PROVIDER BULLETIN
PROVIDER INFORMATION

September 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. Page 1 of 15

L08R04 (12/13)

ADMINISTRATIVE UPDATES

Medicare Requirements for Reporting Provider Demographic Changes | P51-22

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) collaborates with providers to ensure accurate information is reflected in all provider directories. In accordance with Medicare requirements, Blue Cross is required to maintain accurate provider network directories for the benefit of our Subscribers.

Blue Cross requires providers to inform Blue Cross when 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

The appropriate form for each of these changes or updates can be located on the Blue Cross website at bluecrossmn.com/providers/provider-demographic-updates

Providers are obligated, per federal requirements, to update provider information contained in the National Plan & Provider Enumeration System (NPPES). Updating provider information in NPPES will provide organizations with access to a current database that can be used as a resource to improve provider directory reliability and accuracy. Providers with questions pertaining to NPPES may reference NPPES help at https://nppes.cms.hhs.gov/webhelp/nppeshelp/HOME%20PAGE-SIGN%20IN%20PAGE.html

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

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

New Medical, Medical Drug and Behavioral Health Policy Management Updates Effective October 31, 2022 | P53-22

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

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through expanded development of medical policies and through management of these policies to include the PA process. The primary purpose of the PA process is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability

The following prior authorization changes will be effective October 31, 2022:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-264	Vutrisiran (Amvuttra™)	Yes	New	Commercial
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: • Elivaldogene autotemcel (Skysona®)*	No	New	Commercial
L38571 (A58294); V-12	Wireless Capsule Endoscopy	No	Removed	Medicare Advantage

PA will be required upon FDA approval.

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

Submitting a PA Request when Applicable
- **Providers may submit PA requests for any treatment in the above table starting October 24, 2022.**
- Providers must check applicable Blue Cross policy and **attach all required clinical documentation** with the PA request. PA requests will be reviewed when patient-specific, relevant medical documentation has been submitted supporting the medical necessity of the service. Failure to submit required information may result in review delays or a denial of the request due to insufficient information to support medical necessity. If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.
- PA approval will be based on the Blue Cross policy criteria. To review Blue Cross criteria:
  - Go to bluecrossmn.com/providers/medical-management
  - Read and accept the Blue Cross Medical Management Disclaimer
  - Select the "Medical policies" tab then "Search Medical Policies" to access policy criteria
- Current and future PA requirements and related clinical coverage criteria can be found using the Is Authorization Required tool in the Availity Essentials® portal or at bluecrossmn.com/providers/medical-management prior to submitting a PA request.
- Prior authorization lists are also updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access the PDF prior authorization lists for all lines of business go to bluecrossmn.com/providers/medical-management

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 | P54-22

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)](exploremyplan.com)

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

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

Policy #	Policy Title
PH-671	Skyrizi® (risankizumab-rzaa)
PH-0670	Amvuttra (vutrisiran)
PH-90497	Beovu® (brolucizumab-dbll)
VP-0319	Kymriah (tisagenlecleucel)

eviCore Healthcare Specialty Utilization Management (UM) Program: Radiation Oncology Clinical Guideline Updates | P55-22

eviCore has released clinical guideline updates for the Radiation Oncology program. Guideline updates will become effective **November 1, 2022**.

Please review all guidelines when submitting a prior authorization request.

New Guideline:
- Pluvicto

Guidelines with substantive changes:
- Lu-dotatate (Lutathera®)
- Brachytherapy of the Coronary Arteries
- Bladder Cancer
- Brain Metastases
- Breast Cancer
- Endometrial Cancer
- Esophageal Cancer
- Gastric Cancer
- Non-Hodgkin Lymphoma
- Non-Malignant Disorders

- Non-Small Cell Lung Cancer
- Pancreatic Cancer
- Primary Craniospinal Tumors and Neurologic Conditions
- Proton Beam Therapy
- Rectal Cancer
- Skin Cancer- Non-Melanoma
- Small Cell Lung Cancer
- Soft Tissue Sarcomas
- Urethral Cancer and Cancers of the Ureter and Renal Pelvis

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: Sleep Management Clinical Guideline Updates | P56-22

eviCore has released clinical guideline updates for the Sleep Management program. Guideline updates will become effective **November 1, 2022**.

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:
- Indications/Diagnostic Testing
- Pediatric Sleep Guidelines
- Positive Airway Pressure (PAP) Devices
- Sleep Apnea Treatment Program Exclusions

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.

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- Select **"See all tools and resources"** under *Tools and Resources*
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- 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*
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- 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
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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.

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MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Update: Change in Requirements for Newborn Precertification Process for Minnesota Health Care Programs | P15R3-20

This bulletin replaces the information communicated in Provider Bulletin P15R2-20, published on March 1, 2021.

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has revised the process for Minnesota Health Care Programs newborns. Blue Cross requests that providers submit the Newborn Notification of Delivery Form when submitting the mother's inpatient precertification request. Blue Cross uses this information to offer the member additional resources as quickly as possible after delivery.

The Newborn Notification of Delivery Form information is included in the online (Interactive Care Reviewer) submission of the mother's precertification request. Providers that submit the precertification via ICR are not required to submit a separate Newborn Notification of Delivery form.

