

# PROVIDER BULLETIN

## PROVIDER INFORMATION



December 1, 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](https://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**.

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## CONTRACT UPDATES

### Update to Claim and Appeal Submission Timeframes | P74-22

During the public health emergency (PHE), Blue Cross and Blue Shield of Minnesota (Blue Cross) extended the timely filing edit in our claims system to 180 days for commercial and Medicare plan claims to reduce claim denials and appeals. Blue Cross will implement a permanent change to the claims timely filing for all lines of business to 180 days beginning February 1, 2023, and the Provider Policy and Procedure Manual will be updated to reflect that change.

Blue Cross will require providers to submit appeals within the standard timeframe of 90 days effective February 1, 2023. Blue Cross had extended the appeals timeframe during the COVID-19 pandemic, allowing providers additional time to submit their appeals. The extension will be sunsetting at the end of January 2023.

**Lines of Business Impacted:** All

#### Questions?

If you have questions for a member enrolled in a Minnesota Health Care Programs (MHCP) plan, please contact provider services at **1-866-518-8448**. For all other questions, contact provider services at **(651) 662-5200** or **1-800-262-0820**.

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## **Update: Change to Cyber Insurance Requirement for Primary Care Clinic and Institutional Providers | P75-22**

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is modifying the cyber insurance information communicated in the Provider Bulletin, P63-22 and P64-22, published on October 3, 2022, as detailed below.

Provider Bulletins P63-22 and P64-22 communicated changes to the Blue Plus Primary Care Clinic and Institutional Provider Service Agreements (Agreements) to be made effective January 1, 2023. The Agreements are modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreements. The following is an update to both bulletins.

### **Update to 2023 Renewal Changes Summaries for Primary Care Clinic and Institutional Providers**

The following provision will **NOT** be incorporated into the Blue Plus Primary Care Clinic or Institutional Provider Service Agreements effective January 1, 2023:

Insurance and Indemnification / 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.

The following provision will be incorporated into the Provider Policy and Procedure Manual:

Cyber Insurance. Blue Cross encourages Provider to have and continuously maintain cyber liability insurance 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, 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.

### **Questions?**

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

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## **Dental Anesthesia in an Office Setting | P80-22**

Effective February 1, 2023, Blue Cross will no longer reimburse general anesthesia or intravenous sedation, Current Dental Terminology (CDT) codes D9222 and D9223, in an office setting, unless the member's medical plan provides coverage for the related dental services (ex: removal of impacted teeth). Typically, most dental care is provided in an office setting using local anesthesia. Under certain circumstances, it may be necessary to perform medical-dental procedures in a hospital or outpatient surgical facility using intravenous sedation or general anesthesia. Anesthesia is only reimbursable under a member's medical Plan when performed in conjunction with a medically necessary covered procedure.

These services may be covered under the member's dental plans and should be billed to members' Dental Plans, if applicable.

**Products Impacted:** Commercial Only

## MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

### New Medical, Medical Drug and Behavioral Health Policy Management Updates: Effective January 30, 2023 | P77-22

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 30, 2023:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-07	Temporomandibular Disorder (TMD): Diagnosis and Selected Treatments <ul style="list-style-type: none"> <li>Occlusal orthotic device</li> </ul>	No	New	Commercial and Medicare Advantage
II-268	<ul style="list-style-type: none"> <li>Elivaldogene Autotemcel (Skysona®)</li> </ul>	Yes <i>(Moving from Policy II-173)</i>	Continued	Commercial
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: <ul style="list-style-type: none"> <li>Teclistamab (Tecvayli™)</li> </ul>	No	Continued**	Commercial Fully Insured
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: <ul style="list-style-type: none"> <li>Teclistamab (Tecvayli™)</li> </ul>	No	New	Commercial Self Insured
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: <ul style="list-style-type: none"> <li>Teclistamab (Tecvayli™)</li> </ul>	No	Continued**	Medicare Advantage
II-71	Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions <ul style="list-style-type: none"> <li>Ranibizumab (Cimerli™)</li> </ul>	No <i>(Moving from Policy II-173)</i>	Continued	Commercial
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: <ul style="list-style-type: none"> <li>Lecanemab*</li> <li>Lifileucel*</li> </ul>	No	New	Medicare Advantage

\*PA will be required upon FDA approval.

\*\*As Teclistamab (Tecvayli™) enters the market, PA reviews will be performed by Blue Cross clinicians instead of by the eviCore Medical Oncology program, as previously announced in [Bulletin P30-22](#).

#### 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 January 23, 2023.**
- 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 [www.bluecrossmn.com/providers/medical-management](http://www.bluecrossmn.com/providers/medical-management)
  - Select “See Medical and Behavioral Health Policies” then click “Search Medical and Behavioral Health 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](http://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](http://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](http://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 [www.bluecrossmn.com/providers/medical-management](http://www.bluecrossmn.com/providers/medical-management)
- Select “See Medical and Behavioral Health Policies” then click “See Upcoming Medical and Behavioral Health Policy Notifications.”

