PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

November 1, 2022

WHAT'S INSIDE:

L08R04 (12/13)

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 (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.**

CONTRACT UPDATES

Medicare Advantage Behavioral Health Claims Update

Medicare does not currently cover behavioral health services (mental health and substance abuse services) unless they are provided by eligible providers.

The following provider specialties are Medicare eligible:

- Physicians (MD, DO)
- Clinical Psychologists (PhD and PsyD)
- Psychiatrists (MD, MB)
- Clinical Social Workers (CSW or LiCSW)
- Clinical Nurse Specialists (CNS)
- Clinical Nurse Practitioners (NP)
- Physician Assistant (PA)

Blue Cross and Blue Shield of Minnesota (Blue Cross) recently determined that it has paid for these services performed by non-eligible providers for their Medicare Advantage plans.

The following provider specialties are non-eligible, consistent with CMS requirements:

- Marriage and Family Therapist (LMFT)
- Licensed Alcohol & Drug Counselor
- Behavior Therapist Practitioner
- Licensed Professional Counselor (LPC)
- Licensed Professional Clinical Counselor (LPCC)
- Certified Professional Counselor
- Chemical Dependency Assessor
- Masters Level Psychologist (MA or MS)
- Licensed Masters Social Worker (LMSW)

In July, a system update was made, and Blue Cross began denying Medicare Advantage behavioral health claims provided by non-eligible providers with dates of service starting 7/1/22.

In order to allow members an opportunity to find an eligible provider, Blue Cross will not deny Medicare Advantage claims solely based on provider eligibility or ineligibility as determined from the categories of non-eligible behavioral health providers listed above for dates of service prior to 1/1/23. In October, Blue Cross will start reprocessing the claims with dates of service of 7/1/22 and after that were denied due to using a non-eligible provider.

Services from non-eligible providers with dates of service on or after 1/1/23 will be denied and the Medicare Advantage member will be responsible for the full cost of the service(s). Blue Cross will be sending letters to impacted members.

Note: Blue Cross is aware that CMS' proposed Physician Payment Rule includes a proposal to expand the behavioral health practitioners that are allowed to provide behavioral health services under Medicare. If this rule is finalized with these changes, Blue Cross will update processing edits accordingly.

Medicare Products Excluded
Platinum Blue, Medigap.

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

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

eviCore Healthcare Specialty Utilization Management (UM) Program: Medical Oncology Drug Prior Authorization Updates | P66-22

The eviCore Healthcare Utilization Management Program will be making updates to the Medical Oncology Current Procedural Terminology (CPT) Prior Authorization (PA) Code List.

The following drugs have been added to the Medical Oncology program and will require prior authorization for oncologic reasons **beginning January 1, 2023**.

Drug Name	Code(s)
bevacizumab-abcd / Vegzelma	C9399, J3490, J3590, J9999
eflapegrastim-xnst / Rolvedon	C9399, J3490, J3590, J9999

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: Laboratory Management Clinical Guideline Updates | P67-22

eviCore has released clinical guideline updates for the Lab Management Program. Guideline updates will become effective **January 1, 2023**.

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- BRCA Analysis
- Breast Cancer Index for Breast Cancer Prognosis
- Human Platelet and Red Blood Cell Antigen Genotyping
- Investigational and Experimental Laboratory Testing
- Laboratory Procedure Code Requirements
- Lynch Syndrome Genetic Testing
- Multiple Endocrine Neoplasia Type 1 (MEN1)
- Oncotype DX for Breast Cancer Prognosis
- SARS-CoV-2 (COVID-19) Laboratory Testing
- Somatic Mutation Testing-Solid Tumors
- Special Circumstances Influencing Coverage Determinations

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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*
- Select **"Solution Resources"** and then click on the appropriate solution (ex. Laboratory Management)
- 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*
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- Click on the **"Resources"** dropdown in the upper right corner
- Click **"Clinical Guidelines"**
- Select the appropriate solution: i.e., Laboratory Management
- 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:
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Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans managed by Blue Cross and Blue Shield of Alabama | P68-22

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)

Policy #	Policy Title
MP-390	Heart Transplant and Combined Heart-Kidney Transplant
MP-215	Amino Acid-Based Elemental Formulas

Draft Provider-Administered Drug Policies

Draft provider-administered drug policies can be found at Policies & Guidelines (exploremyplan.com) and Policies & Guidelines (exploremyplan.com)

