pulmonary Arterial Hypertension</i>				X		X

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
CG-DRUG-83	<i>Growth Hormone</i>				X		X
CG-DRUG-84	<i>Belimumab (Benlysta®)</i>				X		X
CG-DRUG-86	<i>Ocriplasmin (Jetrea®) Intravitreal Injection Treatment</i>				X		X
CG-DRUG-87	<i>Vedolizumab (Entyvio®)</i>				X		X
CG-DRUG-89	<i>Implantable and Extended-Release Buprenorphine-Containing Products</i>						
CG-DRUG-90	<i>Intravitreal Treatment for Retinal Vascular Conditions</i>						
CG-DRUG-91	<i>Intravitreal Corticosteroid Implants</i>						
CG-DRUG-92	<i>Alpha-1 Proteinase Inhibitor Therapy</i>						
CG-DRUG-93	<i>Sarilumab (Kevzara®)</i>						
CG-DRUG-94	<i>Rituximab (Rituxan®) for Non-Oncologic Indications</i>						
CG-DRUG-95	<i>Belatacept (Nulojix®)</i>						
CG-DRUG-96	<i>Ado-trastuzumab emtansine (Kadcyla®)</i>						
CG-DRUG-97	<i>Rilonacept (Arcalyst®)</i>						
CG-DRUG-98	<i>Bendamustine Hydrochloride</i>						
CG-DRUG-99	<i>Elotuzumab (Empliciti™)</i>						
CG-LAB-03	<i>Tropism Testing for HIV Management</i>						
CG-LAB-09	<i>Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain</i>			X			
CG-LAB-10	<i>Zika Virus Testing</i>						
CG-LAB-11	<i>Screening for Vitamin D Deficiency in Average Risk Individuals</i>						
CG-LAB-12	<i>Testing for Oral and Esophageal Cancer</i>						
CG-LAB-13	<i>Skin Nerve Fiber Density Testing</i>						
CG-MED-02	<i>Esophageal pH Monitoring</i>						
CG-MED-05	<i>Ketogenic Diet for Treatment of Intractable Seizures</i>						
CG-MED-08	<i>Home Enteral Nutrition</i>				X		
CG-MED-19	<i>Custodial Care</i>						
CG-MED-21	<i>Anesthesia Services and Moderate ("Conscious") Sedation</i>						
CG-MED-22	<i>Neuropsychological Testing</i>				X		X

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
CG-MED-23	<i>Home Health</i>				X		
CG-MED-24	<i>Electromyography and Nerve Conduction Studies</i>			X			
CG-MED-26	<i>Neonatal Levels of Care</i>						
CG-MED-28	<i>Iontophoresis for Medical Indications</i>						
CG-MED-32	<i>Ancillary Services for Pregnancy Complications</i>				X		
CG-MED-34	<i>Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures</i>						
CG-MED-35	<i>Retinal Telescreening Systems</i>						
CG-MED-37	<i>Intensive Programs for Pediatric Feeding Disorders</i>						
CG-MED-39	<i>Central (Hip or Spine) Bone Density Measurement and Screening for Vertebral Fractures Using Dual Energy X-Ray Absorptiometry</i>						
CG-MED-40	<i>External Ambulatory Event Monitors to Detect Cardiac Arrhythmias</i>						
CG-MED-41	<i>Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting</i>						
CG-MED-42	<i>Maternity Ultrasound in the Outpatient Setting</i>			X			
CG-MED-44	<i>Holter Monitors</i>			X			
CG-MED-45	<i>Transrectal Ultrasonography</i>			X			
CG-MED-46	<i>Ambulatory and Inpatient Video Electroencephalography</i>			X			
CG-MED-47	<i>Fundus Photography</i>			X			
CG-MED-48	<i>Scrotal Ultrasound</i>			X			
CG-MED-49	<i>Auditory Brainstem Responses and Evoked Otoacoustic Emissions for Hearing Disorders</i>			X			
CG-MED-50	<i>Visual, Somatosensory and Motor Evoked Potentials</i>			X			
CG-MED-52	<i>Allergy Immunotherapy (Subcutaneous)</i>			X			
CG-MED-54	<i>Strapping</i>						
CG-MED-55	<i>Level of Care: Advanced Radiologic Imaging</i>						
CG-MED-56	<i>Non-Obstetrical Transvaginal Ultrasonography</i>						

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
CG-MED-57	<i>Cardiac Stress Testing with Electrocardiogram</i>						
CG-MED-59	<i>Upper Gastrointestinal Endoscopy</i>			X	X		X
CG-MED-60	<i>Monitored Anesthesia Care and General Anesthesia for Cataract Surgery</i>						
CG-MED-62	<i>Resting Electrocardiogram Screening in Adults</i>						
CG-MED-64	<i>Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)</i>			X	X		
CG-MED-66	<i>Cryopreservation of Oocytes or Ovarian Tissue</i>			X			X
CG-MED-68	<i>Therapeutic Apheresis</i>			X			
CG-MED-69	<i>Inhaled Nitric Oxide</i>						
CG-MED-70	<i>Wireless Capsule Endoscopy for Gastrointestinal Image and the Patency Capsule</i>						
CG-MED-71	<i>Wound Care in the Home Setting</i>						
CG-MED-72	<i>Hyperthermia for Cancer Therapy</i>						
CG-OR-PR-02	<i>Prefabricated and Prophylactic Knee Braces</i>				X		X
CG-OR-PR-03	<i>Custom-made Knee Braces</i>						X
CG-OR-PR-04	<i>Cranial Remodeling Bands and Helmets (Cranial Orthotics)</i>				X		X
CG-OR-PR-05	<i>Myoelectric Upper Extremity Prosthesis Devices</i>				X		X
CG-OR-PR-06	<i>Spinal Orthoses: Thoracic-Lumber-Sacral (TLSO), Lumber-Sacral (LSO), and Lumber</i>				X		X
CG-REHAB-02	<i>Outpatient Cardiac Rehabilitation</i>						
CG-REHAB-03	<i>Pulmonary Rehabilitation</i>			X	X		X
CG-REHAB-04	<i>Physical Therapy</i>				X		X
CG-REHAB-05	<i>Occupational Therapy</i>				X		X
CG-REHAB-06	<i>Speech-Language Pathology Services</i>				X		
CG-REHAB-07	<i>Skilled Nursing and Skilled Rehabilitation Services (Outpatient)</i>						
CG-REHAB-08	<i>Private Duty Nursing in the Home Setting</i>				X		

