

PROVIDER BULLETIN

PROVIDER INFORMATION



September 1, 2022

Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans managed by Blue Cross and Blue Shield of Alabama

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/portal/web/mn-policies/guidelines)

Policy #	Policy Title
MP-243	Anesthesia Services for Dental Procedures
MP-750	Digital Health Technologies: Diagnostic Applications
MP-082	Electrical Bone Growth Stimulation of the Appendicular Skeleton
MP-331	Low Intensity Pulsed Ultrasound Fracture Healing Device
MP-682	Water Vapor Energy Ablation and Waterjet Tissue Ablation for Benign Prostatic Hyperplasia
MP-548	Identification of Microorganisms Using Nucleic Acid Probes
MP-751	Surgical Left Atrial Appendage Occlusion Devices for Stroke Prevention in Atrial Fibrillation

Bulletin P54-22

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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-671	Skyrizi® (risankizumab-rzaa)
PH-0670	Amvuttra (vutrisiran)
PH-90497	Beovu® (brovacizumab-dblb)
VP-0319	Kymriah (tisagenlecleucel)