

# PROVIDER BULLETIN

## PROVIDER INFORMATION



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**February 1, 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** (P6-22, published 2/1/22)

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)

Policy #	Policy Title
MP-017	Wireless Capsule Endoscopy
MP-719	Surgical Treatments for Lymphedema
MP-745	Radiofrequency Coblation Tenotomy for Musculoskeletal Conditions

## Draft Provider-Administered Drug Policies

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

Policy #	Policy Title
PH-90277	Kanuma (sebelipase alfa)
PH-90305	Radicava (edaravone)
PH-90078	Ranibizumab: Lucentis; Byooviz
PH-90495	Feraheme (ferumoxytol)
PH-90312	Injectafer (ferric carboxymaltose injection)
PH-90524	Monoferric (ferric derisomaltose)
PH-90635	Dextenza (dexamethasone insert)
PH-90634	Susvimo (ranibizumab)
PH-90633	Xipere (triamcinolone acetonide injectable suspension)

## **eviCore Healthcare Specialty Utilization Management (UM) Program – Medical Oncology Drug Prior Authorization Updates (P7-22, published 2/1/22)**

The eviCore Healthcare Utilization Management Program will be making the following updates to the Medical Oncology Current Procedural Terminology (CPT) Prior Authorization (PA) Code List.

The following drug has been added to the Medical Oncology program and will require prior authorization for oncologic reasons **beginning April 1, 2022**.

Drug Name	Brand Name	Code(s)
sirolimus protein-bound particles for injectable suspension [albumin-bound]	Fyarro	C9399, J3490, J3590, J9999

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of CPT codes that require prior authorizations, eviCore clinical guidelines, and other provider resources on the eviCore Implementation Resources website.

### **To view CPT Code lists:**

- Access the ‘Provider Section’ of the Blue Cross website at [providers.bluecrossmn.com](https://www.providers.bluecrossmn.com)
- Select “**See all tools and resources**” under *Tools and Resources*
- Select “**See medical policy and prior authorization info**” under *Medical policy and prior authorization*, read and accept the Blue Cross Medical Policy Statement
- Click on the “**Medical policies**” tab, then scroll down and click on the “**eviCore healthcare clinical guidelines**” link, which is located under *Other evidence-based criteria and guidelines we use and how to access them*

- Select “**Solution Resources**” and then click on the appropriate solution (ex: Medical Oncology)
- Select “**CPT Codes**” to view the current CPT code list that require a prior authorization

### To view Clinical Guidelines:

- Access the ‘Provider Section’ of the Blue Cross website at **providers.bluecrossmn.com**
- Select “**See all tools and resources**” under *Tools and Resources*
- Select “**See medical policy and prior authorization info**” under *Medical policy and prior authorization*, read and accept the Blue Cross Medical Policy Statement
- Click on the “**Medical policies**” tab, then scroll down and click on the “**eviCore healthcare clinical guidelines**” link, which is located under *Other evidence-based criteria and guidelines we use and how to access them*
- Click on the “**Resources**” dropdown in the upper right corner
- Click “**Clinical Guidelines**”
- Select the appropriate solution: i.e., Medical Oncology
- Type “**BCBS MN**” (space is important) in ‘Search by Health Plan’
- Click on the “**Current**”, “**Future**”, or “**Archived**” tab to view guidelines most appropriate to your inquiry.

### Products Impacted

This change only applies to:

- Individual subscribers
- Fully insured commercial subscribers
- Self-insured commercial subscribers (Select Groups)
- Medicare Advantage subscribers

### Prior Authorization Look Up Tool

Providers should use the Prior Authorization Look Up Tool on the Availity Provider Portal to quickly determine if an authorization is required. By entering Member Group Number, Date of Service and Procedure Code, the tool will indicate whether an Authorization is required. If an Authorization is not required, the tool will allow the user to print the results for their records. If an Authorization is required, the user will move directly into the next field in Authorization application to complete the request.

This feature is accessible for lines of business managed by Blue Cross and will advise providers if Blue Cross or eviCore will review the request.

### To access the Prior Authorization Look Up Tool:

1. Log in at **Availity.com/Essentials**
2. Select **Patient Registration**, choose **Authorization & Referrals**, then **Authorizations**
3. Select Payer **BCBSMN**, your Organization, Transaction Type **Outpatient** and you will be redirected to the Authorization Look Up Tool application

### To submit a Prior Authorization (PA) Request to eviCore

Providers submit eviCore PA request via the free [Availity](#) provider portal. There is no cost to the provider for using the portal.