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
CG-REHAB-10	<i>Level of Care: Outpatient Physical Therapy, Occupational Therapy and</i>						
CG-SURG-01	<i>Colonoscopy</i>						
CG-SURG-03	<i>Blepharoplasty, Blepharoptosis Repair and Brow Lift</i>			X	X		X
CG-SURG-05	<i>Maze Procedure</i>				X		X
CG-SURG-07	<i>Vertical Expandable Prosthetic Titanium Rib</i>						
CG-SURG-09	<i>Temporomandibular Disorders</i>				X		X
CG-SURG-10	<i>Ambulatory or Outpatient Surgery Center Procedures</i>						
CG-SURG-11	<i>Surgical Treatment for Dupuytren's Contracture</i>						
CG-SURG-12	<i>Penile Prosthesis Implantation</i>				X		
CG-SURG-15	<i>Endometrial Ablation</i>						
CG-SURG-17	<i>Trigger Point Injections</i>						X
CG-SURG-18	<i>Septoplasty</i>			X	X		X
CG-SURG-24	<i>Functional Endoscopic Sinus Surgery</i>			X	X		X
CG-SURG-25	<i>Injection Treatment for Morton's Neuroma</i>				X		
CG-SURG-27*	<i>Sex Reassignment Surgery</i>			X	X		
CG-SURG-28	<i>Transcatheter Uterine Artery Embolization</i>				X		X
CG-SURG-29	<i>Lumbar Discography</i>						
CG-SURG-34	<i>Diagnostic Infertility Surgery</i>						
CG-SURG-35	<i>Intracytoplasmic Sperm Injection (ICSI)</i>						
CG-SURG-36	<i>Adenoidectomy</i>				X		X
CG-SURG-37	<i>Destruction of Pre-Malignant Skin Lesions</i>						
CG-SURG-40	<i>Cataract Removal Surgery for Adults</i>			X	X		X
CG-SURG-41	<i>Surgical Strabismus Correction</i>						
CG-SURG-46	<i>Myringotomy and Tympanostomy Tube Insertion</i>						
CG-SURG-48	<i>Elective Percutaneous Coronary Interventions</i>						
CG-SURG-49	<i>Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities</i>				X		
CG-SURG-50	<i>Assistant Surgeons</i>						

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
CG-SURG-51	<i>Outpatient Cystourethroscopy</i>						
CG-SURG-52	<i>Level of Care: Hospital-Based Ambulatory Surgical Procedures, including Endoscopic Procedures</i>						
CG-SURG-53	<i>Elective Total Hip Arthroplasty</i>						
CG-SURG-54	<i>Elective Total Knee Arthroplasty</i>						
CG-SURG-56	<i>Diagnostic Fiberoptic Flexible Laryngoscopy</i>						
CG-SURG-57	<i>Diagnostic Nasal Endoscopy</i>						
CG-SURG-58	<i>Radioactive Seed Localization of Nonpalpable Breast Lesions</i>						
CG-SURG-59	<i>Vena Cava Filters</i>						
CG-SURG-61	<i>Cryosurgical Ablation of Solid Tumors Outside the Liver</i>			X	X		X
CG-SURG-62	<i>Radiofrequency Ablation to Treat Tumors Outside the Liver</i>			X	X		X
CG-SURG-70	<i>Gastric Electrical Stimulation</i>			X	X		X
CG-SURG-71	<i>Reduction Mammoplasty</i>			X	X		X
CG-SURG-72	<i>Endothelial Keratoplasty</i>				X		X
CG-SURG-73	<i>Balloon Sinus Ostial Dilation</i>						
CG-SURG-74	<i>Total Ankle Replacement</i>						
CG-SURG-75	<i>Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions</i>						
CG-SURG-76	<i>Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty</i>						
CG-SURG-77	<i>Refractive Surgery</i>						
CG-SURG-78	<i>Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies</i>						
CG-SURG-79	<i>Implantable Infusion Pumps</i>						
CG-SURG-80	<i>Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE) for Treating Primary or Metastatic Liver Tumors</i>						
CG-THER-RAD 07	<i>Intravascular Brachytherapy (Coronary and Non-Coronary)</i>						

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required *	System Claim Edit*	PA Required*
CG-TRANS-02	<i>Kidney Transplantation</i>				X		X
DME.00009	<i>Vacuum Assisted Wound Therapy in the Outpatient Setting</i>			X	X		X
DME.00011	<i>Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices</i>			X	X		X
DME.00012	<i>Intrapulmonary Percussive Ventilation Devices for Airway Clearance</i>			X	X		
DME.00022	<i>Functional Electrical Stimulation; Threshold Electrical Stimulation</i>			X	X		X
DME.00024	<i>Transtympanic Micropressure for the Treatment of Ménière's Disease</i>			X			X
DME.00025	<i>Self-Operated Spinal Unloading Devices</i>						
DME.00027	<i>Ultrasound Bone Growth Stimulation</i>			X	X		X
DME.00030	<i>Altered Auditory Feedback Devices for the Treatment of Stuttering</i>				X		X
DME.00032	<i>Automated External Defibrillators for Home Use</i>			X	X		X
DME.00034	<i>Standing Frames</i>			X	X		X
DME.00037	<i>Cooling Devices and Combined Cooling/Heating Devices</i>			X	X		X
DME.00038	<i>Static Progressive Stretch and Patient-Actuated Serial Stretch Devices</i>			X	X		X
DME.00039	<i>Prefabricated Oral Appliances for the Treatment of Obstructive Sleep Apnea</i>			X	X		X
DRUG.00003	<i>Chelation Therapy</i>			X	X		
DRUG.00006	<i>Botulinum Toxin</i>				X		X
DRUG.00013	<i>Administration of Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion</i>				X		X
DRUG.00015	<i>Prevention of Respiratory Syncytial Virus Infections</i>				X		X
DRUG.00024	<i>Omalizumab (Xolair®)</i>				X		X



