

PROVIDER BULLETIN

PROVIDER INFORMATION



October 3, 2022

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ADMINISTRATIVE UPDATES

Reminder: Medicare Requirements for Reporting Provider Demographic Changes

(published in every summary of monthly bulletins)

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.

- 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 (NPES). Updating provider information in NPES 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 NPES may reference NPES help at <https://npes.cms.hhs.gov/webhelp/npeshelp/HOME%20PAGE-SIGN%20IN%20PAGE.html>

Questions?

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

CONTRACT UPDATES

New Reimbursement Policy: Wrong Surgical and Other Invasive Procedures | P60-22

Effective December 1, 2022, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is publishing a new reimbursement policy, **Surgery/Interventional Procedure – 022: Wrong Surgical and Other Invasive Procedures**. The new policy states that services associated with a wrong surgical or other invasive procedure will not be reimbursed when reported on either an institutional or professional claim.

A wrong surgical or other invasive procedure is defined as:

- A different procedure altogether.
- The correct procedure but on the wrong body part; or
- The correct procedure but on the wrong patient.

In addition, Blue Cross will not reimburse the following related services:

- All services provided in the operating room that are related to the error.
- All providers in the operating room when the error occurs, who could bill individually for their services.
- All related services provided during the same hospitalization in which the error occurred.

Products Impacted

- All commercial products
- Medicare Advantage
- Platinum Blue

- Federal Employee Program (FEP)

Questions?

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

2023 Renewal Changes Summary for Institutional Providers | P63-22

The purpose of this Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Cross) Bulletin is to communicate changes to the 2023 Institutional Provider Service Agreement (Agreement) being made as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. A change to the Agreement effective January 1, 2023, is detailed below.

Provider Services Agreement Changes:

Article IX.B. Insurance and Indemnification. The following provision has been added to Article IX of the Agreement. Effective January 1, 2023, Blue Cross requires that Providers maintain the following cybersecurity coverage and provide evidence of such coverage to Blue Cross on request.

Cyber Insurance. Each Party shall have and continuously maintain cyber liability insurance, with limits not less than \$2,000,000 per occurrence or claim and \$5,000,000 aggregate, to cover first party and third-party liability for data privacy and cybersecurity claims related to data breaches, unauthorized access/use of data, damage/loss/theft of data, invasion of privacy, release of private information, cyber extortion, and business interruption (Security Incidents), including any related costs for legal advice, forensic and internal investigations, crisis management, regulatory fines and penalties, credit monitoring, notifications, data recovery and business income loss and expenses. Such insurance shall remain in place during the term of this Agreement and for two (2) years after the expiration or termination of this Agreement, regardless of the reason for termination, provided, however, that coverage shall only apply to any Security Incidents that occur during the term of this Agreement.

No changes have been made to the Medicare Amendment.

Disclosure of Ownership

A Disclosure of Ownership form must be submitted once **annually** to Blue Cross, per Minnesota Department of Human Services requirements. The form is located at bluecrossmn.com/providers/forms-and-publications (enter "Disclosure of Ownership and Management Information Form" in the Search bar). Email the completed form and any questions to: DisclosureStatement@bluecrossmn.com

Questions?

If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**. If you would like to receive a comprehensive copy of the January 1, 2023 renewal Agreement, please email your request to: Request.Contract.Renewal@bluecrossmn.com

2023 Renewal Changes Summary for Primary Care Clinic Providers | P64-22

The purpose of this Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Plus) Bulletin is to communicate changes to the 2023 Blue Plus Primary Care Clinic Provider Service Agreement (Agreement). The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. Changes to the Agreement effective January 1, 2023, are detailed below.

Provider Services Agreement Changes:

Article IV.A. Provider Payment. To provide additional clarity and transparency regarding current Blue Plus reimbursement, paragraph one of Article IV.A. has been amended to denote a 100% reimbursement level for the applicable Blue Plus fee schedule allowance. Paragraph one of Article IV.A. of the Agreement is replaced with the following:

Payment Amount. Blue Plus shall assure prompt payment directly to PCC for Health Services covered under the Subscriber Contract and prompt response to PCC's claims and inquiries. Clean claims that are correctly submitted with all required information shall be paid or denied within 30 calendar days of receipt by Blue Plus if applicable under 62Q.75. Except as provided below, payment to PCC for Health Services shall be the lesser of 90% of PCC's Regular Billed Charge or 100% of the applicable Blue Plus fee schedule allowance as determined by Blue Plus (including consideration of PCC's and/or Health Care Professional's license and training), minus Subscriber or other party liabilities (e.g., deductible, coinsurance, non-covered Health Services, and coordination of benefits with other health plans, employer liability plans, Workers' Compensation, or automobile insurance plans) (collectively, "Other Party Liabilities"). PCC agrees to accept such payment amount as payment in full.

Article IV.D. Provider Payment. The Minnesota Health Care Programs (MHCP) payment provision has been further clarified to reflect that payment for MHCP services will not exceed the billed amount, which is in alignment with DHS requirements and Blue Plus reimbursement.

Minnesota Health Care Programs. For those Health Services provided to Minnesota Health Care Programs Subscribers, Blue Plus will pay Provider for Health Services at 100% of the Blue Plus Medical assistance fee schedule as determined by Blue Plus, not to exceed the Provider's Regular Billed Charge.

Article VIII.B. Insurance and Indemnification. The following provision has been added to Article IX of the Agreement. Effective January 1, 2023, Blue Plus requires that Providers maintain the following cybersecurity coverage and provide evidence of such coverage to Blue Plus on request.

