PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

WHAT'S INSIDE: **May 2, 2022**

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**

CONTRACT UPDATES

Update: Modifier -52, -CO and -CQ Reimbursement Changes–Effective July 1, 2022

(P25-22, published 5/2/22)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be implementing changes related to modifier -52, -CO and -CQ reimbursement.

Modifier -52 Fee Schedule Reduction

Effective July 1, 2022, Blue Cross will be begin reimbursing procedure codes billed with a -52 modifier at the lesser of 50% of the physician fee schedule allowance or charge submitted for the following lines of business:

- Commercial
- Federal Employee Program (FEP)
- Medicare Advantage
- Medicare Platinum Blue

The Reimbursement Policy, General Coding – 003 Coding Edits will be updated to reflect this change.

Modifier -CO and -CQ Fee Schedule Reduction

Effective July 1, 2022, Blue Cross will be implementing a 15% reduction in the allowed amount for services modified with CO or CQ modifier for professional providers for commercial lines of business.

For Medicare lines of business, effective January 1, 2022, Blue Cross implemented a 15% reduction in the allowed amount for services modified with CO or CQ modifier for professional and facility providers to comply with requirements of the Centers for Medicare & Medicaid Services (CMS).

The Reimbursement Policy, Rehabilitative Services – 004 Physical, Occupational and Speech Therapy Modalities and Evaluation will be updated to reflect these changes.

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

2022 Renewal Changes Summary for Aware Professional Providers

(P27-22, published 5/2/22)

The purpose of this Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Cross) Bulletin is to communicate changes to the 2022 Aware Provider Service Agreement (Agreement) being made as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. A minor clarification to the Agreement effective July 1, 2022, is detailed below.

Provider Service Agreement Changes:

Article IV.D. Provider Payment. The Minnesota Health Care Programs (MHCP) payment provision has been further clarified to reflect that payment for MHCP services will not exceed the billed amount, which is in alignment with DHS requirements and Blue Cross reimbursement.

> Minnesota Health Care Programs. For those Health Services provided to Minnesota Health Care Programs Subscribers, Blue Cross will pay Provider for Health Services at 100% of the Blue Cross Medical assistance fee schedule as determined by Blue Cross not to exceed the Provider's Regular Billed Charge.

No changes have been made to the Medicare Amendment.

Disclosure of Ownership
A Disclosure of Ownership form must be submitted once **annually** to Blue Cross, per Minnesota Department of Human Services requirements. The form is located at https://www.bluecrossmn.com/providers/forms-and-publications (enter "Disclosure of Ownership and Management Information Form" in the Search bar). Email the completed form and any questions to: DisclosureStatement@bluecrossmn.com

Questions?
If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**. If you would like to receive a comprehensive copy of the July 1, 2022 renewal Agreement, please email your request to: Request.Contract.Renewal@bluecrossmn.com

2022 Renewal Changes Summary for Suppliers of Durable Medical Equipment

(P28-22, published 5/2/22)

The purpose of this Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Cross) Bulletin is to communicate changes to the 2022 Provider Service Agreement with Suppliers of Durable Medical Equipment (Agreement) being made as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. Only minor changes and clarifications to the Agreement were made effective July 1, 2022, with no material changes made for 2022.

Language Changes:

No material changes have been made to the 2022 Provider Service Agreement for Suppliers of Durable Medical Equipment.

No changes have been made to the Medicare Amendment.

Disclosure of Ownership
A Disclosure of Ownership form must be submitted once **annually** to Blue Cross, per Minnesota Department of Human Services requirements. The form is located at https://www.bluecrossmn.com/providers/forms-and-publications (enter "Disclosure of Ownership and Management Information Form" in the Search bar). Email the completed form and any questions to: DisclosureStatement@bluecrossmn.com

Questions?
If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**. If you would like to receive a comprehensive copy of the July 1, 2022 renewal Agreement, please email your request to: Request.Contract.Renewal@bluecrossmn.com

2022 Renewal Changes Summary for Blue Plus Referral Health Professional Providers

(P29-22, published 5/2/22)

The purpose of this Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Plus) Bulletin is to communicate changes to the 2022 Blue Plus Referral Health Professional Provider Service Agreement (Agreement) being made as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. A minor clarification to the Agreement effective July 1, 2022, is detailed below.

Provider Service Agreement Changes:

Article IV.D. Provider Payment. The Minnesota Health Care Programs (MHCP) payment provision has been further clarified to reflect that payment for MHCP services will not exceed the billed amount, which is in alignment with DHS requirements and Blue Plus reimbursement.