			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
DRUG.00027	<i>Ziconotide Intrathecal Infusion (Prialt®) for Severe Chronic Pain</i>				X		X
DRUG.00034	<i>Insulin Potentiation Therapy</i>			X			
DRUG.00040	<i>Abatacept (Orencia®)</i>				X		X
DRUG.00050	<i>Eculizumab (Soliris®)</i>				X		X
DRUG.00086	<i>Mecasermin (Increlex®)</i>				X		X
DRUG.00090	<i>Bezlotoxumab (ZINPLAVA™)</i>				X		X
DRUG.00093	<i>Sebelipase alfa (KANUMA™)</i>						
DRUG.00095	<i>Ocrelizumab (Ocrevus™)</i>				X		X
DRUG.00098	<i>Lutetium Lu 177 dotatate (Lutathera®)</i>						X
DRUG.00103	<i>Abaloparatide (Tymlos™) Injection</i>						
DRUG.00108	<i>Edaravone (Radicava®)</i>						X
DRUG.00111	<i>Guselkumab (Tremfya™)</i>						X
DRUG.00112	<i>Gemtuzumab Ozogamicin (Mylotarg®)</i>				X		X
GENE.00002	<i>Preimplantation Genetic Diagnosis Testing</i>			X			X
GENE.00041	<i>Genetic Testing to Confirm the Identity of Laboratory Specimens</i>				X		X
GENE.00045	<i>Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers</i>						
LAB.00016	<i>Fecal Analysis in the Diagnosis of Intestinal Disorders</i>						
LAB.00024	<i>Immune Cell Function Assay</i>			X			
LAB.00026	<i>Systems Pathology Testing for Predicting Risk of Prostate Cancer Progression and Recurrence</i>						
LAB.00027	<i>Selected Blood, Serum and Cellular Allergy and Toxicity Tests</i>			X			
LAB.00029	<i>Rupture of Membranes Testing in Pregnancy</i>						
LAB.00031	<i>Advanced Lipoprotein Testing</i>			X			X
MED.00004	<i>Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy and Ultrasonography)</i>			X			X
MED.00005	<i>Hyperbaric Oxygen Therapy (Systemic/Topical)</i>			X	X		X

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
MED.00007	<i>Prolotherapy for Joint and Ligamentous Conditions</i>			X			
MED.00011	<i>Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State</i>			X			
MED.00024	<i>Adoptive Immunotherapy and Cellular Therapy</i>			X	X		
MED.00041	<i>Microvolt T-Wave Alternans</i>			X			X
MED.00051	<i>Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry</i>			X	X		X
MED.00053	<i>Noninvasive Measurement of Left Ventricular End Diastolic Pressure in the Outpatient Setting</i>						
MED.00055	<i>Wearable Cardioverter Defibrillators</i>			X	X		X
MED.00057	<i>MRI Guided High Intensity Focused Ultrasound Ablation for Nononcologic Indications</i>			X	X		X
MED.00059	<i>Idiopathic Environmental Illness</i>						
MED.00065	<i>Hepatic Activation Therapy</i>			X			
MED.00074	<i>Computer Analysis and Probability Assessment of</i>			X			
MED.00077	<i>In-Vivo Analysis of Gastrointestinal Lesions</i>			X	X		X
MED.00081	<i>Cognitive Rehabilitation</i>				X		X
MED.00082	<i>Quantitative Sensory Testing</i>			X			
MED.00087	<i>Imaging Techniques for Screening and Identification of Cervical Cancer</i>						
MED.00089	<i>Quantitative Muscle Testing Devices</i>						X
MED.00090	<i>Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders</i>			X			
MED.00091	<i>Rhinophototherapy</i>						
MED.00092	<i>Automated Nerve Conduction Testing</i>			X	X		X
MED.00095	<i>Anterior Segment Optical Coherence Tomography</i>			X			X
MED.00096	<i>Low-Frequency Ultrasound Therapy for Wound Management</i>			X			
MED.00097	<i>Neural Therapy</i>						

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
MED.00098	<i>Hyperoxemic Reperfusion Therapy</i>						
MED.00099	<i>Electromagnetic Navigational Bronchoscopy</i>			X	X		
MED.00100	<i>Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems</i>			X	X		X
MED.00101	<i>Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)</i>						
MED.00102	<i>Ultrafiltration in Decompensated Heart Failure</i>						
MED.00103	<i>Automated Evacuation of Meibomian Gland</i>			X			
MED.00104	<i>Noninvasive Measurement of Advanced Glycation Endproducts (AGEs) in the Skin</i>						
MED.00105	<i>Bioimpedance Spectroscopy Devices for the Detection and Management of Lymphedema</i>						
MED.00107	<i>Medical and Other Nonbehavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome</i>			X	X		X
MED.00109	<i>Corneal Collagen Cross Linking</i>						
MED.00110	<i>Growth Factors, Silver-Based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting</i>			X	X		
MED.00111	<i>Intracardiac Ischemia Monitoring</i>						
MED.00112	<i>Autonomic Testing</i>			X			
MED.00115	<i>Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management</i>			X			
MED.00116	<i>Near-Infrared Spectroscopy Brain Screening for Hematoma Detection</i>						
MED.00118	<i>Continuous Monitoring of Intraocular Pressure</i>			X			
MED.00119	<i>High-Intensity Focused Ultrasound for Oncologic Indications</i>			X	X		X
MED.00121	<i>Implantable Interstitial Glucose Sensors</i>						
MED.00122	<i>Wilderness Programs</i>			X			