## Questions?

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

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## eviCore Healthcare Specialty Utilization Management (UM) Program: Cardiology and Radiology Clinical Guideline Updates | P78-22

eviCore has released clinical guideline updates for the Cardiology & Radiology program. Guideline updates will become **effective February 15, 2023**.

**Please review all guidelines when submitting a prior authorization request.**

Guidelines with substantive changes:

- Abdominal Imaging Guidelines
- Breast Imaging Guidelines
- Cardiac Imaging Guidelines
- Chest Imaging Guidelines
- Cardiac Implantable Device (CRID)
- Head Imaging Guidelines

- Neck Imaging Guidelines
- Oncology Imaging Guidelines
- Pelvis Imaging Guidelines
- Peripheral Vascular Disease (PVD) Imaging Guidelines
- Pediatric Abdominal Imaging Guidelines
- Pediatric Cardiac Imaging Guidelines
- Pediatric Head Imaging Guidelines
- Pediatric Musculoskeletal Imaging Guidelines
- Pediatric Oncology Imaging Guidelines

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](http://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. Cardiology & Radiology)
- 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](http://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., Cardiology & Radiology
- 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](https://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](https://Availity.com) 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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**Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans managed by Blue Cross and Blue Shield of Alabama | P81-22**

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://Policies & Guidelines (exploremyplan.com))



Policy #	Policy Title
MP-215	Amino Acid-Based Elemental Formulas
MP-681	Biofeedback

### Draft Provider-Administered Drug Policies

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

Policy #	Policy Title
PH-403	Immunoglobulin Therapy
PH-90677	Skysona® (elivaldogene autotemcel)
PH-90674	Spevigo® (spesolimab)
PH-90673	Xenpozyme™ (olipudase alfa)
PH-90018	Beriner® (C1 Esterase Inhibitor, Human)
PH-90028	Cimzia® (certolizumab pegol)
PH-90347	Fasenra® (benralizumab)
PH-90260	Nucala® (mepolizumab)
PH-90207	Ruconest® (C1 Esterase Inhibitor [recombinant])
PH-90146	Xolair® (omalizumab)
PH-90002	Actemra® (tocilizumab)
PH-90497	Beovu® (brolucizumab-dbll)
PH-90273	Cinqair® (reslizumab)
PH-90660	Enjaymo™ (sutimlimab-jome)
PH-90026	Eylea® (aflibercept)
PH-90061	Hyaluronic Acid Derivatives: Durolane®, Euflexxa™, Gel-One®, GelSyn-3™, GenVisc 850®, Hyalgan™, Hymovis®, Monovisc®, Orthovisc™, Supartz/Supartz FX™, Synvisc™, Synvisc-One™, Triluron™, TriVisc™, VISCO-3™, & sodium hyaluronate 1%
PH-90104	Infliximab: Remicade®; Inflectra™; Renflexis™; Avsola™, Infliximab*
PH-90167	Kalbitor® (ecallantide)
PH-90223	Lemtrada® (alemtuzumab)
PH-90080	Leuprolide Suspension: Lupron Depot®, Lupron Depot-Ped®, Eligard®, Fensolvi®, Camcevi™
PH-90081	Macugen® (pegaptanib)
PH-90298	Ocrevus™ (ocrelizumab)
PH-90176	Simponi Aria® (golimumab)
PH-90634	Susvimo™ (ranibizumab)
PH-90131	Trelstar® (triptorelin)



## MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

### No-Load Miles (Deadhead) Reimbursement Rate for Minnesota Health Care Programs Subscribers | P76-22

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has approved a reimbursement change for deadhead mileage billed on eligible transportation claims for Minnesota Health Care Programs (MHCP) subscribers, effective January 1, 2023. Deadhead mileage will be reimbursed by Blue Plus at \$.75 per mile.

#### Deadhead Mileage Approval

Medical transportation miles driven without the MHCP Subscriber in the vehicle is considered deadhead mileage. Deadhead mileage may be covered on a case-by-case basis and must be pre-approved by BlueRide staff. Authorization must be requested prior to the non-emergency medical ride being provided. BlueRide reserves the right to work with the most cost-effective form of transportation.

#### Billing Deadhead Mileage

Deadhead mileage must be billed on a separate line from the actual loaded miles using the mileage code with TP modifier. The miles will equal the units of service (1 approved deadhead mile = 1 unit of service).

#### Products Impacted

This notice applies to the following MHCP products:

- Blue Advantage Prepaid Medical Assistance Program (PMAP)
- Minnesota Senior Care Plus (MSC+)
- MinnesotaCare
- SecureBlue (MSHO)

#### Questions?

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

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### Reimbursement Rate Changes for Psychotherapy Codes 90837 and 90838 | P79-22

Effective January 1, 2023, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be updating the reimbursement for certain mental health services in accordance with Minnesota Statutes 256B.763. Psychotherapy codes 90837 and 90838 will be reimbursed at rates that are at least the same as the fee for service rates published by the Minnesota Department of Human Services.

#### Products Impacted

This information applies to the following products:

- Families and Children (formerly Prepaid Medical Assistance Program)
- Minnesota Senior Care Plus
- MinnesotaCare
- Minnesota Senior Health Options

#### Questions?

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

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## Updated Minnesota Health Care Programs (MHCP) & Minnesota Senior Health Options (MSHO) Prior Authorization & Medical Policy Requirements (P82-22)

Effective February 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 **February 1, 2023**.