Instructions on how to utilize this portal are found on the Availity website. Providers should reference the eviCore clinical guideline criteria, submit prior authorization requests 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 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.

**If a provider does not obtain a required prior authorization before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.**

### **Questions?**

If you have questions and would like to speak to an eviCore representative call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.

## **eviCore Healthcare Specialty Utilization Management (UM) Program – Sleep Management Clinical Guideline Updates** (P8-22, published 2/1/22)

eviCore has released clinical guideline updates for the Sleep Management program. Guideline updates will become **effective April 1, 2022:**

**Please review all guidelines when submitting a prior authorization request.**

### **Guidelines with substantive changes:**

- Bilevel Positive Airway Pressure – spontaneous mode
- Bilevel Positive Airway Pressure – spontaneous/timed mode
- In-Laboratory Polysomnography – OSA Indications
- Oral Appliances for the Treatment of Obstructive Sleep Apnea
- PSG and Multiple Sleep Latency Testing (MSLT)
- Repeat Titration
- Split Night Study or Two Night Study

Prior authorization request will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of Current Procedural Terminology (CPT) codes that require prior authorization, eviCore clinical guidelines and other provider resources on the eviCore Implementation Resources website.

### **To view CPT Code lists:**

- Access the ‘Provider Section’ of the Blue Cross website at **providers.bluecrossmn.com**
- Select **“See all tools and resources”** under *Tools and Resources*
- Select **“See medical policy and prior authorization info”** under *Medical policy and prior authorization*, read and accept the Blue Cross Medical Policy Statement
- Click on the **“Medical policies”** tab, then scroll down, and click on the **“eviCore healthcare clinical guidelines”** link, which is located under *Other evidence-based criteria and guidelines we use and how to access them*
- Select **“Solution Resources”** and then click on the appropriate solution (ex: Sleep Management)
- Select **“CPT Codes”** to view the current CPT code list that require a prior authorization

### **To view Clinical Guidelines:**

- Access the ‘Provider Section’ of the Blue Cross website at **providers.bluecrossmn.com**
- Select **“See all tools and resources”** under *Tools and Resources*
- Select **“See medical policy and prior authorization info”** under *Medical policy and prior authorization*, read and accept the Blue Cross Medical Policy Statement
- Click on the **“Medical policies”** tab, then scroll down, and click on the **“eviCore healthcare clinical guidelines”** link, which is located under *Other evidence-based criteria and guidelines we use and how to access them*
- Click on the **“Resources”** dropdown in the upper right corner
- Click **“Clinical Guidelines”**
- Select the appropriate solution: i.e., Sleep Management

- Type “**BCBS MN**” (space is important) in ‘Search by Health Plan’
- Click on the “**Current**”, “**Future**”, or “**Archived**” tab to view guidelines most appropriate to your inquiry.

### **Products Impacted**

This change only applies to:

- Individual subscribers
- Fully insured subscribers
- Self-insured commercial subscribers (Select Groups)
- Medicare Advantage subscribers

### **Prior Authorization Look Up Tool**

Providers should use the Prior Authorization Look Up Tool on the Availity Provider Portal to quickly determine if an authorization is required. By entering Member Group Number, Date of Service and Procedure Code, the tool will indicate whether an Authorization is required. If an Authorization is not required, the tool will allow the user to print the results for their records. If an Authorization is required, the user will move directly into the next field in Authorization application to complete the request.

This feature is accessible for lines of business managed by Blue Cross and will advise providers if Blue Cross or eviCore will review the request.

### **To access the Prior Authorization Look Up Tool:**

1. Log in at [Availity.com/Essentials](https://www.availity.com/essentials)
2. Select **Patient Registration**, choose **Authorization & Referrals**, then **Authorizations**
3. Select Payer **BCBSMN**, your Organization, Transaction Type **Outpatient** and you will be redirected to the Authorization Look Up Tool application.

### **To submit a Prior Authorization (PA) Request to eviCore**

Providers submit eviCore PA request via the free [Availity](https://www.availity.com) provider portal. There is no cost to the provider for using the portal.

