

# PROVIDER BULLETIN

## PROVIDER INFORMATION



June 1, 2022

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## ADMINISTRATIVE UPDATES

### Reminder: Medicare Requirements for Reporting Provider Demographic Changes

*(Article is each month in compilation of Bulletins)*

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 as indicated below:

**Fax: 651-662-6684, Attention: Provider Data Operations**

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## MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

### REVISION to eviCore Healthcare Specialty Utilization Management (UM) Program Laboratory Management Clinical Guideline Updates | P31R1-22, published 6/1/22

**Revision: Blue Cross is revising Provider Bulletin P31-22, published on 5/2/2022, to provide clarification regarding lines of business (LOB) that will be impacted when eviCore releases their clinical guideline updates for the Lab Management program. This update will now impact select self-insured groups that have chosen to include eviCore in their group renewals after January 1, 2022 (see Provider Bulletin P62-21 for details related to self-insured groups).**

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 [providers.bluecrossmn.com](http://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: 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 [providers.bluecrossmn.com](http://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., 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:

1. Log in at [Availity.com/Essentials](http://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.

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## Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans managed by Blue Cross and Blue Shield of Alabama | P35-22, published 6/1/22

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. At the conclusion of the 45 days, policies will go into effect. 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](https://mn-policies.exploremyplan.com/portal/web/mn-policies/feedback) 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://mn-policies.exploremyplan.com)

Policy #	Policy Title
MP-747	Uterus Transplantation for Absolute Uterine Factor Infertility
MP-168	Cardioverter Defibrillators: Implantable
MP-557	Cardioverter Defibrillators: Wearable or External
MP-561	Transcatheter Mitral Valve Repair
MP-748	Remote Electrical Neuromodulator for Migraines

**New Medical, Medical Drug and Behavioral Health Policy Management Updates | P37-22,**  
published 6/1/22

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 August 1, 2022:**

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-262	Ciltacabtagene autoleucel (Carvykti™)	Yes <i>(Moving from policy II-174)</i>	New	Commercial
II-263	Sutimlimab (Enjaymo™)	Yes <i>(Moving from policy II-173)</i>	Continued	Commercial
II-241	Peanut Allergy Therapy • Peanut allergy powder (Palforzia®)	No	Removed	Commercial and Medicare Advantage
II-241	Peanut Allergy Therapy • Peanut allergy patch (Viaskin Peanut®)	No	Removed	Commercial
L33394	Drugs and Biologicals, Coverage of, for Label and Off-Label Uses • Peanut allergy patch (Viaskin Peanut®)	No	Removed	Medicare Advantage
L33394	Drugs and Biologicals, Coverage of, for Label and Off-Label Uses • Olipudase alfa* • Betibeglogene autotemcel*	No	New	Medicare Advantage
II-173	Accepted Indications for Medical Drugs Which are not Addressed by a Specific Medical Policy • Olipudase alfa*	No	New	Commercial

\*PA will be required upon FDA approval.

**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 July 25, 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 | P34-22, published 6/1/22

Effective August 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 **August 1, 2022**.

Policy #	Policy name	New policy	Prior authorization required	
			MHCP	MSHO
CG-GENE-14	Gene Mutation Testing for Cancer Susceptibility and Management	Yes	Yes	Yes

Policy #	Policy name	New policy	Prior authorization required	
			MHCP	MSHO
CG-GENE-15	Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis	Yes	Yes	Yes
CG-GENE-16	BRCA Genetic Testing	Yes	Yes	Yes
LAB.00043	Immune Biomarker Tests for Cancer	Yes	No	No
LAB.00044	Saliva-based Testing to Determine Drug-Metabolizer Status	Yes	No	No
RAD.00067	Quantitative Ultrasound for Tissue Characterization	Yes	No	No
MHCP	Susvimo (ranibizumab)	Yes	Yes	Yes
TRANS.00038	Thymus Tissue Transplantation	Yes	Yes	Yes
ING-CC-0211	Kimmtrak (tebentafusp-tebn)	Yes	Yes	Yes
ING-CC-0210	Enjaymo (sutimlimab-jome)	Yes	Yes	Yes
ING-CC-0212	Tezspire (tezepelumab-ekko)	Yes	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 **August 1, 2022**.