Policy #	Policy Title
PH-0117	Stelara® (ustekinumab)
PH-0120	Synagis® (palivizumab)
PH-0017	Benlysta® (belimumab)
PH-0027	Cerezyme® (imiglucerase)
PH-0635	Dextenza® (dexamethasone insert)
PH-0105	Elelyso™ (taliglucerase alfa)
Policy #	**Policy Title**
PH-0312	Injectafer® (ferric carboxymaltose injection)
PH-0078	Ranibizumab: Lucentis®; Byooviz™
PH-0427	Ultomiris® (ravulizumab)
PH-0141	Vpriv® (velaglucerase alfa)
PH-0633	Xipere® (triamcinolone acetonide injectable suspension)

PH-671	Skyrizi® (risankizumab)
PH-0672	Zynteglo® (betibeglogene autotemcel)

New Medical, Medical Drug and Behavioral Health Policy Management Updates: Effective January 2, 2023 | P69-22

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 January 2, 2023:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-267	Betibeglogene autotemcel (Zynteglo®)	Yes	New	Commercial
L33394	Drugs and Biologicals, Coverage of, for Label and Off-Label Uses • Ublituximab (TG-1101)* • Pegcetacoplan (Empaveli®)* • Entranacogene Dezaparvovec (EtranaDez)*	No	New	Medicare Advantage
II-173	Accepted Indications for Medical Drugs Which are not Addressed by a Specific Medical Policy • Ublituximab (TG-1101)* • Pegcetacoplan (Empaveli®)*	No	New	Commercial

*PA will be required upon FDA approval.

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**.

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Reimbursement Policy Changes for Minnesota Health Care Programs | P71-22

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is publishing a new Reimbursement Policy combining the policies "Modifier 25 – Significant Separate E&M Services" and "Modifier 57 – Decision for Surgery".

The new Reimbursement Policy, titled "Modifiers 25 and 57: Evaluation and Management with Global Procedures" will be published and effective January 1, 2023, and includes a change in reimbursement.

Modifier -25 Fee Schedule Reduction in Reimbursement

Effective for dates of service beginning January 1, 2023, Blue Cross will apply a 20% reduction in the allowed amount for E&M codes 99202-99380 and 99401-99498 submitted with modifier -25 on a professional claim performed by the same provider on the same day of the original service or procedure if certain criteria is met. This reimbursement change reduces the duplication of overhead payment for the E&M that is billed in addition to a procedure or a preventive visit.

Products Impacted

- Families and Children (F&C)
- Minnesota Senior Care Plus (MSC+)
- MinnesotaCare (MNCare)

Questions?

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

Nurse Practitioner and Physician Assistant Services Reimbursement Policy for Minnesota Health Care Programs | P72-22

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will begin enforcing the "Nurse Practitioner and Physician Assistant Services" Reimbursement Policy effective January 1, 2023.

The Reimbursement Policy was previously published on the website. It applies a 10% reduction to services billed by Nurse Practitioners and Physician Assistants.

https://provider.publicprograms.bluecrossmn.com/docs/gpp/MNMN_Nurse_Practitioner.pdf?v=202103022024

Products Impacted

- Families and Children (F&C)
- MinnesotaCare (MNCare)
- Minnesota Senior Care Plus (MSC+)

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

Updated Minnesota Health Care Programs (MHCP) & Minnesota Senior Health Options (MSHO) Prior Authorization & Medical Policy Requirements | P72-22

Effective January 1, 2023, 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 MHCP (Families and Children, MinnesotaCare, and Minnesota Senior Care Plus) and 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 January 1, 2023.

Policy #	Policy name	New policy	Prior authorization required	
			MHCP	MSHO
MED.00142	Gene Therapy for Cerebral Adrenoleukodystrophy	Yes	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 January 1, 2023.

New policy #	Prior policy #	Policy name	Prior authorization required	
			MHCP	MSHO
CG-GENE-16	MHCP CG-GENE-16	BRCA Genetic Testing	Yes	Yes

The following prior authorization requirements will be removed and **will not be applicable** to subscriber claims on or after January 1, 2023. However, the policies will remain in effect.

Code	Code description	Policy source
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	IP-02
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level	IP-02
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s)	IP-02
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	IP-02
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level	IP-02
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s)	IP-02

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**.