Cyber Insurance. Each Party shall have and continuously maintain cyber liability insurance, with limits not less than \$2,000,000 per occurrence or claim and \$5,000,000 aggregate, to cover first party and third-party liability for data privacy and cybersecurity claims related to data breaches, unauthorized access/use of data, damage/loss/theft of data, invasion of privacy, release of private information, cyber extortion, and business interruption (Security Incidents), including any related costs for legal advice, forensic and internal investigations, crisis management, regulatory fines and penalties, credit monitoring, notifications, data recovery and business income loss and expenses. Such insurance shall remain in place during the term of this Agreement and for two (2) years after the expiration or termination of this Agreement, regardless of the reason for termination, provided, however, that coverage shall only apply to any Security Incidents that occur during the term of this Agreement.

No changes have been made to the Medicare Amendment.

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If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**. If you would like to receive a comprehensive copy of the January 1, 2023 renewal Agreement, please email your request to: Request.Contract.Renewal@bluecrossmn.com

Mental Health and Substance Use Disorder Provider Survey – New Due Date | P65-22

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is notifying providers of an **important required survey** recently mailed to all participating Mental Health and Substance Use Disorder providers.

The information collected in the **Mental Health and Substance Use Disorder Provider Survey** will be used to help Subscribers make informed choices, and to ensure that our network of behavioral health and substance use disorder providers meets the needs of our Subscribers. The survey also includes a section on validation of demographic data, per provider, which allows Blue Cross to supply accurate information per Federal and State regulations.

In late September 2022, Blue Cross mailed a survey to all participating Mental Health and Substance Use Disorder providers, along with website/log-in/identification code for those providers who prefer to complete the survey online. Participating providers will be asked to provide current information related to areas of focus, interventions, access/availability, demographics, and other characteristics. This information will be used in provider directories and will assist in navigating Subscribers to the best-qualified specialist(s) to treat their condition and meet their individual needs. It will allow Blue Cross to highlight the full range of services available, and support optimal care and quality outcomes to help both providers and their patients achieve their goals.

If a completed survey has not been received within 30 days, providers will receive a reminder call. If a completed survey has not been received 15 days after the first reminder call, providers will receive a second reminder call.

Blue Cross is requesting that providers make every effort to complete this required survey as soon as possible, and no later than **November 30, 2022**.

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 | P62-22

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 December 5, 2022:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-265	Risankizumab (Skyrizi®)	Yes	New	Commercial
L33394	Drugs and Biologicals, Coverage of, for Label and Off-Label uses <ul style="list-style-type: none">Intravenous Risankizumab (Skyrizi®)	No	New	Medicare Advantage

Products Impacted

- The information in this bulletin applies only to Blue Cross 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 November 28, 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

Prior Authorization Requests

- For information on how to submit a prior authorization please go to bluecrossmn.com/providers/medical-management

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.

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?

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 | P61-22

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](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/feedback)

Policy #	Policy Title
MP-548	Identification of Microorganisms Using Nucleic Acid Probes
MP-751	Surgical Left Atrial Appendage Occlusion Devices for Stroke Prevention in Atrial Fibrillation
MP-053	Bariatric Surgery
MP-058	Panniculectomy/ Excision of Redundant Skin or Tissue
MP-205	Acupuncture
MP-390	Heart Transplant and Combined Heart-Kidney Transplant

Draft Provider-Administered Drug Policies

Draft provider-administered drug policies can be found at [Policies & Guidelines \(exploremyplan.com\)](https://mn-policies.exploremyplan.com/portal/web/mn-policies/feedback) and [Policies & Guidelines \(exploremyplan.com\)](https://mn-policies.exploremyplan.com/portal/web/mn-policies/feedback)

Policy #	Policy Title
VP-0590	Orencia® (abatacept)
PH-0358	Breyanzi® (lisocabtagene maraleucel) (Intravenous)
PH-0158	Ilumya® (tildrakizumab-asmn)
PH-0291	Krystexxa® (pegloticase)
PH-0291	Spinraza™ (nusinersen)

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

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

Effective December 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 **December 1, 2022**.

Policy #	Policy name	New policy	Prior authorization required	
			MHCP	MSHO
ING-CC-0217	Amvuttra (vutrisiran)	Yes	Yes	Yes
ING-CC-0218	Xipere (triamcinolone acetonide) for Suprachoroidal Use	Yes	Yes	Yes
MED.00140	Gene Therapy for Beta Thalassemia (Zynteglo)	Yes	Yes	Yes

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

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
ING-CC-0031	Intravitreal Corticosteroid Implants (Retisert, Iluvien, Ozurdex)	Yes	Yes
ING-CC-0150	Kymriah (tisagenlecleucel)	Yes	Yes

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
ING-CC-0051	Enzyme Replacement Therapy for Gaucher Disease	Yes	Yes
ING-CC-0067	Prostacyclin Infusion and Inhalation Therapy	Yes	Yes
ING-CC-0061	Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indications	Yes	Yes
ING-CC-0097	Vidaza (azacitidine)	Yes	Yes
ING-CC-0072	Vascular Endothelial Growth Factor (VEGF) Inhibitors (Alymsys, Byooviz, Macugen, Mvasii, Vabysmo, and Zirabev only)	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 **December 1, 2022**.

New policy #	Prior policy #	Policy name	Prior authorization required	
			MHCP	MSHO
ING-CC-0124	MHCP	Keytruda (pembrolizumab)	Yes	Yes
ING-CC-0119	MHCP	Yervoy (ipilimumab)	Yes	Yes
ING-CC-0125	MHCP	Opdivo (nivolumab)	Yes	Yes
Blue Cross II-230	MHCP	Zolgensma (onasemnogene abeparvovec)	Yes	Yes

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**.