Instructions on how to utilize this portal are found on the Availity website. Providers should 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 subscriber’s benefit plan. Subscribers benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

**If a provider does not obtain a required prior authorization before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.**

### **Questions?**

If you have questions and would like to speak to an eviCore representative call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday – Friday.

### **New Medical, Medical Drug and Behavioral Health Policy Management Updates — Effective April 4, 2022** (P9-22, published 2/1/22)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding utilization management requirements, including prior authorization (PA) requirements.

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 prior authorization changes will be effective April 4, 2022:**

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-71	Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions <ul style="list-style-type: none"> <li>Ranibizumab biosimilar (Byooviz™)</li> </ul>	No	Continued	Commercial
II-71	Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions <ul style="list-style-type: none"> <li>Ranibizumab injection (Susvimo™)</li> </ul>	No	New	Commercial
IV-73	Rhinoplasty and Septorhinoplasty	No	New	Commercial
IV-162	Balloon Dilatation of the Eustachian Tube	No	New	Commercial, Medicare Advantage

**Products Impacted**

- The information in this bulletin applies only to subscribers who have coverage through Commercial and Medicare Advantage lines of business.

**Submitting a PA Request when Applicable**

- Providers may submit PA requests for any treatment in the above table starting March 28, 2022.**
- Providers must check applicable Blue Cross policy and **attach all required clinical documentation** with the PA request. PA requests will be reviewed when patient-specific, relevant medical documentation has been submitted supporting the medical necessity of the service. Failure to submit required information may result in review delays or a denial of the request due to insufficient information to support medical necessity. 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. To review Blue Cross criteria:
  - Go to [bluecrossmn.com/providers/medical-management](http://bluecrossmn.com/providers/medical-management)
  - Read and accept the Blue Cross Medical Management Disclaimer
  - Select the “Medical policies” tab then “Search Medical Policies” to access policy criteria
- Current and future PA requirements and related clinical coverage criteria can be found using the *Is Authorization Required* tool in the Availity Essentials® portal or at [bluecrossmn.com/providers/medical-management](http://bluecrossmn.com/providers/medical-management) prior to submitting a PA request.
- Prior authorization lists are also updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access the PDF prior authorization lists for all lines of business go to [bluecrossmn.com/providers/medical-management](http://bluecrossmn.com/providers/medical-management).

**Prior Authorization Requests**

- For information on how to submit a prior authorization please go to [bluecrossmn.com/providers/medical-management](http://bluecrossmn.com/providers/medical-management).

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 [bluecrossmn.com/providers/medical-management](http://bluecrossmn.com/providers/medical-management)
- Read and accept the Blue Cross Medical Management Disclaimer
- Select the Medical Policies tab, then click “See Upcoming Medical Policy Notifications”

**Questions?**

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

## MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

### **Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements (P5-22, published 2/1/22)**

Effective April 1, 2022, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be updating its government program’s 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 **April 1, 2022**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
CG-MED-89	Home Parenteral Nutrition	Yes	Yes	Yes

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

Code	Code Description	Policy Source
H0018	Behavioral Health; short-term residential (non-hospital residential treatment program)	MCG Care Guidelines
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton	CG-MED-39



Code	Code Description	Policy Source
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	CG-MED-51
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	CG-MED-51
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Blue Cross V-07
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	AI-05
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	AI-05
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	AI-05
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	AI-05
B9002	Enteral nutrition infusion pump, any type	MHCP
E0445	Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively	MHCP
81420	Fetal chromosomal aneuploidy (e.g., trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	GT-03
81241	F5 (Coagulation Factor V) (e.g., Hereditary Hypercoagulability) Gene Analysis, Leiden Variant	MHCP CG-GENE-13 GT-05
81306	NUDT15 (nudix hydrolase 15) (e.g., drug metabolism) gene analysis, common variant(s) (e.g., *2, *3, *4, *5, *6)	GT-05
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	MHCP GT-06
81270	Jak2 (Janus Kinase 2) (e.g., Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant	GT-06
95805	Multiple Sleep Latency Test, Multiple Trails	SDM-01

Code	Code Description	Policy Source
95807	Sleep Study, Attended	SDM-01
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	SDM-01
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	SDM-01
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	SDM-01
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	IP-04

**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](https://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](https://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&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_157386](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=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**.