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
MED.00123	<i>Axicabtagene ciloleucel (Yescarta™)</i>						X
MED.00124	<i>Tisagenlecleucel (Kymriah™)</i>				X		X
OR-PR.00003	<i>Microprocessor Controlled Lower Limb Prosthesis</i>			X	X		X
OR-PR.00004	<i>Partial-Hand Myoelectric Prosthesis</i>			X			
OR-PR.00005	<i>Upper Extremity Myoelectric Orthoses</i>						
OR-PR.00006	<i>Powered Robotic Lower Body Exoskeleton Devices</i>						
RAD.00004	<i>Peripheral Bone Mineral Density Measurement</i>			X	X		X
RAD.00012	<i>Ultrasound for the Evaluation of Paranasal Sinuses</i>			X			
RAD.00019	<i>Magnetic Source Imaging and Magnetoencephalography</i>			X	X		X
RAD.00034	<i>Dynamic Spinal Visualization (Including Digital Motion X-Ray and Cineradiography/ Videofluoroscopy)</i>			X	X		X
RAD.00053	<i>Cervical and Thoracic Discography</i>			X	X		X
RAD.00057	<i>Near-Infrared Coronary Imaging and Near-Infrared Intravascular Ultrasound Coronary Imaging</i>			X			
RAD.00059	<i>Transcatheter Arterial Chemoembolization and Transcatheter Arterial Embolization for Malignant Lesions Outside the Liver Except Central Nervous System and Spinal Cord</i>				X		X
RAD.00061	<i>PET/MRI</i>						
RAD.00062	<i>Intravascular Optical Coherence Tomography</i>						
RAD.00065	<i>Radiostereometric Analysis</i>			X	X		X
REHAB.00003	<i>Hippotherapy</i>			X			
SURG.00005	<i>Partial Left Ventriculectomy</i>			X	X		X
SURG.00007	<i>Vagus Nerve Stimulation</i>			X	X		X
SURG.00008	<i>Mechanized Spinal Distraction Therapy for Low Back Pain</i>			X	X		X
SURG.00010	<i>Treatments for Urinary Incontinence</i>			X	X		X

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
SURG.00014	<i>Cochlear Implants and Auditory Brainstem Implants</i>			X	X		X
SURG.00016	<i>Stereotactic Radiofrequency Pallidotomy</i>			X	X		X
SURG.00019	<i>Transmyocardial Revascularization</i>			X	X		X
SURG.00020	<i>Bone Anchored and Bone Conduction Hearing Aids</i>			X	X		X
SURG.00022	<i>Lung Volume Reduction Surgery</i>			X	X		X
SURG.00023	<i>Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures</i>			X	X		X
SURG.00024	<i>Bariatric Surgery and Other Treatments for Clinically Severe Obesity</i>			X	X		X
SURG.00026	<i>Deep Brain, Cortical and Cerebellar Stimulation</i>			X	X		X
SURG.00028	<i>Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia and Other Genitourinary Conditions</i>			X	X		X
SURG.00032	<i>Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention</i>			X	X		X
SURG.00036	<i>Fetal Surgery for Prenatally Diagnosed Malformations</i>			X	X		X
SURG.00037	<i>Treatment of Varicose Veins (Lower Extremities)</i>			X	X		X
SURG.00043	<i>Electrothermal Shrinkage of Joint Capsules, Ligaments and Tendons</i>			X	X		
SURG.00044	<i>Breast Ductal Examination and Fluid Cytology Analysis</i>						
SURG.00045	<i>Extracorporeal Shock Wave Therapy for Orthopedic Conditions</i>			X	X		X
SURG.00047	<i>Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia</i>			X	X		X
SURG.00048	<i>Panniculectomy and Abdominoplasty</i>			X	X		X
SURG.00049	<i>Mandibular/Maxillary (Orthognathic) Surgery</i>			X	X		X
SURG.00053	<i>Unicondylar Interpositional Spacer</i>						
SURG.00054	<i>Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection</i>			X	X		X

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
SURG.00056	<i>Transanal Radiofrequency Treatment of Fecal Incontinence</i>						
SURG.00061	<i>Presbyopia and Astigmatism-Correcting Intraocular Lenses</i>						
SURG.00062	<i>Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome</i>						
SURG.00073	<i>Epiduroscopy</i>				X		
SURG.00074	<i>Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring</i>			X	X		X
SURG.00075	<i>Intervertebral Stabilization Devices</i>						
SURG.00076	<i>Nerve Graft after Prostatectomy</i>				X		
SURG.00077	<i>Uterine Fibroid Ablation: Laparoscopic or Percutaneous Image Guided Techniques</i>						
SURG.00079	<i>Nasal Valve Suspension</i>						
SURG.00082	<i>Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures of the Appendicular System</i>			X	X		X
SURG.00084	<i>Implantable Middle Ear Hearing Aids</i>			X	X		
SURG.00085	<i>Mastectomy for Gynecomastia</i>			X	X		X
SURG.00088	<i>Coblation® Therapies for Musculoskeletal Conditions</i>						
SURG.00089	<i>Self-Expanding Absorptive Sinus Ostial Dilation</i>			X	X		X
SURG.00090	<i>Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia</i>				X		X
SURG.00095	<i>Viscocalanostomy and Canaloplasty</i>			X	X		X
SURG.00096	<i>Surgical and Ablative Treatments for Chronic Headaches</i>			X	X		X
SURG.00097	<i>Vertebral Body Stapling for the Treatment of Scoliosis in Children and Adolescents</i>						
SURG.00098	<i>Mechanical Embolectomy for Treatment of Acute Stroke</i>			X			
SURG.00099	<i>Convection Enhanced Delivery of Therapeutic Agents to the Brain</i>				X		

