

# PROVIDER BULLETIN

## PROVIDER INFORMATION



February 1, 2023

### WHAT'S INSIDE:

#### ADMINISTRATIVE UPDATES

**Reminder: Medicare Requirements for Reporting Demographic Changes** **Page 2**  
(published in every summary of monthly bulletins)

#### CONTRACT UPDATES

**Update: Modifier -53 Reimbursement Changes, Effective April 3, 2023 (P10-23)** **Page 2**

#### MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

**Revision | New Medical, Medical Drug and Behavioral Health Policy Management** **Page 2**  
**Updates: Effective April 3, 2023 (P77R1-22)**

**eviCore Healthcare Specialty Utilization Management (UM) Program: Sleep** **Page 4**  
**Management Clinical Guideline Updates (P6-23)**

**New Medical, Medical Drug and Behavioral Health Policy Management** **Page 6**  
**Updates: Effective April 3, 2023 (P8-23)**

**Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans** **Page 7**  
**managed by Blue Cross and Blue Shield of Alabama (P9-23)**

#### MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

**Revision: Children's Therapeutic Services and Supports (CTSS) Prior Authorization** **Page 8**  
**Requirement (P25R1-20)**

**Updated Minnesota Health Care Programs (MHCP) & Minnesota Senior Health** **Page 9**  
**Options (MSHO) Prior Authorization & Medical Policy Requirements (P7-23)**

## 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 (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

### Update: Modifier -53 Reimbursement Changes, Effective April 3, 2023 | P10-23

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be implementing changes to Reimbursement Policy General Coding – 003 related to modifier -53 reimbursement.

#### Modifier -53 Fee Schedule Reduction

Blue Cross will begin reimbursing procedure codes billed with a -53 modifier at the lesser of 50% of the physician fee schedule allowance or charge submitted, effective for dates of service beginning April 3, 2023

#### Products Impacted

- Commercial
- Federal Employee Program (FEP)
- Medicare Advantage
- Medicare Platinum Blue

#### Questions?

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

---

## MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

### Revision: New Medical, Medical Drug and Behavioral Health Policy Management Updates, Effective January 30, 2023 | P77R1-22

**REVISION: Blue Cross is revising Provider Bulletin P77-22, published on 12/1/2022. Lecanemab (Leqembi™) is now FDA approved and will require PA under NCD 200.3 for Medicare Advantage. All other information remains the same.**

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 • Occlusal orthotic device	No	New	Commercial and Medicare Advantage
II-268	Elivaldogene Autotemcel (Skysona®)	Yes (Moving from Policy II-173)	Continued	Commercial
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: • Teclistamab (Tecvayli™)	No	Continued**	Commercial Fully Insured
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: • Teclistamab (Tecvayli™)	No	New	Commercial Self Insured
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: • Teclistamab (Tecvayli™)	No	Continued**	Medicare Advantage
II-71	Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions • Ranibizumab (Cimerli™)	No (Moving from Policy II-173)	Continued	Commercial
Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: • Lifileucel*	No	New	Medicare Advantage
NCD 200.3	Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD): • Lecanemab (Leqembi™)	Yes	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**.

---

## eviCore Healthcare Specialty Utilization Management (UM) Program: Sleep Management Clinical Guideline Updates | P6-23

eviCore has released clinical guideline updates for the Sleep Management program. Guideline updates will become effective **April 1, 2023**.

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

### Guidelines with substantive changes:

- In-laboratory Polysomnography- OSA Indications (SL-2.2)
- Pediatric Sleep Guidelines (SL-3)

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. Radiation 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., Radiation 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.

**New Medical, Medical Drug and Behavioral Health Policy Management Updates: Effective April 3, 2023 | P8-23**

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 April 3, 2023:**

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-269	Spesolimab (Spevigo®)	Yes <i>(Moving from Policy II-173)</i>	Continued	Commercial
II-270	Olipudase alfa-rpcp (Xenpozyme™)	Yes <i>(Moving from Policy II-173)</i>	Continued	Commercial
II-166	Anesthesia Services for Dental Procedures	No	New	Commercial/ Medicare Advantage
NCD 200.3	Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD): • Aducanumab (Aduhelm™)	No <i>(Moving from Policy II-254)</i>	Continued	Medicare Advantage
L3339 4	Coverage for Drugs & Biologics for Label & Off-Label Uses: • Tofersen*	No	New	Medicare Advantage

\*PA will be required upon FDA approval.

**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 **March 27, 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 <https://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**.

