

PROVIDER BULLETIN

PROVIDER INFORMATION



November 1, 2018

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Medical Policies

As previously communicated in Provider Bulletin P53-18, effective December 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is expanding utilization management requirements for the Minnesota Health Care Programs (Families and Children, MNCare and MSC+) and Minnesota Senior Health Options (MSHO). This includes both prior authorization (PA) requirements and the Medical Drug Prior Authorization Program.

As stewards of health care expenditures for members, 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 members, driving quality, safety and affordability.

Effective November 5, 2018, providers will be able to utilize the Precertification Lookup Tool (PLUTO) outside of the Availity portal. This will allow providers to review upcoming prior authorization requirements for outpatient services at a code level and determine potential changes needed within current operations/processes.

The tool will be available via the Amerigroup website at <https://providers.amerigroup.com/Pages/PLUTO.aspx>. Select **Minnesota** for the market drop-down option as of November 5, 2018.

PLUTO will be directly accessible through the new Payer space within Availity as of December 1, 2018 and will continue to be the source Providers should utilize when reviewing prior authorization requirements.

The following updates have been made to the **Medical Policies** previously published via Provider Bulletin P53-18 on October 1, 2018.

The following policies have been archived and are no longer applicable to subscriber claims as of December 1, 2018.

Policy #	Policy name
CG-BEH-14	Intensive In-Home Behavioral Health Services
CG-BEH-15	Activity Therapy for Autism Spectrum Disorders and Rett Syndrome
RAD.00046	Cerebral Perfusion Studies using Diffusion and Perfusion Magnetic Resonance Imaging

The following policies had PA requirements updated. See PLUTO for additional information as of November 5, 2018.

Policy #	Policy name	Medicaid		MSHO		Changed item
		Clinical edit	PA require	Clinical edit	PA require	
GENE.00006	Epidermal Growth Factor Receptor Testing					MSHO: PA not required
GENE.00039	Genetic Testing for Frontotemporal Dementia					MSHO: PA not required
GENE.00040	Genetic Testing for CHARGE Syndrome					MSHO: PA not required
LAB.00003	In-Vitro Chemosensitivity Assays and In-Vitro Chemoresistance Assays	X				Medicaid: PA not required
MED.00099	Electromagnetic Navigational Bronchoscopy	X				Medicaid: PA not required
SURG.00052	Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy, Percutaneous Intradiscal Radiofrequency Thermocoagulation and Intradiscal Biacuplasty)			X		Medicaid: PA not required
BEH.00002	Transcranial Magnetic Stimulation	X				Medicaid and MSHO: PA not required
GENE.00005	BCR-ABL Mutation Analysis					Medicaid and MSHO: PA not required
GENE.00046	Prothrombin G20210A (Factor II) Mutation Testing	X				Medicaid and MSHO: PA not required
GENE.00047	Methylenetetrahydrofolate Reductase Mutation Testing					Medicaid and MSHO: PA not required
TRANS.00025	Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection	X				Medicaid and MSHO: PA not required

The following Medical Policies have transitioned to new policy numbers. The new policies will be in effect as of December 1, 2018, with no changes in clinical criteria from the original policy. Highlighted policies have an applicable Minnesota Department of Human Services (MN DHS) policy for one or more codes within the service category. MN DHS policies are noted within PLUTO where applicable.

New policy #	Policy name	Prior policy #
CG-DME-45	Ultrasound Bone Growth Stimulation	DME.00027
CG-DRUG-103	Botulinum Toxin	DRUG.00006
CG-DRUG-104	Omalizumab (Xolair®)	DRUG.00024
CG-DRUG-105	Abatacept (Orencia®)	DRUG.00040

New policy #	Policy name	Prior policy #
CG-DRUG-106	Brentuximab Vedotin (Adcetris®)	DRUG.00047
CG-DRUG-111	Sebelipase alfa (KANUMA™)	DRUG.00093
CG-DRUG-112	Abaloparatide (Tymlos™) Injection	DRUG.00103
CG-MED-73	Hyperbaric Oxygen Therapy (Systemic/Topical)	MED.00005
CG-MED-74	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	MED.00051
CG-REHAB-11	Cognitive Rehabilitation	MED.00081
CG-MED-75	Medical and Other Nonbehavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome	MED.00107
CG-MED-76	Magnetic Source Imaging and Magnetoencephalography	RAD.00019
CG-SURG-81	Cochlear Implants and Auditory Brainstem Implants	SURG.00014
CG-SURG-82	Bone Anchored and Bone Conduction Hearing Aids	SURG.00020
CG-SURG-83	Bariatric Surgery and Other Treatments for Clinically Severe Obesity (transition from SURG.00024 effective October 31, 2018)	SURG.00024
CG-SURG-84	Mandibular/Maxillary (Orthognathic) Surgery	SURG.00049
CG-SURG-86	Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection	SURG.00054
CG-SURG-87	Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring	SURG.00074
CG-SURG-88	Mastectomy for Gynecomastia	SURG.00085
CG-SURG-89	Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia	SURG.00090
CG-TRANS-03	Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation	TRANS.00018
CG-DRUG-107	Pharmacotherapy for Hereditary Angioedema	DRUG.00058
CG-DRUG-108	Enteral Carbidopa and Levodopa Intestinal Gel Suspension	DRUG.00064
CG-DRUG-109	Asfotase Alfa (Strensiq™)	DRUG.00087
CG-DRUG-110	Naltrexone Implantable Pellets	DRUG.00091
CG-MED-77	SPECT/CT Fusion Imaging	RAD.00042
CG-SURG-85	Hip Resurfacing	SURG.00051