PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

July 1, 2022

WHAT'S INSIDE:

L08R04 (12/13)

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**

CONTRACT UPDATES

Update: Modifier -52, -CO and -CQ Reimbursement Changes Effective July 1, 2022 | P25R1-22, published 7/1/22

Revision: Blue Cross is revising Provider Bulletin P25-22, published on 04/28/22, to exclude Medicare Advantage and Medicare Platinum Blue from the Modifier 52 reduction.

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)

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**.

Notice of Admission (NOA) Claims Required for Home Care Claims Effective January 1, 2022 | P79R1-21, published 7/1/22

Revision: Blue Cross is revising Provider Bulletin P79-21, published on 12/1/2021, to provide clarification regarding Medicare lines of business (LOB) that are impacted by changes made from the Centers for Medicare and Medicaid Services (CMS) and home care claims. This update identifies more specific billing instructions in relation to the notice of admission claims involved in these services, and better aligns with Medicare guidance.

In order to align with new requirements published by the Centers for Medicare & Medicaid Services (CMS) for home health agencies, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be requiring a Notice of Admission (NOA) claim with type of bill 32A effective with episodes of care for dates of service January 1, 2022, and after.

Blue Cross is requiring a NOA claim be submitted for all Medicare-eligible Home Care services rendered to Medicare members. CMS only requires 1 NOA for any series of Home Health Periods of Care beginning with admission to home care and ending with discharge. Once you report a discharge to Medicare, you must send a new NOA before you submit any additional claims.

Blue Cross will not require the correct HIPPS code to be submitted on the NOA claim. Final episode of care claim submission must include the correct HIPPS code in order to reimburse correctly.

Blue Cross will not immediately apply a penalty or reduction in reimbursement for non-timely NOA claim submissions, however, penalties may be enforced in the future. Blue Cross will provide a follow-up publication notifying providers when penalties will be enforced.

Products Impacted
This change applies to members enrolled with Medicare Advantage and Minnesota Senior Health Options (MSHO) coverage.

Questions?
If you have questions for a member enrolled in a Medicare Advantage product, please contact provider services at **(651) 662-5200** or **1-800-262-0820**. If you have questions for a member enrolled in MSHO, please contact provider services at **1-866-518-8448**.

Mental Health and Substance Use Disorder Provider Survey | P42-22, published 7/1/22

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is notifying all participating Mental Health and Substance Use Disorder providers of an important required survey they will soon receive.

Survey
The information collected in the **Mental Health and Substance Use Disorder Provider Survey** will be used to help Subscribers make informed choices, and to ensure that our network of behavioral health and substance use disorder providers meets the needs of our Subscribers. The survey also includes a section on validation of demographic data, per provider, which allows Blue Cross to supply accurate information per Federal and State regulations.

Participating providers will be asked to provide current information related to areas of focus, interventions, access/availability, demographics, and other characteristics. This information will be used in provider directories and will assist in navigating Subscribers to the best-qualified specialist(s) to treat their condition and meet their individual needs. It will allow Blue Cross to highlight the full range of services available, and support optimal care and quality outcomes to help both providers and their patients achieve their goals.

Prior to August 1, 2022, Blue Cross will send a survey to the mailing address of every Mental Health and Substance Use Disorder provider, along with website/log-in/identification code for those providers who prefer to complete the survey online.

If a completed survey has not been received within 30 days, providers will receive a reminder call. If a completed survey has not been received 15 days after the first reminder call, providers will receive a second reminder call. Blue Cross is requesting that providers make every effort to complete the survey as soon as possible, and no later than **October 1, 2022.**

Questions?
Please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

eviCore Healthcare Specialty Utilization Management (UM) Program – Musculoskeletal Clinical Guideline Updates | P38-22, published 7/1/22

eviCore has released clinical guideline updates for the Musculoskeletal program. Guideline updates will become effective **September 1, 2022**. **Please review all guidelines when submitting a prior authorization request.**

Guidelines with substantive changes:

- CMM-208: Ablations-Denervations of Facet Joints and Peripheral Nerves
- CMM-209: Regional Sympathetic Blocks
- CMM-211: Spinal Cord and Dorsal Root Ganglion Stimulators
- CMM-311: Knee Replacement Arthroplasty
- CMM-312: Knee Surgery Arthroscopic and Open Procedures
- CMM-318: Shoulder Arthroplasty/Replacement/Resurfacing/Revision Arthrodesis
- CMM-609: Lumbar Fusion (Arthrodesis)

Prior authorization request will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of Current Procedural Terminology (CPT) codes that require prior authorization, 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: 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**
- 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**
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.

