

# PROVIDER BULLETIN

## PROVIDER INFORMATION



October 3, 2022

### 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

P59-22  
Distribution: [bluecrossmn.com/providers/forms-and-publications](http://bluecrossmn.com/providers/forms-and-publications)  
MNBCBS-CDCR-007632-22 September 2022  
Amerigroup Partnership Plan, LLC, an independent company, is delegated by Blue Plus to provide certain administrative services to Blue Plus health plans.

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](https://provider.publicprograms.bluecrossmn.com/docs/inline/MNMN_CAID_PriorAuthorizationList.pdf?v=202203311948).

or

- Go to [bluecrossmn.com/providers](https://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](https://provider.publicprograms.bluecrossmn.com/docs/gpp/MNMN_CAID_MedicalPolicyGrid.pdf?v=202203311949).

or

- Go to [bluecrossmn.com/providers](https://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](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**.