Policy #	Policy name	New policy	Prior authorization required	
			MHCP	MSHO
ING-CC-0219	Korsuva (difelikefalin acetate)	Yes	No	No
ING-CC-0220	Xenpozyme (olipudase alfa)	Yes	Yes	Yes
ING-CC-0221	Spevigo (spesolimab-sbzo)	Yes	Yes	Yes
CG-LAB-22	Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis	Yes	No	No
CG-SURG-114	Ophthalmic use of Nd:YAG Laser for Posterior Capsulotomy	Yes	No	No
DME.00049	External Upper Limb Stimulation for the Treatment of Tremors	Yes	No	No
DME.00050	Remote Devices for Intermittent Monitoring of Intraocular Pressure	Yes	No	No
LAB.00049	Artificial Intelligence-Based Software for Prostate Cancer Detection	Yes	No	No
MED.00141	High-volume Colonic Irrigation	Yes	No	No
TRANS.00040	Hand Transplantation	Yes	No	No
DME.00044	Robotic Arm Assistive Devices	Yes	No	No
Blue Cross IV-164	Perirectal Spacer for Use During Radiotherapy for Prostate Cancer	Yes	Yes	Yes
Blue Cross II-04	Hyperbaric Oxygen Therapy	Yes	Yes	Yes

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **February 1, 2023**.

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
ING-CC-0001	Erythropoiesis Stimulating Agents	Yes	Yes

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
ING-CC-0104	Levoleucovorin Agents	Yes	Yes
ING-CC-0100	Istodax (romidepsin)	Yes	Yes
ING-CC-0182	Iron Agents	Yes	Yes
ING-CC-0075	Rituximab Agents for Non-Oncologic Indications	Yes	Yes
ING-CC-0176	Beleodaq (belinostat)	Yes	Yes
ING-CC-0107	Bevacizumab for non-ophthalmologic indications	Yes	Yes
ING-CC-0002	Colony Stimulating Factor Agents	Yes	Yes
ING-CC-0187	Breyanzi (lisocabtagene maraleucel)	Yes	Yes
ING-CC-0216	Opdualag (nivolumab and relatlimab-rmbw)	Yes	Yes
ING-CC-0196	Zynlonta (loncastuximab tesirine-lpyl)	Yes	Yes
ING-CC-0097	Vidaza (azacitidine)	Yes	Yes
ING-CC-0197	Jemperli (dostarlimab-gxly)	Yes	Yes
ING-CC-0203	Ryplazim (plasminogen, human-tvmh)	Yes	Yes
ING-CC-0142	Somatuline Depot (lanreotide)	Yes	Yes
ING-CC-0058	Octreotide Agents (Bynfezia Pen, Sandostatin, or Sandostatin LAR)	Yes	Yes
ING-CC-0209	Leqvio (inclisiran)	Yes	Yes
ING-CC-0193	Evkeeza (evinacumab)	Yes	Yes
ING-CC-0019	Zoledronic Acid Agents	Yes	Yes
ING-CC-0140	Zulresso (brexanolone)	Yes	Yes
ING-CC-0207	Vyvgart (efgartigimod alfa-fcab)	Yes	Yes
ING-CC-0028	Benlysta (belimumab)	Yes	Yes
CG-GENE-11	Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status	Yes	Yes
CG-MED-69	Inhaled Nitric Oxide	No	No
CG-SURG-01	Colonoscopy	No	No
CG-SURG-63	Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure	No	No
CG-SURG-90	Mohs Micrographic Surgery	Yes	Yes
DME.00041	Ultrasonic Diathermy Devices	No	No
LAB.00011	Selected Protein Biomarker Algorithmic Assays	No	No
SURG.00079	Nasal Valve Repair	No	No
SURG.00119	Endobronchial Valve Devices	No	No
SURG.00121	Transcatheter Heart Valve Procedures	Yes	Yes

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	Yes	Yes
CG-MED-68	Therapeutic Apheresis	No	No

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

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
CG-SURG-40	Cataract Removal Surgery for Adults	Yes	Yes
CG-SURG-77	Refractive Surgery	Yes	Yes
SP-01	Spine- Bone Graft Substitutes and Bone Morphogenic Proteins	Yes	Yes

The following policies and/or prior authorization requirements will be archived and **will not be applicable** under the medical benefit plan to subscriber claims on or after **February 1, 2023**.

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
GENE.00034	SensiGene® Fetal RhD Genotyping Test	Yes	Yes
SURG.00143	Perirectal Spacers for Use During Prostate Radiotherapy	Yes	Yes
Blue Cross IV-152	Transcatheter Mitral Valve Repair	Yes	Yes

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

Code	Code description	Policy source
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Blue Cross IV-123
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Blue Cross IV-123 and MED.00132
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof	Blue Cross IV-123 and MED.00132
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Blue Cross IV-123 and MED.00132
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof	Blue Cross IV-123 and MED.00132

Code	Code description	Policy source
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	SP-04
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	SP-04

**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**.