> Minnesota Health Care Programs. For those Health Services provided to Minnesota Health Care Programs Subscribers, Blue Plus will pay Provider for Health Services at 100% of the Blue Plus Medical assistance fee schedule as determined by Blue Plus not to exceed the Provider's Regular Billed Charge.

No changes have been made to the Medicare Amendment.

Disclosure of Ownership
A Disclosure of Ownership form must be submitted once **annually** to Blue Plus, per Minnesota Department of Human Services requirements. The form is located at https://www.bluecrossmn.com/providers/forms-and-publications (enter "Disclosure of Ownership and Management Information Form" in the Search bar). Email the completed form and any questions to: DisclosureStatement@bluecrossmn.com

Questions?
If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**. If you would like to receive a comprehensive copy of the July 1, 2022 renewal Agreement, please email your request to: Request.Contract.Renewal@bluecrossmn.com

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

eviCore Healthcare Specialty Utilization Management (UM) Program – Medical Oncology Drug Prior Authorization Updates (P30-22, published 5/2/22)

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 July 1, 2022.**

Drug	Code(s)
nivolumab and relatlimab-rmbw / Opdualag	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
teclistamab

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 **bluecrossmn.com/providers**
- 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 **bluecrossmn.com/providers**
- 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 - Laboratory Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers (P31-22, published 5/2/22)

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

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- Flow Cytometry
- Investigational and Experimental Laboratory Testing
- Human Platelet and Red Blood Cell Antigen Genotyping
- Neurofibromatosis Type 1 Genetic Testing
- Spinal Muscular Atrophy Testing

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 **bluecrossmn.com/providers**
- 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: Laboratory 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 **bluecrossmn.com/providers**
- 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., Laboratory 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 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:

4. Log in at **Availity.com/Essentials**
5. Select **Patient Registration**, choose **Authorization & Referrals**, then **Authorizations**
6. 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.

Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans managed by Blue Cross and Blue Shield of Alabama (P32-22, published 5/2/22)

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-747	Uterus Transplantation for Absolute Uterine Factor Infertility
MP-306	Intraoperative Neurophysiologic Monitoring

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-90120	Synagis® (palivizumab)
PH-90183	Levoleucovorin: Fusilev®; Khapzory™
PH-90131	Trelstar® (triptorelin)

PH-90660	Enjaymo™ (sutimlimab)
PH-90659	Vabysmo™ (faricimab)

New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective July 4, 2022 (P33-22, published 5/2/22)

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 July 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 • Faricimab (Vabysmo™)	No	New	Commercial
IV-164	Perirectal Spacer for Use During Radiotherapy for Prostate Cancer	No	New	Commercial
L37485	Prostate Rectal Spacers	No	New	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 June 27, 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 prior authorization and medical policy requirements (P26-22, published 5/2/22)

Effective July 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 subscribers.

The following **new** policies and/or prior authorization requirements **will be applicable** to subscriber claims on or after **July 1, 2022**:

Policy #	Policy name	New policy	Prior authorization required	
			Medicaid	MSHO
CG-MED-41	Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting	Yes	No	No

The following prior authorization requirements will be removed and **will not be applicable** under the medical benefit plan to subscriber claims on or after **July 1, 2022.** However, the policy will remain in effect:

Policy #	Policy name	Prior authorization required	
		Medicaid	MSHO
MHCP	General Anesthesia for Dental Procedures	Yes	Yes

The following policies have transitioned to new policy numbers, with changes in clinical criteria, and **will be applicable** to subscriber claims on or after **July 1, 2022**:

New policy #	Prior policy #	Policy name	Prior authorization required	
			Medicaid	MSHO
ING-CC-0028	MHCP	Benlysta (belimumab)	Yes	Yes
MHCP	MHCP; CG-DME-20	Orthopedic Footwear	Yes	Yes

Where do I find the current government program's *Precertification/Preauthorization/Notification List*?

- Go to **https://provider.publicprograms.bluecrossmn.com/docs/inline/MNMN_CAID_PriorAuthorizationList.pdf?v=202203311948**.

OR

- Go to **bluecrosssmn.com/providers** > Tools & Resources > Minnesota Health Care Programs site > Prior Authorization > *Prior Authorization List*.

Where do I find the current government program's *Medical Policy Grid*?

- Go to **https://provider.publicprograms.bluecrossmn.com/docs/gpp/MNMN_CAID_MedicalPolicyGrid.pdf?v=202203311949**.

OR

- Go to **bluecrosssmn.com/providers** > Tools & Resources > Minnesota Health Care Programs site > Resources > Manuals and Guidelines > Medical Policies and Clinical UM Guidelines > *Medical Policy Grid*.

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** is not available for prior authorization look up.

Questions?

If you have questions, please contact Blue Cross Provider Services at **866-518-8448**.