

PROVIDER BULLETIN

PROVIDER INFORMATION

June 1, 2022

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

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
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

Policy #	Policy name	New policy	Prior authorization required	
			MHCP	MSHO
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

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
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
ING-CC-0123	Cyramza (ramucirumab)	Yes	Yes
ING-CC-0121	Gazyva (obinutuzumab)	Yes	Yes
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	Blinicyto (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

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
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

Guideline	MCG code	25th edition GLOS	26th edition GLOS
*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)

Body system	Guideline title	MCG - code
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.

or

- Go to 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.

or

- Go to 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
- 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.