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
SURG.00100	<i>Cryoablation for Plantar Fasciitis and Plantar Fibroma</i>				X		X
SURG.00101	<i>Suprachoroidal Injection of a Pharmacologic Agent</i>			X			
SURG.00102	<i>Artificial Anal Sphincter for the Treatment of Severe Fecal Incontinence</i>			X	X		X
SURG.00103	<i>Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)</i>			X			
SURG.00104	<i>Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis</i>			X	X		
SURG.00105	<i>Bicompartmental Knee Arthroplasty</i>						
SURG.00106	<i>Ablative Techniques as a Treatment for Barrett's Esophagus</i>			X	X		X
SURG.00107	<i>Prostate Saturation Biopsy</i>			X	X		X
SURG.00112	<i>Occipital Nerve Stimulation</i>			X	X		X
SURG.00113	<i>Artificial Retinal Devices</i>			X			
SURG.00114	<i>Facet Joint Allograft Implants for Facet Disease</i>			X			
SURG.00115	<i>Keratoprosthesis</i>			X	X		X
SURG.00116	<i>High Resolution Anoscopy Screening for Anal Intraepithelial Neoplasia and Squamous Cell Cancer of the Anus</i>			X			
SURG.00117	<i>Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention</i>			X	X		X
SURG.00118	<i>Bronchial Thermoplasty</i>			X			
SURG.00119	<i>Endobronchial Valve Devices</i>			X			
SURG.00120	<i>Open Treatment of Rib Fracture(s) Requiring Internal Fixation</i>			X			
SURG.00121	<i>Transcatheter Heart Valve Procedures</i>			X	X		X
SURG.00122	<i>Venous Angioplasty with or without Stent Placement or Venous Stenting Alone</i>			X			
SURG.00123	<i>Transmyocardial/Periventricular Device Closure of Ventricular Septal Defects</i>						

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
SURG.00124	<i>Carotid Sinus Baroreceptor Stimulation Devices</i>			X			
SURG.00125	<i>Radiofrequency and Pulsed Radiofrequency Treatment of Trigger Point Pain</i>						
SURG.00126	<i>Irreversible Electroporation</i>						
SURG.00128	<i>Implantable Left Atrial Hemodynamic Monitor</i>						
SURG.00129	<i>Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring</i>			X	X		X
SURG.00130	<i>Annulus Closure After Discectomy</i>						
SURG.00131	<i>Lower Esophageal Sphincter Augmentation Devices for the Treatment of Gastroesophageal Reflux Disease</i>			X			
SURG.00132	<i>Drug-Eluting Devices for Maintaining Sinus Ostial Patency</i>			X	X		X
SURG.00133	<i>Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy</i>						
SURG.00134	<i>Interspinous Process Fixation Devices</i>						
SURG.00135	<i>Radiofrequency Ablation of the Renal Sympathetic Nerves</i>			X			
SURG.00136	<i>Intraocular Telescope</i>			X	X		X
SURG.00137	<i>Focused Microwave Thermotherapy for Breast Cancer</i>						
SURG.00138	<i>Laser Treatment for Onychomycosis</i>						
SURG.00139	<i>Intraoperative Assessment of Surgical Margins During</i>						
SURG.00141	<i>Doppler-Guided Transanal Hemorrhoidal Dearterialization</i>						
SURG.00142	<i>Genicular Nerve Blocks and Ablation for Chronic Knee Pain</i>				X		X
SURG.00143	<i>Perirectal Spacers for Use During Prostate Radiotherapy</i>						
SURG.00144	<i>Occipital Nerve Block Therapy for the Treatment of Headache and Occipital Neuralgia</i>				X		X
SURG.00145	<i>Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)</i>			X	X		X



			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required *	System Claim Edit*	PA Required*
SURG.00146	<i>Extracorporeal Carbon Dioxide Removal</i>						
SURG.00147	<i>Synthetic Cartilage Implant for Metatarsophalangeal Joint Disorders</i>						
SURG.00148	<i>Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy</i>						
SURG.00149	<i>Percutaneous Ultrasonic Ablation of Soft Tissue</i>						
SURG.00151	<i>Balloon Dilation of Eustachian Tube</i>						X
THER-RAD.000	<i>Intraocular Epiretinal Brachytherapy</i>			X			
TRANS.00004	<i>Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)</i>			X	X		
TRANS.00008	<i>Liver Transplantation</i>				X		X
TRANS.00009	<i>Lung and Lobar Transplantation</i>				X		X
TRANS.00010	<i>Autologous and Allogeneic Pancreatic Islet Cell Transplantation</i>			X	X		X
TRANS.00011	<i>Pancreas Transplantation and Pancreas Kidney Transplantation</i>				X		X
TRANS.00013	<i>Small Bowel, Small Bowel/Liver and Multivisceral Transplantation</i>				X		X
TRANS.00016	<i>Umbilical Cord Blood Progenitor Cell Collection, Storage and Transplantation</i>				X		X
TRANS.00018	<i>Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation</i>				X		X
TRANS.00023	<i>Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias</i>				X		X
TRANS.00024	<i>Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome</i>				X		X
TRANS.00026	<i>Heart/Lung Transplantation</i>				X		X
TRANS.00027	<i>Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors</i>				X		X

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
TRANS.00028	<i>Hematopoietic Stem Cell Transplantation for Hodgkin Disease and</i>				X		X
TRANS.00029	<i>Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias</i>				X		X
TRANS.00030	<i>Hematopoietic Stem Cell Transplantation for Germ Cell Tumors</i>				X		X
TRANS.00031	<i>Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors</i>				X		X
TRANS.00033	<i>Heart Transplantation</i>				X		X
TRANS.00034	<i>Hematopoietic Stem Cell Transplantation for Diabetes Mellitus</i>				X		X
TRANS.00035	<i>Mesenchymal Stem Cell Therapy For Orthopedic Indications</i>				X	X	X
TRANS.00036	<i>Stem Cell Therapy for Peripheral Vascular Disease</i>			X	X		X
ANC.00007	<i>Cosmetic and Reconstructive Services: Skin Related</i>			X	X		X
CG-ADMIN-02	<i>Clinically Equivalent Cost Effective Services — Targeted Immune Modulators</i>				X		X
CG-BEH-01	<i>Assessment for Autism Spectrum Disorders and Rett Syndrome</i>			X	X	X	X
CG-DME-40	<i>Electrical Bone Growth Stimulation</i>			X	X		X
CG-DRUG-03	<i>Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis</i>				X		X
CG-DRUG-04	<i>Use of Low Molecular Weight Heparin Therapy, Fondaparinux (Arixtra®), and Direct Thrombin Inhibitors in the Outpatient Setting</i>				X		X
CG-DRUG-05	<i>Recombinant Erythropoietin Products</i>				X		X
CG-DRUG-11	<i>Infertility Drugs</i>				X		X
CG-DRUG-16	<i>White Blood Cell Growth Factors</i>				X		X
CG-DRUG-33	<i>Palonosetron (Aloxi®)</i>				X		X
CG-DRUG-34	<i>Docetaxel (Docefrez™, Taxotere®)</i>			X			

