

# PROVIDER BULLETIN

## PROVIDER INFORMATION



March 1, 2023

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

Effective May 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 **May 1, 2023**:

Policy #	Policy name	New policy	Prior authorization required	
			MHCP	MSHO
MED.00143	Ingestible Devices for the Treatment of Constipation	Yes	No	No
CC-0222	Tecvayli (teclistamab-cqyv)	Yes	Yes	Yes
CC-0223	Imjudo (tremelimumab-actl)	Yes	Yes	Yes
CC-0224	Pedmark (sodium thiosulfate injection)	Yes	Yes	Yes
CC-0225	Tzield (teplizumab)	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 **May 1, 2023**:

New policy #	Prior policy #	Policy name	Prior authorization required	
			MHCP	MSHO
CG-MED-93	MED.00099	Navigational Bronchoscopy	No	No

P13-23  
 Distribution: [bluecrossmn.com/providers/forms-and-publications](http://bluecrossmn.com/providers/forms-and-publications)  
 MNBCBS-CDCR-018740-23 February 2023  
 Amerigroup Partnership Plan, LLC, an independent company, is delegated by Blue Plus to provide certain administrative services to Blue Plus health plans.

New policy #	Prior policy #	Policy name	Prior authorization required	
			MHCP	MSHO
CG-SURG-115	SURG.00098	Mechanical Embolectomy for Treatment of Stroke	No	No
CG-SURG-116	CG-MED-63	Surgical Treatment of Hyperhidrosis	Yes	Yes
CG-MED-28	CG-MED-63	Iontophoresis	No	No
CG-GENE-14	CG-GENE-17; CG-GENE-07	Gene Mutation Testing for Cancer Susceptibility and Management	Yes	Yes
CG-GENE-13	CG-GENE-23; GENE.00033; GENE.00037; GENE.00038; GENE.00039	Genetic Testing for Inherited Diseases	Yes	Yes
GENE.00052	CG-GENE-23; GENE.00037	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Yes	Yes
MHCP	CC-0207	Vyvgart (efgartigimod alfa-fcab)	Yes	Yes
MHCP	CC-0216	Opdualag (nivolumab and relatlimab-rmbw)	Yes	Yes
MHCP	CC-0211	Kimtrak (tebentafusp-tebn)	Yes	Yes
MHCP	CC-0210	Enjaymo (sutimlimab-jome)	Yes	Yes
MHCP	CC-0205	Fyarro (sirolimus albumin bound)	Yes	Yes

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

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
ADMIN.00001	Medical Policy Formation	No	No
CG-ANC-07	Inpatient Interfacility Transfers	No	No
CG-DME-44	Electric Tumor Treatment Field (TTF)	Yes	Yes
CG-LAB-13	Skin Nerve Fiber Density Testing	No	No
CG-MED-86	Enhanced External Counterpulsation in the Outpatient Setting	No	No
CG-SURG-03	Blepharoplasty, Blepharoptosis Repair, and Brow Lift	Yes	Yes
CG-SURG-83	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Yes	Yes
MED.00130	Surface Electromyography and Electrodermal Activity Sensor Devices for Seizure Monitoring	No	No
MED.00140	Gene Therapy for Beta Thalassemia	Yes	Yes
MED.00142	Gene Therapy for Cerebral Adrenoleukodystrophy	Yes	Yes
SURG.00010	Treatments for Urinary Incontinence	Yes	Yes
SURG.00023	Breast Procedures including Reconstructive Surgery, Implants and Other Breast Procedures	Yes	Yes
SURG.00097	Scoliosis Surgery	No	No
CC-0130	Imfinzi (durvalumab)	Yes	Yes
CC-0059	Selected Injectable NK-1 Antiemetic Agents	Yes	Yes

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
CC-0148	Agents for Hemophilia B	Yes	Yes
CC-0149	Select Clotting Agents for Bleeding Disorders	Yes	Yes
CC-0065	Agents for Hemophilia A and von Willebrand Disease	Yes	Yes
CC-0124	Keytruda (pembrolizumab)	Yes	Yes
CC-0168	Tecartus (brexucabtagene autoleucel)	Yes	Yes
CC-0195	Abecma (idecabtagene vicleucel)	Yes	Yes
CC-0150	Kymriah (tisagenlecleucel)	Yes	Yes
CC-0151	Yescarta (axicabtagene ciloleucel)	Yes	Yes
CC-0187	Breyanzi (lisocabtagene maraleucel)	Yes	Yes
CC-0214	Carvykti (ciltacabtagene autoleucel)	Yes	Yes
CC-0170	Uplizna (inebilizumab-cdon)	Yes	Yes
CC-0003	Immunoglobulins	Yes	Yes
CC-0073	Alpha-1 Proteinase Inhibitor Therapy	Yes	Yes
CC-0040	Prialt (ziconotide)	Yes	Yes
CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists (Alymsys, Avastin, Byooviz, Macugen, Mvasii, Vabysmo and Zirabev only)	Yes	Yes
CC-0100	Istodax (romidepsin)	Yes	Yes
CC-0204	Tivdak (tisotumab vedotin-tftv)	Yes	Yes
CC-0205	Fyarro (sirolimus albumin bound)	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 **May 1, 2023**:

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
MED.00065	Hepatic Activation Therapy	No	No
REHAB.00003	Hippotherapy	No	No
SURG.00082	Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures of the Appendicular System	No	No
CG-MED-63	Treatment of Hyperhidrosis	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**.