

PROVIDER BULLETIN

PROVIDER INFORMATION



December 1, 2022

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

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

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 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	New policy	Prior authorization required	
			MHCP	MSHO
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
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

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
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
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

Code	Code description	Policy source
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
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.

or

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