

PROVIDER BULLETIN

PROVIDER INFORMATION



August 1, 2022

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

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

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Code	Code description	Policy source
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 <i>stacked</i> 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.