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
CG-DRUG-38	<i>Pemetrexed Disodium (Alimta®)</i>				X		X
CG-DRUG-40	<i>Bortezomib (Velcade®)</i>				X		
CG-DRUG-41	<i>Zoledronic acid</i>				X		X
CG-DRUG-42	<i>Asparagine Specific Enzymes (Asparaginase)</i>				X		X
CG-DRUG-45	<i>Octreotide acetate (Sandostatin®; Sandostatin® LAR Depot)</i>				X		X
CG-DRUG-48	<i>Azacitidine (Vidaza®)</i>				X		X
CG-DRUG-49	<i>Doxorubicin Hydrochloride Liposome Injection</i>				X		X
CG-DRUG-50	<i>Paclitaxel, protein-bound (Abraxane®)</i>				X		X
CG-DRUG-51	<i>Romidepsin (Istodax®)</i>				X		X
CG-DRUG-52	<i>Temsirolimus (Torisel®)</i>				X		X
CG-DRUG-59	<i>Testosterone, Injectable</i>						X
CG-DRUG-60	<i>Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications</i>				X		X
CG-DRUG-61	<i>Gonadotropin Releasing Hormone Analogs for the Treatment of Nononcologic Indications</i>				X		X
CG-DRUG-62	<i>Fulvestrant (FASLODEX®)</i>				X		
CG-DRUG-63	<i>Levoleucovorin Calcium (Fusilev®)</i>				X		
CG-DRUG-64	<i>FDA-Approved Biosimilar Products</i>				X		X
CG-DRUG-66	<i>Panitumumab (Vectibix®)</i>				X		X
CG-DRUG-68	<i>Bevacizumab (Avastin®) for Non-Ophthalmologic Indications</i>						X
CG-DRUG-70	<i>Eribulin mesylate (Halaven®)</i>				X		X
CG-DRUG-71	<i>Ziv-aflibercept (Zaltrap®)</i>				X		X
CG-DRUG-72	<i>Pertuzumab (Perjeta®)</i>				X		X
CG-DRUG-73	<i>Denosumab (Prolia®, Xgeva®)</i>				X		X
CG-DRUG-76	<i>Plerixafor Injection (Mozobil™)</i>				X		
CG-DRUG-77	<i>Radium Ra 223 Dichloride (Xofigo®)</i>				X		X
CG-DRUG-78	<i>Antihemophilic Factors and Clotting Factors</i>				X		X
CG-DRUG-79	<i>Siltuximab (Sylvant®)</i>				X		X
CG-DRUG-80	<i>Cabazitaxel (Jevtana®)</i>				X		X
CG-DRUG-81	<i>Tocilizumab (Actemra®)</i>				X		X
CG-DRUG-85	<i>Tesamorelin (Egrifta®)</i>						X

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
CG-DRUG-88	<i>Dupilumab (Dupixent®)</i>						X
CG-GENE-01	<i>Janus Kinase 2 (JAK2)V617F Gene Mutation Assay</i>			X	X		X
CG-GENE-02	<i>Analysis of KRAS Status</i>			X	X		X
CG-GENE-03	<i>BRAF Mutation Analysis</i>			X	X		X
CG-GENE-04	<i>Molecular Marker Evaluation of Thyroid Nodules</i>				X		X
CG-MED-38	<i>Inpatient admission for Radiation Therapy for Cervical or Thyroid Cancer</i>				X		X
CG-MED-51	<i>Three-Dimensional Rendering of Imaging Studies</i>			X	X		X
CG-MED-53	<i>Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing</i>						
CG-MED-58	<i>Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA and Cardiac MRI</i>	V-14	X	X	X		X
CG-MED-61	<i>Preoperative Testing for Low Risk Invasive Procedures and Surgeries</i>				X		X
CG-MED-63	<i>Treatment of Hyperhidrosis</i>			X	X		X
CG-MED-65	<i>Manipulation Under Anesthesia of the Spine and Joints other than the Knee</i>			X	X		X
CG-MED-67	<i>Melanoma Vaccines</i>						X
CG-SURG-08	<i>Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury</i>	IV-74	X	X	X		X
CG-SURG-31	<i>Treatment of Keloids and Scar Revision</i>				X		X
CG-SURG-32	<i>Pain Management: Cervical, Thoracic and Lumbar Facet Injections</i>			X	X		X
CG-SURG-33	<i>Lumbar Fusion and Lumbar Total Disc Arthroplasty</i>	IV-87	X	X	X		X
CG-SURG-38	<i>Lumbar Laminectomy, Hemilaminectomy, Laminectomy and/or Discectomy</i>				X		X
CG-SURG-39	<i>Pain Management: Epidural Steroid Injections</i>				X		X
CG-SURG-42	<i>Cervical Fusion</i>	IV-87	X		X		X
CG-SURG-43	<i>Knee Arthroscopy</i>				X		X