Providers have an option to submit the request for the mother's inpatient admission by faxing the request to 1-844-480-6840. If the information for the Newborn Notification of Delivery form is not initially available, providers may include it when submitting discharge documentation.

Forms are available on the website at https://provider.publicprograms.bluecrossmn.com/minnesota-provider/home in the 'Forms' section.

Healthy newborn services will continue to be allowed under the mother's inpatient precertification. Newborn claims should not be submitted until the Minnesota Department of Human Services (DHS) has enrolled the newborn and cannot be processed until Blue Plus receives the newborn's enrollment information from DHS and the baby is active in our system.

Facilities are required to submit a separate precertification request for any newborn that remains hospitalized for greater than 96 hours regardless of the Nursery Level for the newborn's stay (All Nursery Levels as represented by revenue codes 0170-0174 and 0179). Blue Cross cannot review clinical records for a newborn inpatient stay until the newborn has been enrolled with DHS. Providers should encourage the family to contact their county of residence to enroll the newborn as soon as possible.

Providers that submit an inpatient review prior to the newborn's enrollment being established will receive a message back indicating "Per our records, this newborn does not have a permanent identification number yet. Resubmit clinical when the newborn has a permanent MN ID number. For any questions, please contact the call center at 1-800-454-3730."

A separate precertification request will be required for any newborn in a Level II, Level III, or Level IV Nursery regardless of length of stay as represented by revenue codes 0172-0174. Any newborn that will require care beyond a Level I newborn must have a separate, individual precertification submitted as soon as the newborn has a permanent ID. Completed newborn precertification forms should be faxed to 1-844-480-6840.

Eligible newborns of mothers enrolled in Blue Advantage Families and Children (F&C) or Blue Plus MinnesotaCare are automatically enrolled in Blue Plus for the calendar month of the birth only if they meet MHCP eligibility criteria. It is important that the mother notify her local agency of the birth of her child as soon as possible following the birth for the enrollment process to begin (if enrolled in F&C or MinnesotaCare).

Products Impacted
This information applies to the following Minnesota Health Care Programs:
- Families and Children (F&C)
- MinnesotaCare (MNCare)

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

New Fax Number for Minnesota Senior Health Options (MSHO) Requests | P50-22

Effective immediately, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has implemented a new fax number dedicated to receiving prior authorization requests for MSHO members. Providers should update their internal processes to utilize the new fax number. Prior Authorization requests may also be submitted through the Interactive Care Reviewer accessed through the Availity portal.

Faxes should be sent to 1-877-376-3050.

The new fax number will more efficiently direct MSHO member requests to the specific team that reviews these inquiries. After a 60-day phase-out period ending 10/31/22, faxes sent to the previous number may experience delays in processing. Any documentation containing the old fax number will be updated to reflect the new fax number.

Products Impacted
- SecureBlue (MSHO)

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

Enhanced Asthma Benefits for Minnesota Health Care Programs (MHCP) Members | P52-22

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has implemented a new benefit, effective January 1, 2022, for Enhanced Asthma in collaboration with the Minnesota Department of Human Services (DHS). The benefit includes Home Assessments and Allergan-Reducing Supplies and Equipment.

Families & Children members under the age of 21, or MNCare members under the age of 19, are eligible for the benefit if they have had either a hospital emergency department visit for asthma OR a hospitalization for the treatment of asthma at least one time in the past year.

Home Assessments may be performed by the following credentialed local public health workers:
- Healthy homes specialist defined and credentialed as a Healthy Home Evaluator by the Building Performance Institute
- Lead Risk Assessor as defined and credentialed by the Minnesota Department of Health
- Registered Environmental Health Specialist as defined and credentialed by the Minnesota Department of Health

The healthy homes specialist, lead risk assessor, and registered environmental health specialists are not required to enroll in MHCP and must bill under their county contracts in order to be reimbursed for services. Home Assessments are billed using procedure code T1028-UA. Documentation in the member's record must include the name of the healthy homes specialist, lead risk assessor, or the registered environmental health specialist who completed the service.

Allergen-Reducing Supplies and Equipment must be ordered by a physician, physician assistant, nurse practitioner or clinical nurse specialist. Counties are required to have a physician's order and the order must be part of the member's records. Covered supplies and equipment must be billed using procedure code E1399-HA along with a narrative description. Claims submitted without a narrative description will not be accepted for reimbursement.

Covered Supplies and Equipment
- Allergen encasements for mattresses, box springs and pillows
- An allergen-rated vacuum cleaner, filters and bags

- A dehumidifier and filters
- A HEPA single-room air cleaner and filters
- Integrated pest management, including traps and starter packages of food storage containers
- A damp mopping system
- A waterproof hospital-grade mattress (if the member does not have access to a bed)
- Furnace filters (for homeowners only)

Equipment and Supplies can be distributed by any of the following participating providers: Federally Qualified Health Centers, Home Health Agencies, Indian Health Services, Medical Suppliers, Pharmacies, Rural Health Clinics, Public Health Nursing Clinics or Durable Medical Equipment Providers.

Products Impacted
- Blue Advantage Families and Children (F&C) under age 21
- MinnesotaCare (MNCare) under age 19

Questions?

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

Updated Minnesota Health Care Programs (MHCP) & Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements | P57-22

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
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 Mammaplasty	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

Code	Code description	Policy source
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 cm2 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 cm2, 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**.