PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

August 1, 2022

WHAT'S INSIDE:

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

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

Change in Liability for Members of Other Blue Plans | P7R1-21

Revision: Provider Bulletin P7-21 was previously published on July 1, 2021. This revision provides clarification for resolving claims denied for no PA for a member covered by another Blue Plan. The submission of a retro-authorization is the only opportunity for resolution as an appeal is not an appropriate submission.

Services and items provided to members covered by a Blue Plan outside of Minnesota which require a prior authorization (PA) but for which a PA was not obtained will have the potential to be denied as provider liability for claims processed April 19, 2021, and after. Prior to this date, these services would have denied as subscriber liability; however, plans offering retro-authorizations may now apply provider liability denials instead.

If a claim denial is received for no PA and denied as provider liability for a member covered by another Blue Plan, providers may submit a retro-authorization to the members home plan. Providers may work directly with the member plan to obtain steps for retro-authorization.

This change applies to commercial, Medicare, and Medicaid members of Blue Plans outside of Minnesota.

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

Updated Laboratory Services: General Guide Reimbursement Policy | P43-22

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is publishing a revision to the reimbursement policy titled **Lab/Path Services 005 – Laboratory Services – General Guides** effective October 1, 2022.

The revision to the policy indicates that Blue Cross will no longer allow providers to bill for labs with a -90 modifier if the lab specimen is sent to an independent laboratory for processing.

Lab services billed with a -90 modifier by a provider specialty other than an independent laboratory will be denied as provider liability for dates of service beginning October 1, 2022.

Products Impacted

- All commercial products
- Medicare Advantage
- Federal Employee Program (FEP)

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

Reimbursement Policy Update for -CO and -CQ Modifiers for Minnesota Health Care Programs | P48-22

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is updating Reimbursement Policy 000-005 Modifier CO, CQ, GN, GO, and GP Rules effective October 1, 2022.

On October 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.

Products Impacted

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

Questions?
Please contact provider services at **1-866-518-8448**.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

New Medical, Medical Drug and Behavioral Health Policy Management Updates | P44-22

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 October 3, 2022:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
VII-35	Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders in the Home	No	Removed	Commercial

Products Impacted
The information in this bulletin applies only to subscribers who have coverage through Commercial 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?
If you have 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 | P45-22

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-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
MP-082	Electrical Bone Growth Stimulation of the Appendicular Skeleton
MP-331	Low Intensity Pulsed Ultrasound Fracture Healing Device
MP-750	Digital Health Technologies: Diagnostic Applications
MP-243	Anesthesia Services for Dental Procedures

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-90114	Soliris® (eculizumab)
PH-90017	Stelara® (ustekinumab)
PH-90427	Ultomiris® (ravulizumab-cwvz)
PH-90406	Rituxan, Truxima, Ruxience, Riabni (rituximab)

eviCore Healthcare Specialty Utilization Management (UM) Program: Medical Oncology Drug Prior Authorization Updates | P46-22

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 Name
mirvetuximab soravtansine
mosunetuzumab
pegfilgrastim-pbbk / Fylnetra
tislelizumab
tremelimumab

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

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.

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eviCore Healthcare Specialty Utilization Management (UM) Program: Cardiology and Radiology Clinical Guideline Updates | P47-22

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

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- Abdominal Imaging Guidelines
- Breast Imaging Guidelines
- Cardiac Imaging Guidelines
- Chest Imaging Guidelines
- Head Imaging Guidelines
- Musculoskeletal Imaging Guidelines
- Oncology Imaging Guidelines
- Pelvis Imaging Guidelines
- Peripheral Nerve Disorders (PND) Imaging Guidelines
- Peripheral Vascular Disease (PVD) Imaging Guidelines
- Spine Imaging Guidelines
- Pediatric Abdominal Imaging Guidelines
- Pediatric Head Imaging Guidelines
- Pediatric Musculoskeletal Imaging Guidelines
- Pediatric Oncology Imaging Guidelines
- Pediatric Spine Imaging Guidelines

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- 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

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MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements | P49-22

Effective October 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 prior authorization requirements will be removed and **will not be applicable** under the medical benefit plan to subscriber claims on or after **October 1, 2022**. However, the policies will remain in effect.

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
CG-MED-59	Upper Gastrointestinal Endoscopy in Adults	Yes	Yes
CG-SURG-101	Ablative Techniques as a Treatment for Barrett's Esophagus	Yes	Yes

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

Code	Code description	Policy source
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	ANC.00007 and SURG.00023
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	ANC.00007 and SURG.00023
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof	SURG.00023
19355	Correction of inverted nipples	SURG.00023
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	SURG.00023
19361	Breast reconstruction; with latissimus dorsi flap	SURG.00023
19364	Breast reconstruction; with free flap (In other words, fTRAM, DIEP, SIEA, GAP flap)	SURG.00023
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	SURG.00023
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	SURG.00023
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	SURG.00023
19396	Preparation of moulage for custom breast implant	SURG.00023
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	SURG.00023
S2067	Breast reconstruction of a single breast with *stacked* deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	SURG.00023
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	SURG.00023
19350	Nipple/areola reconstruction	Blue Cross IV-123
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (In other words, cystic fibrosis) gene analysis; common variants (In other words, ACMG/ACOG guidelines)	MHCP, CG-GENE-13 and GT-03
81329	SMN1 (survival of motor neuron 1, telomeric) (In other words, spinal muscular atrophy) gene analysis; dosage/deletion analysis (In other words, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	MHCP, CG-GENE-13 and GT-03

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**.