PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

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April 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 (P19-22, published 4/1/22)

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)

Policy #	Policy Title
MP-306	Intraoperative Neurophysiologic Monitoring
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

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-9260	Nucala® (mepolizumab)
PH-90006	Aldurazyme® (laronidase)
PH-90299	Brineura (cerliponase alfa)
PH-90034	Elaprase® (idursulfase)
PH-90061	Hyaluronic Acid Derivatives: Durolane®, Euflexxa™, Gel-One®, GelSyn-3™, GenVisc 850®, Hyalgan™, Hymovis®, Monovisc®, Orthovisc™, Supartz/Supartz FX™, Synvisc™, Synvisc-One™, Triluron™, TriVisc™, VISCO-3™, & sodium hyaluronate 1%
PH-90104	Infliximab: Remicade®; Inflectra™; Renflexis™; Avsola™
PH-90277	Kanuma™ (sebelipase alfa)
PH-90079	Lumizyme® (alglucosidase alfa)
PH-90346	Mepsevii™ (vestronidase alfa-vjbk)
PH-90084	Naglazyme® (galsulfase)
PH-90615	Nexviazyme™ (avalglucosidase alfa-ngpt)
PH-90089	Nplate® (romiplostim)
PH-90190	Vimizim® (elosulfase alfa)
PH-9405	Onasemnogene Abeparvovec (Zolgensma)
PH-90652	Leqvio® (inclisiran)
PH-09650	Tezspire™ (tezepelumab-ekko)
PH-90649	Vyvgart™ (efgartigimod alfa-fcab)

Medical Drug Management Update – Infliximab Prior Authorization and Preferred Product Expansion to Include Unbranded Infliximab (P21-22, published 4/1/22)

Effective May 30, 2022, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding prior authorization (PA) requirements and the preferred medical drug program to include unbranded infliximab.

As stewards of healthcare expenditures for our subscribers, Blue Cross is charged with ensuring members receive the highest quality, evidence-based care. This is accomplished through management of medical 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. When multiple versions of the same drug exist, Blue Cross may decide to cover only certain versions of the drug after completing a review of the drugs.

Blue Cross medical policy II-97 for infliximab will be updated to add unbranded infliximab as a preferred infliximab product, in addition to Remicade, Inflectra, and Renflexis, when infliximab is deemed medically necessary per policy II-97. This preferred product change applies to commercial subscribers. With this policy update, the Commercial Preferred Medical Drug Program List will be updated.

Blue Cross medical policy II-247 for Medicare Advantage Part B Step Therapy will also be updated to add unbranded infliximab to preferred products Remicade, Inflectra, and Renflexis, when infliximab is deemed medically necessary per Medicare policy. This preferred product change applies to Medicare Advantage subscribers.

The following prior authorization and preferred product changes will be effective May 30, 2022:

Policy #	Policy Title/ Service	Preferred Products	Prior Authorization Requirement	Line(s) of Business
II-97	Infliximab	Remicade, Inflectra, Renflexis, unbranded infliximab	New for unbranded infliximab Continued for Remicade, Inflectra, and Renflexis	Commercial
II-247 & L33394	Medicare Advantage Part B Step Therapy & Coverage of Drugs and Biologicals for Label and Off-Label Uses	Remicade, Inflectra, Renflexis, unbranded infliximab	New for unbranded infliximab Continued for Remicade, Inflectra, and Renflexis	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 unbranded infliximab starting May 23, 2022.**
- Prior to submitting a PA request, providers must check the 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 applicable policy criteria. To review Blue Cross criteria:
    - Go to bluecrossmn.com/providers/medical-management
    - Read and accept the Blue Cross Medical Management Disclaimer
- 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 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.

Prior Authorization Requests

For information on how to submit a prior authorization please go to 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
- 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**.

eviCore Healthcare Specialty Utilization Management (UM) Program – Medical Oncology Drug Prior Authorization Updates (P22-22, published 4/1/22)

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 drugs have been added to the Medical Oncology program and will require prior authorization for oncologic reasons **beginning June 1, 2022.**

Drug	Code(s)
cyclophosphamide / Cyclophosphamide (AuroMedics)	J9071
filgrastim-ayow / Releuko	C9399, J3490, J3590, J9999
lanreotide	C9399, J3490, J3590, J9999

The following drugs are awaiting regulatory approval. When approved, the drugs will automatically be added to the PA list for oncologic reasons effective immediately. CPT codes will be assigned closer to the approval date.

Drug
EG12014 (Herceptin biosimilar)
TX05 (Herceptin biosimilar)
filgrastim kashiv (Neupogen biosimilar)
Grastofil (Neupogen biosimilar)
relatimab
sintilmab / Tyvyt
toripalimab / Tuoyi

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**
- 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 – Cardiology and Radiology Clinical Guideline Updates (P23-22, published 4/1/22)

eviCore has released clinical guideline updates for the Cardiology & Radiology program. Guideline updates will become **effective June 1, 2022**:

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- Cardiac Imaging Guidelines

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**
- 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: Cardiology & Radiology)
- 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., Cardiology & Radiology
- 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

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Update: eviCore Healthcare Specialty Utilization Management (UM) Program – Medical Oncology Drug Prior Authorization Updates (P24-22, published 4/1/22)

The information in this Bulletin updates Provider Bulletin P78-21, published on 12/1/2021. When FDA approved, the drug BEVZ92 will go by the brand name Alymsys. All other information remains the same.

