

PROVIDER BULLETIN

PROVIDER INFORMATION



December 1, 2022

New Medical, Medical Drug and Behavioral Health Policy Management Updates: Effective January 30, 2023

NOTE: Provider Bulletin P77-22, published on 12/1/2022, was revised on 02/01/23. Please see Bulletin P77R1-22.

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"> Occlusal orthotic device 	No	New	Commercial and Medicare Advantage
II-268	<ul style="list-style-type: none"> Elivaldogene Autotemcel (Skysona®) 	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"> Teclistamab (Tecvayli™) 	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"> Teclistamab (Tecvayli™) 	No	New	Commercial Self Insured
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: <ul style="list-style-type: none"> Teclistamab (Tecvayli™) 	No	Continued**	Medicare Advantage

P77-22
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II-71	Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions <ul style="list-style-type: none">• Ranibizumab (Cimerli™)	No <i>(Moving from Policy II-173)</i>	Continued	Commercial
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Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: <ul style="list-style-type: none"> • Lecanemab* • Lifileucel* 	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
 - 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 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 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**.