## **Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans managed by Blue Cross and Blue Shield of Alabama | P9-23**

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 \(exploremyplan.com\)](http://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 \(exploremyplan.com\)](#) and [Policies & Guidelines \(exploremyplan.com\)](#)

Policy #	Policy Title
PH-90495	Feraheme® (ferumoxytol)
PH-90524	Monoferric™ (ferric derisomaltose)

## MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

### Revision: Children’s Therapeutic Services and Supports (CTSS) Prior Authorization Requirement | P25R1-20

***REVISION to P25-20 originally published on May 1, 2020, adding new Children’s Therapeutic Services & Supports (CTSS) Skills and Children’s CTSS Day Treatment Prior Authorization Request Form to the required documentation list and removing the Behavioral Health Outpatient Treatment Report Form.***

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) require prior authorization (PA) when a Minnesota Health Care Programs (MHCP) member has exceeded 200 hours of combined Children’s Therapeutic Services and Supports (CTSS) individual, family, or group treatment, or 150 hours of CTSS Day Treatment. Once a member’s treatment has exceeded these thresholds, claims will deny unless a PA request is sent prior to submitting the 201st hour or 151st hour claims respectively. This requirement was effective July 1, 2020, and any member that has exceeded those thresholds will need to request authorization.

#### Required Documentation

The following documentation must be sent by the CTSS provider prior to submitting the 201st hour of CTSS skills treatment or 151st hour of CTSS day treatment, either by fax to **844-452-8069** or via the ICR tool on the Availity Portal (click on “Proceed with UM Review” option if PA is required beyond the listed threshold):

- Clinical documentation to support request, including but not limited to:
  - **NEW: Children’s Therapeutic Services & Supports (CTSS) Skills and Children’s CTSS Day Treatment Prior Authorization Request Form** (see *Forms* section of <https://provider.publicprograms.bluecrossmn.com/minnesota-provider/home>)
  - Child and Adolescent Service Intensity Instrument (CASII) or Early Childhood Service Intensity Instrument (ECSII)
  - Individual Treatment Plan (ITP), Diagnostic Assessment, and additional progress documentation
  - **The Behavioral Health Outpatient Treatment Report Form** will no longer be used for authorizing CTSS services.
- Failure to submit this authorization request will result in denial of claims for lack of PA for treatment that exceeds the thresholds.
- For appeals information, see *Claim Appeals* section of <https://provider.publicprograms.bluecrossmn.com/minnesota-provider/home>

#### Medical Necessity Criteria



Requests for PA will be reviewed for medical necessity per the MCG Mental Health Support Services guidelines, in addition to a review for service eligibility per statutory requirements.

**CTSS Codes Impacted**

- CTSS Skills Training, 200-hour threshold:
  - H2014 UA: Skills Training & Development—Individual
  - H2014 UA HQ: Skills Training & Development—Group
  - H2014 UA HR: Skills Training & Development—Family
- CTSS Skills Training, 200-hour threshold:
  - H2014 UA: Skills Training & Development—Individual
  - H2014 UA HQ: Skills Training & Development—Group

**Products Impacted**

This information applies to the following products:

- Families and Children (formerly Prepaid Medical Assistance Program)
- MinnesotaCare

**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 | P7-23**

Effective April 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 **April 1, 2023**.

Policy #	Policy name	New policy	Prior authorization required	
			MHCP	MSHO
MED.00135	Gene Therapy for Hemophilia	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 April 1, 2023.

New policy #	Prior policy #	Policy name	Prior authorization required	
			MHCP	MSHO
Blue Cross II-16	MHCP	Botulinum Toxin	Yes	Yes

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

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
AI-05	Advanced Imaging of the Heart: <ul style="list-style-type: none"> <li>Cardiac CT with Quantitative Evaluation of Coronary Calcification</li> <li>Cardiac MRI</li> <li>Myocardial Perfusion Imaging</li> <li>Cardiac Blood Pool Imaging</li> </ul>	Yes	Yes
IP-01	Interventional Pain – Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	Yes	Yes
IP-02	Interventional Pain – Paravertebral Facet Injection/Medial Branch Nerve Block/Neurolysis	Yes	Yes
IP-03	Interventional Pain – Regional Sympathetic Nerve Block	Yes	Yes
AI-01	Advanced Imaging of the Brain: <ul style="list-style-type: none"> <li>PET Imaging of the Brain</li> </ul>	Yes	Yes
AI-03	Advanced Oncologic Imaging: <ul style="list-style-type: none"> <li>PET Imaging for Oncologic Indications</li> </ul>	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*?**

- 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**.