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

The following drugs are awaiting regulatory approval. When approved, the drugs will automatically be added to the PA list for oncologic reasons effective immediately. CPT codes will be assigned closer to the approval date.

Drug
balstilmab
Aybintio SB (Avastin biosimilar)
BAT-1706 (Avastin biosimilar)
BEVZ92 / Alymsys (Avastin biosimilar)
IBI305 / Byvasda (Avastin biosimilar)
HD204 (Avastin biosimilar)
efbemalenograstim alfa / Ryzneuta
TX-01 (Neupogen biosimilar)
Lupfil-P (Neulasta biosimilar)
penpulimab
plinabulin
HD201 (Herceptin biosimilar)
trastuzumab derutecan / DS-8201
ublituximab
JZP-458

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:

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This change only applies to:

- Individual subscribers
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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.

New Medical, Medical Drug and Behavioral Health Policy Management Updates — Effective June 6, 2022 (P20-22, published 4/1/22)

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 June 6, 2022:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
L37808	Water Vapor Thermal Therapy for Benign Prostatic Hyperplasia (LUTS/ BPH)	No	Removed	Medicare Advantage
L33394	Drugs and Biologicals, Coverage of, for Label and Off-Label Uses • Efgartigimod alfa (Vyvgart™) • Cipaglucosidase alfa*	No	New	Medicare Advantage
II-258	Inclisiran (Leqvio®)	Yes	New	Commercial
II-259	Tezepelumab (Tezspire™)	Yes	New	Commercial
II-260	Efgartigimod alfa (Vyvgart™)	Yes	New	Commercial
II-173	Accepted Indications for Medical Drugs Which are not Addressed by a Specific Medical Policy • Cipaglucosidase alfa*	No	New	Commercial

*PA will be required upon FDA approval.

Products Impacted

- The information in this bulletin applies <u>only</u> 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 May 30, 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
  - 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 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.

Prior Authorization Requests

- For information on how to submit a prior authorization please go to 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
- 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 (P17-22, published 4/1/22)

Effective June 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 **June 1, 2022**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
ING-CC-0205	Fyarro (sirolimus albumin bound)	Yes	Yes	Yes
ING-CC-0207	Vyvgart (efgartigimod alfa-fcab)	Yes	Yes	Yes
ING-CC-0209	Leqvio (inclisiran)	Yes	Yes	Yes

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

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
ING-CC-0018	Agents for Pompe Disease (Lumizyme, Nexviazyme)	Yes	Yes
ING-CC-0102	Gonadotropin Releasing Hormone (GnRH) Analogs for Oncologic Indications	Yes	Yes
ING-CC-0168	Tecartus (brexucabtagene autoleucel)	Yes	Yes
ING-CC-0190	Nulibry (fosdenopterin)	Yes	Yes
ING-CC-0185	Oxlumo (lumasiran)	Yes	Yes
AI-03	Advanced Oncologic Imaging • PET Imaging for Oncologic Indications	Yes	Yes
AI-05	Advanced Imaging of the Heart • Cardiac CT with Quantitative Evaluation of Coronary Calcification • Cardiac MRI • Myocardial Perfusion Imaging • Cardiac Blood Pool Imaging	Yes	Yes
IP-01	Interventional Pain – Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	Yes	Yes
IP-02	Interventional Pain – Paravertebral Facet Injection/Medial Branch Nerve Block/Neurolysis	Yes	Yes
IP-03	Interventional Pain – Regional Sympathetic Nerve Block	Yes	Yes
IP-04	Interventional Pain – Sacroiliac Joint Injection	No	No
IP-05	Interventional Pain – Spinal Cord and Nerve Root Stimulators	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&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**.

Non-Covered Procedure Codes for Minnesota Health Care Programs (P18-22, published 4/1/22)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has identified a limited number of procedure codes that are not eligible for reimbursement for Minnesota Health Care Programs (MHCP) member's claims. Non-covered codes are those listed as Fact Code 4 on the Department of Human Services' published fee schedule which can be found at:

https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/billing/fee-schedule/

Effective with claims processed beginning on May 1, 2022, edits will be implemented resulting in denials for these procedure codes as non-covered under the benefit set. Providers that have agreements identifying specific codes for reimbursement should continue to submit the code(s) for appropriate claims adjudication.

Products Impacted:

- Blue Advantage Families and Children (F&C)
- Minnesota Senior Care Plus (MSC+)
- SecureBlue (MSHO)
- MinnesotaCare (MNCare)

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