

PROVIDER BULLETIN

PROVIDER INFORMATION

February 1, 2022

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

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
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

Code	Code Description	Policy Source
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

Code	Code Description	Policy Source
95805	Multiple Sleep Latency Test, Multiple Trails	SDM-01
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**

- 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&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**.