New policy #	Prior policy #	Policy name	Prior authorization required	
			MHCP	MSHO
CG-MED-40	CG-MED-44	External Ambulatory Cardiac Monitors	No	No
CG-GENE-13	CG-GENE-09 GENE.00003	Genetic Testing for Inherited Diseases	Yes	Yes
LAB.00046	GENE.00003	Testing for Biochemical Markers for Alzheimer's Disease	No	No

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

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
CG-GENE-19	Measurable Residual Disease Assessment in Lymphoid Cancers Using Next Generation Sequencing	Yes	Yes
CG-MED-45	Transrectal Ultrasonography	No	No
CG-MED-46	Electroencephalography and Video Electroencephalographic Monitoring	Yes	Yes
CG-SURG-36	Adenoidectomy	No	No
CG-SURG-86	Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection	Yes	Yes
GENE.00052	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Yes	Yes
MED.00104	Non-invasive Measurement of Advanced Glycation End Products (AGEs) in the Skin	No	No
SURG.00011	Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting	Yes	Yes
SURG.00036	Fetal Surgery for Prenatally Diagnosed Malformations	Yes	Yes
SURG.00096	Surgical and Ablative Treatments for Chronic Headaches	No	No
SURG.00154	Microsurgical Procedures for the Prevention or Treatment of Lymphedema	No	No
TRANS.00004	Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)	No	No
ING-CC-0099	Abraxane (paclitaxel, protein bound)	Yes	Yes
ING-CC-0118	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra, Zevalin)	Yes	Yes
ING-CC-0112	Xofigo (Radium Ra 223 Dichloride)	Yes	Yes



Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
ING-CC-0122	Arzerra (ofatumumab)	Yes	Yes
ING-CC-0109	Zaltrap (ziv-aflibercept)	Yes	Yes
ING-CC-0120	Kyprolis (carfilzomib)	Yes	Yes
ING-CC-0126	Blincyto (blinatumomab)	Yes	Yes
ING-CC-0097	Vidaza (azacitidine)	Yes	Yes
ING-CC-0090	Ixempra (ixabepilone)	Yes	Yes
ING-CC-0110	Perjeta (pertuzumab)	Yes	Yes
ING-CC-0115	Kadcyla (ado-trastuzumab)	Yes	Yes
ING-CC-0108	Halaven (eribulin)	Yes	Yes
ING-CC-0067	Prostacyclin Infusion and Inhalation Therapy	Yes	Yes
ING-CC-0164	Jelmyto (mitomycin gel)	Yes	Yes
ING-CC-0177	Zilretta (triamcinolone acetonide extended-release)	Yes	Yes
ING-CC-0186	Margenza (margetuximab-cmkb)	Yes	Yes
ING-CC-0072	Vascular Endothelial Growth Factor (VEGF) Inhibitors (Avastin, Macugen, Mvasii, Vabysmo, and Zirabev only)	Yes	Yes
Blue Cross V-07	MRI of the Breast	No	No

The following policies and/or prior authorization requirements will be archived and **will not be applicable** under the medical benefit plan to subscriber claims on or after **August 1, 2022**.

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
GT-01	Genetic Testing for Hereditary Cancer Susceptibility	Yes	Yes
GT-06	Molecular Testing of Solid and Hematologic Tumors	Yes	Yes
CG-GENE-09	Genetic Testing for CHARGE Syndrome	No	No
CG-MED-44	Holter Monitors	No	No
GENE.00003	Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease	Yes	Yes

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

Code	Code description	Policy source
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	GT-03
C8937	Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	Blue Cross V-07
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	Blue Cross V-07
C8906	Magnetic resonance imaging with contrast, breast; bilateral	Blue Cross V-07
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	Blue Cross V-07
C8903	Magnetic resonance imaging with contrast, breast; unilateral	Blue Cross V-07
77048	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; unilateral	Blue Cross V-07
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Blue Cross V-07
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Blue Cross V-07
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	AI-05
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	AI-05
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	AI-05
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	AI-05

Code	Code description	Policy source
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	AI-05
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	AI-05
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	AI-05
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	AI-05
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	AI-05
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	AI-05
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	AI-05
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	AI-05
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material	AI-05

### MCG Care Guidelines 26th Edition

Effective **September 1, 2022**, Amerigroup will upgrade to the 26th edition of MCG care guidelines for the following modules: Inpatient & Surgical Care (ISC). The below tables highlight new guidelines and changes.

