

PROVIDER BULLETIN

PROVIDER INFORMATION



September 1, 2022

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

Effective November 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 **November 1, 2022**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			MHCP	MSHO
MHCP	Aduhelm (aducanumab)	Yes	Yes	No
ING-CC-0215	Ketamine injection (Ketalar)	Yes	No	No
ING-CC-0216	Opdualag (nivolumab and relatlimab-rmbw)	Yes	Yes	Yes
DME.00046	Intermittent Abdominal Pressure Ventilation Devices	Yes	No	No
DME.00047	Rehabilitative Devices with Remote Monitoring	Yes	No	No
DME.00048	Virtual Reality-Assisted Therapy Systems	Yes	No	No
GENE.00059	Hybrid Personalized Molecular Residual Disease Testing for Cancer	Yes	No	No
LAB.00048	Pain Management Biomarker Analysis	Yes	No	No
MED.00139	Electrical Impedance Scanning for Cancer Detection	Yes	No	No
TRANS.00039	Portable Normothermic Organ Perfusion Systems	Yes	Yes	Yes
ANC.00009	Cosmetic and Reconstructive Services of the Trunk and Groin	No	Yes	Yes

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Amerigroup Partnership Plan, LLC, an independent company, is delegated by Blue Plus to provide certain administrative services to Blue Plus health plans.

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Policy #	Policy Name	New Policy	Prior Authorization Required	
			MHCP	MSHO
CG-MED-74	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	No	Yes	Yes
CG-SURG-24	Functional Endoscopic Sinus Surgery (FESS)	No	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 **November 1, 2022**.

New policy #	Prior policy #	Policy name	Prior authorization required	
			MHCP	MSHO
CG-MED-90	MED.00127	Chelation Therapy	Yes	Yes

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

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
ING-CC-0111	Nplate (romiplostim)	Yes	Yes
ING-CC-0137	Cablivi (caplacizumab-yhdp)	Yes	Yes
ING-CC-0002	Colony Stimulating Factor Agents	Yes	Yes
ING-CC-0101	Torisel (temsirolimus)	Yes	Yes
ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications (Alymsys, Avastin, Mvasi, Zirabev)	Yes	Yes
ING-CC-0106	Erbitux (cetuximab)	Yes	Yes
ING-CC-0175	Proleukin (aldesleukin)	Yes	Yes
ING-CC-0114	Jevtana (cabazitaxel)	Yes	Yes
ING-CC-0116	Bendamustine agents (Bendeka, Treanda, Belrapzo)	Yes	Yes
ING-CC-0151	Yescarta (axicabtagene ciloleucel)	Yes	Yes
ING-CC-0057	Krystexxa (pegloticase)	Yes	Yes
ING-CC-0102	GNRH Analogs for Oncologic Indications	Yes	Yes
ING-CC-0087	Gamifant (emapalumab)	Yes	Yes
ING-CC-0194	Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection	Yes	No
ING-CC-0065	Agents for Hemophilia A and von Willebrand Disease	Yes	Yes
ING-CC-0118	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra, Pluvicto, Zevalin)	Yes	Yes
ING-CC-0201	Rybrevant (amivantamab-ymjw)	Yes	Yes
CG-MED-49	Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders	No	No
CG-SURG-12	Penile Prosthesis Implantation	Yes	Yes
CG-SURG-17	Trigger Point Injections	No	No

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
CG-SURG-61	Cryosurgical, Radiofrequency or Laser Ablation to Treat Solid Tumors Outside the Liver	Yes	Yes
CG-SURG-71	Reduction Mammoplasty	Yes	Yes
CG-SURG-82	Bone-Anchored and Bone Conduction Hearing Aids	Yes	Yes
CG-SURG-93	Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction	Yes	Yes
CG-SURG-95	Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention	Yes	Yes
CG-SURG-102	Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy	No	No
CG-SURG-107	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)	Yes	Yes
DME.00030	Altered Auditory Feedback Devices for Fluency Disorders	No	No
LAB.00029	Rupture of Membranes Testing in Pregnancy	No	No
SURG.00011	Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting	Yes	Yes
SURG.00037	Treatment of Varicose Veins (Lower Extremities)	Yes	Yes
SURG.00097	Scoliosis Surgery	No	No
SURG.00143	Perirectal Spacers for Use During Prostate Radiotherapy	No	No
SURG.00145	Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)	Yes	Yes

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

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
CG-SURG-25	Injection Treatment for Morton's Neuroma	No	Yes
CG-SURG-89	Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia	Yes	Yes
CG-MED-70	Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule	Yes	Yes
ANC.00007	Cosmetic and Reconstructive Services: Skin Related	Yes	Yes

The following policies will be archived and **will not be applicable** under the medical benefit plan to subscriber claims on or after **November 1, 2022**.

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
ING-CC-0052	Dihydroergotamine (DHE) injection	No	No
MED.00121	Implantable Interstitial Glucose Monitors	No	No
SURG.00101	Suprachoroidal Injection of a Pharmacologic Agent	No	No
SURG.00137	Focused Microwave Thermotherapy for Breast Cancer	No	No

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

Code	Code description	Policy source
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	CG-GENE-11
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	CG-GENE-11
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])	CG-GENE-11
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	CG-GENE-11 GT-05
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	CG-GENE-11
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)	CG-GENE-11
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)	CG-GENE-11
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)	CG-GENE-11
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)	CG-GENE-11
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure)	CG-GENE-11
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	CG-GENE-11
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm ² or part thereof, or 1% of body surface area of infants and children	CG-SURG-31
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm ² , or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)	CG-SURG-31

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.