

# PROVIDER BULLETIN

## PROVIDER INFORMATION



March 1, 2022

### Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans Managed by Blue Cross and Blue Shield of Alabama

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 \(exploremyplan.com\)](#)

Policy #	Policy Title
MP-746	Maternal Serum Biomarkers for Prediction of Adverse Obstetric Outcomes
MP-744	Cryoablation, Radiofrequency Ablation, and Laser Ablation for the Treatment of Chronic Rhinitis
MP-312	Suprachoroidal Delivery of Pharmacological Agents
MP-208	Laparoscopic, Percutaneous, and Transcervical Techniques for the Myolysis of Uterine Fibroids
MP-513	Genetic Testing for Hereditary Breast and/or Ovarian Cancer
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 \(exploremyplan.com\)](#) and [Policies & Guidelines \(exploremyplan.com\)](#)

Policy #	Policy Title
PH-90091	Orencia® (abatacept)
PH-90513	Adakveo® (crizanlizumab-tmca)

PH-90027	Cerezyme® (imiglucerase)
PH-90421	Gamifant™ (emapalumab-lzsg)
PH-90079	Luxturna® (voretigene neparvovec-rzyl)
PH-90512	Scenesse® (afamelanotide)
PH-90525	Tepezza® (teprotumumab-trbw)
PH-90131	Trelstar® (triptorelin)
PH-90105	Elelyso™ (taliglucerase alfa)
PH-90141	VPRIV® (velaglucerase alfa)