

PROVIDER BULLETIN

PROVIDER INFORMATION



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January 3, 2022

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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

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans Managed by Blue Cross and Blue Shield of Alabama (P3-22, published 1/3/22)

Participating providers are invited to submit for consideration scientific, evidence-based information, professional consensus opinions, and other information supported by medical literature relevant to our draft policies for Coupe Health and self-funded benefit plans managed by Blue Cross and Blue Shield of Alabama.

The draft policies are available for physician comment for 45 days from the posting date found on the document. Make sure your voice is heard by providing feedback directly to us.

How to Submit Comments on Draft Medical Policies

Complete our medical policy feedback form online at <https://mn-policies.exploremyplan.com/portal/web/mn-policies/feedback> or send comments and supporting documentation to us by mail or fax:

Birmingham Service Center
Attn: Health Management - Medical Policy
P.O. Box 10527
Birmingham, AL 35202
Fax: 205-220-0878

Draft Medical Policies

Draft medical policies can be found at [Policies & Guidelines \(exploremyplan.com\)](https://www.exploremyplan.com/policies-guidelines)

Policy #	Policy Title
MP-728	Laser Interstitial Thermal Therapy (LITT) for Neurological Disorders

Policy #	Policy Title
MP-685	Gender Affirming Procedures for Gender Dysphoria
MP-017	Wireless Capsule Endoscopy

Draft Provider-Administered Drug Policies

Draft provider-administered drug policies can be found at [Policies & Guidelines \(exploremyplan.com\)](https://www.bluecrossmn.com/policies-guidelines)

Policy #	Policy Title
PH-9403	Immunoglobulin Therapy
PH-90598	Abecma (idecabtagene vicleucel)
PH-90590	Breyanzi (lisocabtagene maraleucel)
PH-90319	Kymriah (tisagenlecleucel)
PH-90558	Tecartus (brexucabtagene autoleucel)
PH-90333	Yescarta (axicabtagene ciloleucel)

Removal of Prior Authorization Requirement – Effective January 31, 2022

(P2-22, published 1/3/22)

Upon review, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has determined that the following service is now consistently performed in alignment with evidence-based clinical guidelines for commercial and Medicare Advantage subscribers. As a result, Blue Cross will remove the prior authorization requirement to help improve administrative efficiencies for providers.

Products	Criteria	Service	Codes
Commercial	InterQual®	Partial hospitalization	H0035 Revenue Codes: 0912, 0913
Medicare Advantage	Medicare L33626 (A56937)	Psychiatric partial hospitalization	G0176, G0177, G0411, G0129, G0410, 90791, 90792, 90785, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847

Note: Even when prior authorization is not required, coverage depends on the applicable evidence-based coverage criteria.

The above codes will no longer require prior authorization submissions effective January 31, 2022.

Products Impacted

The information in this bulletin applies only to commercial and Medicare Advantage products.

Questions?

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

Request a Prior Authorization Extension for Delayed Procedures (P4-22, published 1/3/22)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is aware that due to limited hospital capacity, non-urgent surgical procedures have been delayed and the prior authorization (PA) may have expired prior to the new date of the procedure. To prevent denials due to expired PAs, Blue Cross has created a process to request a 180-day extension for PAs for delayed surgical procedures that expired in November or December 2021 or will expire in January 2022. Please e-mail the following information to Frontline@bluecrossmn.com to have the end date of the PA(s) extended:

- Member Name

- Member ID
- Member Date of Birth
- HCPCS/CPT Code(s)
- Authorization or Request #, if known
- Line of Business (i.e. Commercial, Medicare Advantage, FEP, MNCare, Minnesota Families and Children, Minnesota Senior Health Options (MSHO))

Use this e-mail address to submit all extension requests for any line of business and also for those reviewed by eviCore. Blue Cross will route the request appropriately. If sending a request for more than one extension, please submit the information on a spreadsheet.

If submitting an extension request for one PA, the information above may be faxed to 651-662-4022 rather than sending via e-mail. Requests for more than one extension, must be submitted via e-mail.

The e-mail address Frontline@bluecrossmn.com is to be used for the purpose described within this bulletin only. Any e-mail sent to this e-mail address for another purpose, or which does not meet the criteria within this bulletin will be returned.

Lines of business impacted: All

Questions?

If you have questions for a member enrolled in a Minnesota Health Care Programs (MHCP) plan, please contact provider services at **1-866-518-8448**. Please contact provider services at **(651) 662-5200** or **1-800-262-0820** for all other questions.

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements (P1-22, published 1/3/22)

Effective March 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 **March 1, 2022**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
MHCP	Urine Drug Testing (addition of HCPCS code G0482 to prior authorization)	No	Yes	Yes

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

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ING-CC-0018	Agents for Pompe Disease (Lumizyme, Nexviazyme)	Yes	Yes
ING-CC-0202	Saphnelo (anifrolumab-fnia)	Yes	Yes
ING-CC-0021	Fabrazyme (agalsidase beta)	Yes	Yes
ING-CC-0017	Xiaflex (collagenase clostridium histolyticum)	Yes	Yes
ING-CC-0023	Naglazyme (galsulfase)	Yes	Yes
ING-CC-0024	Elaprase (idursulfase)	Yes	Yes
ING-CC-0025	Aldurazyme (laronidase)	Yes	Yes
ING-CC-0100	Istodax (romidepsin)	Yes	Yes
ING-CC-0099	Abraxane (paclitaxel, protein bound)	Yes	Yes
ING-CC-0197	Jemperli (dostarlimab-gxly)	Yes	Yes
ING-CC-0061	GnRH Analogs for the Treatment of Non-Oncologic Indications	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&RevisionSelecti onMethod=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**.