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
CG-SURG-44	<i>Coronary Angiography in the Outpatient Setting</i>				X		
CG-SURG-45	<i>Bone Graft Substitutes</i>					X	
CG-SURG-47	<i>Surgical Interventions for Scoliosis and Spinal Deformity</i>	IV-87	X		X		X
CG-SURG-55	<i>Intracardiac Electrophysiological Studies and Catheter Ablation</i>				X		X
CG-SURG-60	<i>Cervical Total Disc Arthroplasty</i>			X	X		X
CG-SURG-63	<i>Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure</i>			X	X		X
CG-SURG-65	<i>Recombinant Human Bone Morphogenetic Protein</i>					X	
CG-SURG-66	<i>Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)</i>	IV-74	X	X	X		X
CG-SURG-67	<i>Treatment of Osteochondral Defects</i>			X	X		X
CG-SURG-68	<i>Surgical Treatment of Femoroacetabular Impingement Syndrome</i>				X		X
CG-SURG-69	<i>Meniscal Allograft Transplantation of the Knee</i>						X
CG-THER-RAD 03	<i>Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy</i>			X	X		X
CG-THER-RAD 04	<i>Selective Internal Radiation Therapy of Primary or Metastatic Liver Tumors</i>			X	X		X
DRUG.00031	<i>Subcutaneous Hormone Replacement Implants</i>			X	X		X
DRUG.00046	<i>Ipilimumab (Yervoy®)</i>				X		X
DRUG.00053	<i>Carfilzomib (Kyprolis®)</i>				X		X
DRUG.00058	<i>Pharmacotherapy for Hereditary Angioedema</i>				X		X
DRUG.00062	<i>Obinutuzumab (Gazyva®)</i>				X		X
DRUG.00063	<i>Ofatumumab (Arzerra®)</i>			X	X		X
DRUG.00064	<i>Enteral Carbidopa and Levodopa Intestinal Gel Suspension</i>			X	X		X
DRUG.00067	<i>Ramucirumab (Cyramza®)</i>				X		X
DRUG.00071	<i>Pembrolizumab (Keytruda®)</i>				X		X
DRUG.00074	<i>Alemtuzumab (Lemtrada®)</i>				X		X

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
DRUG.00075	<i>Nivolumab (Opdivo®)</i>				X		X
DRUG.00076	<i>Blinatumomab (Blincyto®)</i>				X		X
DRUG.00077	<i>Monoclonal Antibodies to Interleukin-17A</i>						X
DRUG.00078	<i>Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors</i>						X
DRUG.00080	<i>Monoclonal Antibodies for the Treatment of Eosinophilic Conditions</i>				X		X
DRUG.00081	<i>Eteplirsen (Exondys 51™)</i>				X		X
DRUG.00082	<i>Daratumumab (DARZALEX™)</i>				X		X
DRUG.00087	<i>Asfotase Alfa (Strensiq™)</i>						X
DRUG.00088	<i>Atezolizumab (Tecentriq®)</i>				X		X
DRUG.00089	<i>Daclizumab (Zinbryta™)</i>						X
DRUG.00091	<i>Naltrexone Implantable Pellets</i>						X
DRUG.00099	<i>Cerliponase Alfa (Brineura™)</i>						X
DRUG.00104	<i>Nusinersen (SPINRAZA™)</i>				X		X
DRUG.00107	<i>Avelumab (Bavencio®)</i>				X		X
DRUG.00109	<i>Durvalumab (IMFINZI™)</i>						X
DRUG.00110	<i>Inotuzumab ozogamicin (Besponsa®)</i>						X
DRUG.00116	<i>Vestronidase alfa (Mepsevii™)</i>						X
DRUG.00118	<i>Copanlisib (Aliqopa®)</i>						X
GENE.00001	<i>Genetic Testing for Cancer Susceptibility</i>			X	X		X
GENE.00003	<i>Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease</i>	VI-09	X	X	X	X	X
GENE.00005	<i>BCR-ABL Mutation Analysis</i>				X		X
GENE.00006	<i>Epidermal Growth Factor Receptor Testing</i>						X
GENE.00007	<i>Cardiac Ion Channel Genetic Testing</i>			X	X	X	X
GENE.00008	<i>Analysis of Fecal DNA for Colorectal Cancer Screening</i>				X		X
GENE.00009	<i>Gene-Based Tests for Screening, Detection and Management of Prostate Cancer</i>			X	X		X
GENE.00010	<i>Genotype Testing for Genetic Polymorphisms to Determine</i>			X	X		X
GENE.00011	<i>Gene Expression Profiling for Managing Breast Cancer Treatment</i>			X	X	X	X

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
GENE.00012	<i>Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent</i>			X	X	X	X
GENE.00016	<i>Gene Expression Profiling for Colorectal Cancer</i>			X	X		X
GENE.00017	<i>Genetic Testing for Diagnosis and Management of Hereditary Cardiomyopathies (including ARVD/C)</i>			X	X	X	X
GENE.00018	<i>Gene Expression Profiling for Cancers of Unknown Primary Site</i>			X	X		X
GENE.00020	<i>Gene Expression Profile Tests for Multiple Myeloma</i>				X		X
GENE.00021	<i>Chromosomal Microarray Analysis for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies</i>	VI-09	X	X	X	X	X
GENE.00023	<i>Gene Expression Profiling of Melanomas</i>				X		X
GENE.00024	<i>DNA-Based Testing for Adolescent Idiopathic Scoliosis</i>			X			X
GENE.00025	<i>Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignant Tumors</i>			X	X		X
GENE.00026	<i>Cell-Free Fetal DNA-Based Prenatal Testing</i>			X	X		X
GENE.00028	<i>Genetic Testing for Colorectal Cancer Susceptibility</i>			X	X		X
GENE.00029	<i>Genetic Testing for Breast and/or Ovarian Cancer Syndrome</i>	VI-09	X	X	X		X
GENE.00030	<i>Genetic Testing for Endocrine Gland Cancer Susceptibility</i>				X	X	X
GENE.00031	<i>Genetic Testing for PTEN Hamartoma Tumor Syndrome</i>				X		X
GENE.00033	<i>Genetic Testing for Inherited Peripheral Neuropathies</i>			X	X		X
GENE.00034	<i>SensiGene® Fetal RhD Genotyping Test</i>				X		X
GENE.00035	<i>Genetic Testing for TP53 Mutations</i>				X		X
GENE.00036	<i>Genetic Testing for Hereditary Pancreatitis</i>				X		X
GENE.00037	<i>Genetic Testing for Macular Degeneration</i>				X		X