Updates marked with an asterisk (\*) notate that the criteria may be perceived as more restrictive.

#### Goal length of stay (GLOS) for inpatient & surgical care (ISC)

Guideline	MCG code	25th edition GLOS	26th edition GLOS
*Aortic Valve Replacement, Transcatheter	S-1320 [W0133]	2 days postoperative	1 day postoperative
*Apnea, Neonatal (Non-Preterm Infants)	P-15	3 days	2 days
*Renal Failure, Chronic	M-325	3 days	2 days
*Subarachnoid Hemorrhage, Nonsurgical Treatment	M-79	4 days	3 days
*Craniotomy, Supratentorial	S-410	3 days postoperative	2 days postoperative

<b>Guideline</b>	<b>MCG code</b>	<b>25th edition GLOS</b>	<b>26th edition GLOS</b>
*Ankle Fracture, Closed, Open Reduction, Internal Fixation (ORIF)	S-100	Ambulatory or 1 day postoperative	Ambulatory
*Hip Arthroplasty	S-560 [W0105]	Ambulatory or 2 days postoperative	Ambulatory or 1 day postoperative
*Humerus Fracture, Closed or Open Reduction	S-632	Ambulatory or 1 day postoperative	Ambulatory
*Knee Arthroplasty, Total	S-700 [W0081]	Ambulatory or 2 days postoperative	Ambulatory or 1 day postoperative
*Lumbar Laminectomy	S-830 [W0100]	Ambulatory or 1 day postoperative	Ambulatory
*Nephrectomy	S-870	3 days postoperative	2 days postoperative
*Prostatectomy, Radical	S-960	1 day postoperative	Ambulatory or 1 day postoperative
Dehydration	M-123	1 day	2 days
Esophageal Disease	M-550	1 day	2 days
Gastritis and Duodenitis	M-560	1 day	2 days
Pneumothorax, Neonatal	P-355	2 days	3 days
Seizure	M-327	1 day	2 days
Back Pain	M-63	1 day	2 days

**New guidelines for inpatient & surgical care (ISC)**

<b>Body system</b>	<b>Guideline title</b>	<b>MCG - code</b>
Hospital-at-Home	Cellulitis: Hospital-at-Home	M-70-HaH
Hospital-at-Home	Chronic Obstructive Pulmonary Disease: Hospital-at-Home	M-100-HaH
Hospital-at-Home	Heart Failure: Hospital-at-Home	M-190-HaH
Hospital-at-Home	Pneumonia: Hospital-at-Home	M-282-HaH
Hospital-at-Home	Urinary Tract Infection (UTI): Hospital-at-Home	M-300-HaH
Observation Care	Pancreatitis: Observation Care	OC-065
Observation Care	Renal Failure, Acute: Observation Care	OC-066
Observation Care	Stroke: Ischemic: Observation Care	OC-067

For questions, please contact the provider service number on the back of the member's ID card.

### Where do I find the current government programs *Precertification/Preauthorization/Notification List*?

- Go to [https://provider.publicprograms.bluecrossmn.com/docs/inline/MNMN\\_CAID\\_PriorAuthorizationList.pdf?v=202203311948](https://provider.publicprograms.bluecrossmn.com/docs/inline/MNMN_CAID_PriorAuthorizationList.pdf?v=202203311948).

or

- Go to [bluecrossmn.com/providers](https://www.bluecrossmn.com/providers) > Tools & Resources > Minnesota Health Care Programs site > Prior Authorization > *Prior Authorization List*.

### Where do I find the current government programs *Medical Policy Grid*?

- Go to [https://provider.publicprograms.bluecrossmn.com/docs/gpp/MNMN\\_CAID\\_MedicalPolicyGrid.pdf?v=202203311949](https://provider.publicprograms.bluecrossmn.com/docs/gpp/MNMN_CAID_MedicalPolicyGrid.pdf?v=202203311949).

or

- Go to [bluecrossmn.com/providers](https://www.bluecrossmn.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](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 1-866-518-8448.