

PROVIDER BULLETIN

PROVIDER INFORMATION



December 1, 2021

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements

Effective February 1, 2022, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be updating its government programs medical policy and pre-authorization/pre-certification/notification lists. The lists clarify medical policy, prior authorization, and notification requirements for the Minnesota Health Care Programs (Families and Children, MinnesotaCare, and Minnesota Senior Care Plus) and Minnesota Senior Health Options (MSHO) products.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive appropriate, quality care while also maintaining overall costs. The prior authorization process ensures that the health service or drug being proposed is medically necessary, and reflective of evidence-based medicine and industry standards, prior to treatment. This process helps us manage the cost and quality of care appropriately for our members.

The following **new** policies and/or prior authorization requirements **will be applicable** to subscriber claims on or after **February 1, 2022**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
CG-SURG-112	Carpal Tunnel Decompression Surgery	Yes	Yes	Yes
CG-SURG-113	Tonsillectomy with or without Adenoidectomy for Adults	Yes	No	No
DME.00043	Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring	Yes	No	No
GENE.00058	TruGraf Blood Gene Expression Test for Transplant Monitoring	Yes	No	No
LAB.00040	Serum Biomarker Tests for Risk of Preeclampsia	Yes	No	No
LAB.00042	Molecular Signature Test for Predicting Response to Tumor Necrosis Factor Inhibitor Therapy	Yes	No	No
OR-PR.00007	Microprocessor Controlled Knee-Ankle-Foot Orthosis	Yes	No	No
ING-CC-0202	Saphnelo (anifrolumab-fnia)	Yes	Yes	Yes
ING-CC-0203	Ryplazim (plasminogen, human-tvmh)	Yes	Yes	Yes

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **February 1, 2022**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-DME-44	Electric Tumor Treatment Field (TTF)	Yes	Yes
CG-MED-64	Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins	Yes	Yes
CG-SURG-15	Endometrial Ablation	No	No
CG-SURG-55	Cardiac Electrophysiological Studies (EPS) and Catheter Ablation	Yes	Yes
CG-SURG-82	Bone-Anchored and Bone Conduction Hearing Aids	Yes	Yes
CG-SURG-90	Mohs Micrographic Surgery	Yes	Yes
LAB.00019	Proprietary Algorithms for Liver Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease	Yes	Yes
SURG.00032	Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention	Yes	Yes
SURG.00121	Transcatheter Heart Valve Procedures	Yes	Yes
SURG.00119	Endobronchial Valve Devices	No	No
SURG.00157	Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis	No	No
ING-CC-0001	Erythropoiesis Stimulating Agents	Yes	Yes
ING-CC-0104	Levoleucovorin Agents	Yes	Yes
ING-CC-0182	Iron Agents	Yes	No
ING-CC-0075	Rituximab Agents for Non-Oncologic Indications	Yes	Yes
ING-CC-0096	Asparagine Specific Enzymes	Yes	Yes
ING-CC-0191	Pepaxto (melphalan flufenamide; melflufen)	Yes	Yes
ING-CC-0193	Evkeeza (evinacumab)	Yes	Yes
ING-CC-0181	Veklury (remdesivir)	No	No
Blue Cross IV-123	Gender Affirming Procedures for Gender Dysphoria	Yes	Yes

The following prior authorization requirements will be removed and **will not be applicable** under the medical benefit plan to subscriber claims on or after **February 1, 2022**. However, the policies will remain in effect.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-SURG-63	Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure	Yes	Yes
RAD.00064	Myocardial Sympathetic Innervation Imaging with or without Single-Photon Emission Computed Tomography (SPECT)	No	Yes

The following policies and/or prior authorization requirements will be archived and **will not be applicable** under the medical benefit plan to subscriber claims on or after **February 1, 2022**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
GENE.00024	DNA-Based Testing for Adolescent Idiopathic Scoliosis	No	No
RAD.00037	Whole Body Computed Tomography Scanning	Yes	Yes

Where do I find the current government programs Pre-Certification/Pre-Authorization/Notification list?

Go to <https://provider.publicprograms.bluecrossmn.com/minnesota-provider/resources/prior-authorization>

OR

Go to providers.bluecrossmn.com

- Under Tools & Resources, select “Minnesota Health Care Programs site”
- Under Resources, select “Prior Authorization Requirements” and scroll down to “Related Information” to select “Prior Authorization Grid”

Where do I find the current government programs Medical Policy Grid?

Go to <https://provider.publicprograms.bluecrossmn.com/minnesota-provider/resources/provider-manuals-and-guides>

- Click on “Medical Policies and UM Guidelines”

OR

Go to providers.bluecrossmn.com

- Under Tools & Resources, select “Minnesota Health Care Programs site”
- Under Resources, select “Manuals and Guides”
- Click on “Medical Policies and UM Guidelines”

Where can I access medical policies?

- **MN DHS (MHCP) Policies:**

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectonMethod=LatestReleased&dDocName=dhs16_157386

- **Blue Cross Policies:**

<https://www.bluecrossmn.com/providers/medical-policy-and-utilization-management>

- **Amerigroup Policies:**

<https://provider.publicprograms.bluecrossmn.com/minnesota-provider/medical-policies-and-clinical-guidelines>

AND

<https://www.anthem.com/pharmacyinformation/clinicalcriteria>

Please note that the Precertification Look-Up Tool (PLUTO) is not available for prior authorization look up.

Questions?

If you have questions, please contact Blue Cross Provider Services at **1-866-518-8448**.