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
GENE.00038	<i>Genetic Testing for Statin-Induced Myopathy</i>				X		X
GENE.00039	<i>Genetic Testing for Frontotemporal Dementia</i>						X
GENE.00040	<i>Genetic Testing for CHARGE Syndrome</i>						X
GENE.00042	<i>Genetic Testing for Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy Syndrome</i>				X		X
GENE.00043	<i>Genetic Testing of an Individual's Genome for Inherited Diseases</i>			X	X	X	X
GENE.00044	<i>Analysis of PIK3CA Status in Tumor Cells</i>				X		X
GENE.00046	<i>Prothrombin G20210A (Factor II) Mutation Testing</i>			X	X		X
GENE.00047	<i>Methylenetetrahydrofolate Reductase Mutation Testing</i>				X		X
LAB.00003	<i>In-Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays</i>			X	X		
LAB.00011	<i>Analysis of Proteomic Patterns</i>			X	X		X
LAB.00015	<i>Detection of Circulating Tumor Cells in the Blood as a Prognostic Factor for Cancer</i>			X			
LAB.00019	<i>Serum Markers for Liver Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease</i>			X	X		X
LAB.00025	<i>Topographic Genotyping</i>				X		X
LAB.00028	<i>Serum Biomarker Tests for Multiple Sclerosis</i>				X		X
LAB.00030	<i>Measurement of Serum Concentrations of Tumor Necrosis Factor Antagonist Drugs and Antibodies to Tumor Necrosis Factor Antagonist Drugs</i>				X		X
LAB.00033	<i>Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer</i>			X			
LAB.00034	<i>Serological Antibody Testing For Helicobacter Pylori</i>						
LAB.00035	<i>Multibiomarker Disease Activity Blood Tests for Rheumatoid Arthritis</i>						
MED.00002	<i>Selected Sleep Testing Services</i>			X	X		X



			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
MED.00085	<i>Antineoplaston Therapy</i>						X
MED.00106	<i>Autologous Cellular Immunotherapy for the Treatment of Prostate Cancer</i>	II-144	X	X	X		X
MED.00117	<i>Autologous Cell Therapy for the Treatment of Damaged Myocardium</i>				X		X
MED.00120	<i>Voretigene neparvovec-rzyl (Luxturna™)</i>						X
RAD.00001	<i>Computed Tomography to Detect Coronary Artery Calcification</i>				X		X
RAD.00002	<i>Positron Emission Tomography and PET/CT Fusion</i>	V-27	X	X	X	X	X
RAD.00022	<i>Magnetic Resonance Spectroscopy</i>				X	X	
RAD.00023	<i>Single Photon Emission Computed Tomography (SPECT) Scans for Noncardiovascular Indications</i>			X	X		X
RAD.00036	<i>MRI of the Breast</i>	V-27	X		X		X
RAD.00037	<i>Whole Body Computed Tomography Scanning</i>				X		
RAD.00038	<i>Use of 3D, 4D or 5D Ultrasound in Maternity Care</i>				X		X
RAD.00040	<i>PET Scanning Using Gamma Cameras</i>			X			
RAD.00042	<i>SPECT/CT Fusion Imaging</i>			X			
RAD.00043	<i>Computed Tomography Scans for Lung Cancer Screening</i>				X		
RAD.00044	<i>Magnetic Resonance Neurography</i>						
RAD.00045	<i>Cerebral Perfusion Imaging Using Computed Tomography</i>			X			
RAD.00046	<i>Cerebral Perfusion Studies using Diffusion and Perfusion Magnetic Resonance Imaging</i>						
RAD.00049	<i>Low-Field and Conventional Magnetic Resonance Imaging for Screening, Diagnosing and Monitoring</i>			X	X		X
RAD.00051	<i>Functional Magnetic Resonance Imaging</i>			X	X		X
RAD.00052	<i>Positional MRI</i>						
RAD.00054	<i>MRI of the Bone Marrow</i>				X		X
RAD.00055	<i>Magnetic Resonance Angiography of the Spinal Canal</i>			X	X		X

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
RAD.00063	<i>Magnetization-Prepared Rapid Acquisition Gradient Echo Magnetic Resonance Imaging</i>						
RAD.00064	<i>Myocardial Sympathetic Innervation Imaging with or without</i>			X			
RAD.00066	<i>Multiparametric Magnetic Resonance Imaging Fusion Targeted Prostate Biopsy</i>				X		X
SURG.00011	<i>Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting</i>			X	X		X
SURG.00033	<i>Cardioverter Defibrillators</i>			X	X		X
SURG.00051	<i>Hip Resurfacing</i>				X	X	
SURG.00052	<i>Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy, Percutaneous Intradiscal Radiofrequency Thermocoagulation and Intradiscal Biacuplasty)</i>				X	X	
SURG.00066	<i>Percutaneous Neurolysis for Chronic Neck and Back Pain</i>	IV-95	X		X		X
SURG.00067	<i>Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty</i>			X	X		X
SURG.00070	<i>Photocoagulation of Macular Drusen</i>			X	X		X
SURG.00071	<i>Percutaneous and Endoscopic Spinal Surgery</i>			X	X		X
SURG.00072	<i>Lysis of Epidural Adhesions</i>				X		X
SURG.00092	<i>Implanted Devices for Spinal Stenosis</i>			X			X
SURG.00111	<i>Axial Lumbar Interbody Fusion</i>			X			
SURG.00140	<i>Peripheral Nerve Blocks for Treatment of Neuropathic Pain</i>			X	X		X
SURG.00150	<i>Leadless Pacemaker</i>						
THER-RAD.000	<i>Proton Beam Radiation Therapy</i>				X	X	X
THER-RAD.000	<i>Neutron Beam Radiotherapy</i>			X			
TRANS.00025	<i>Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection</i>			X	X		X