New Medical, Medical Drug and Behavioral Health Policy Management Updates | P39-22, published 7/1/22

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding utilization management requirements, including prior authorization (PA) requirements.

The following prior authorization changes will be effective September 5, 2022:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-228	Caplacizumab (Cablivi®)	No	Removed	Commercial and Medicare Advantage
VII-16	Microprocessor-Controlled Prostheses for the Lower Limb	No	Removed	Commercial
VII-52	Speech Generating Devices	No	Removed	Commercial
L33398 (A57528)	Transcranial Magnetic Stimulation	No	Removed	Medicare Advantage

Products Impacted
The information in this bulletin applies only to subscribers who have coverage through Commercial and Medicare Advantage lines of business.

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?
Please contact provider services at (**651**) **662-5200** or **1-800-262-0820**.

Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans managed by Blue Cross and Blue Shield of Alabama | P40-22, published 7/1/22

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 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-168	Cardioverter Defibrillators: Implantable
MP-557	Cardioverter Defibrillators: Wearable or External
MP-561	Transcatheter Mitral Valve Repair
MP-748	Remote Electrical Neuromodulator for Migraines
MP-411	Peripheral Nerve Stimulation of the Head or Neck for Treatment of Pain
MP-517	Lumbar Spinal Fusion
MP-703	Leadless Cardiac Pacemakers
MP-749	Dry Hydrotherapy for Chronic Pain Conditions

Draft Provider-Administered Drug Policies
Draft provider-administered drug policies can be found at Policies & Guidelines (exploremyplan.com) and Policies & Guidelines (exploremyplan.com)

Policy #	Policy Title
PH-90242	Aranesp® (darbepoetin alfa)
PH-90243	Epoetin alfa: Epogen®; Procrit®; Retacrit™
PH-90244	Mircera® (methoxy polyethylene glycol-epoetin beta)
PH-90362	Crysvita® (burosumab-twza)
VP-0333	Yescarta™ (axicabtagene ciloleucel)

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements | P37-22, published 7/1/22

Effective September 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 **September 1, 2022**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			MHCP	MSHO
ING-CC-0214	Carvykti (ciltacabtagene autoleucel)	Yes	Yes	Yes
CG-LAB-19	Laboratory Evaluation of Vitamin B12	Yes	No	No
CG-LAB-20	Thyroid Testing	Yes	No	No
CG-LAB-21	Serum Iron Testing	Yes	No	No

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

New Policy #	Prior Policy #	Policy Name	Prior Authorization Required	
			MHCP	MSHO
GENE.00052	GT-07	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Yes	Yes

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

Policy #	Policy Name	Prior Authorization Required	
		MHCP	MSHO
SP-02	Spine – Cervical Arthroplasty	Yes	Yes
SP-03	Spine – Cervical Decompression	Yes	Yes
SP-04	Spine – Lumbar Arthroplasty	Yes	Yes
SP-05	Spine – Lumbar Discectomy, Foraminotomy, and Laminotomy	Yes	Yes
SP-06	Spine – Lumbar Fusion and Treatment of Spinal Deformity	Yes	Yes
JO-02	Joint Surgery – Knee Procedures: • Knee Arthroplasty • Knee Arthroscopy and Open Procedures • Meniscal Allograft Transplantation of the Knee • Treatment of Osteochondral Defects	Yes	Yes

JO-03	Joint Surgery – Shoulder Procedures: • Shoulder Arthroplasty • Shoulder Arthroscopy and Open Procedures	Yes	Yes
JO-04	Musculoskeletal- Small Joint Surgery	No	No
SP-08	Spine – Sacroiliac Joint Fusion	Yes	Yes
SDM-01	Sleep Disorder Management	Yes	Yes
ING-CC-0194	Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection (Medicaid only)	Yes	No

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**.