

# PROVIDER BULLETIN

## PROVIDER INFORMATION



October 3, 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-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 \(exploremyplan.com\)](#) and [Policies & Guidelines \(exploremyplan.com\)](#)

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