

PROVIDER BULLETIN

PROVIDER INFORMATION



April 3, 2023

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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

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

Inflation Reduction Act (IRA): Part B Rebatable Drugs and Part B Insulin Cap | P17-23

On January 1, 2023, Blue Cross and Blue Shield of Minnesota implemented changes for Part D Vaccines and Part D insulin. Effective on dates of service **April 1, 2023** and **July 1, 2023**, additional changes will be implemented.

Part B Rebatable Drugs

Effective April 1, 2023, certain Medicare Part B drugs may have a lower coinsurance than what is stated in a member's benefit documents. Members may pay a lower coinsurance if the price of the drug is rising faster than the rate of inflation. The Centers for Medicare & Medicaid Services (CMS) makes the determination on which Part B drugs qualify for the lower coinsurance and the coinsurance amount.

The Part B drugs that are rebatable and the coinsurance amounts may change quarterly and will be posted here: [2023 ASP Drug Pricing Files | CMS](#). The Rebatable Drug Coinsurance Adjustment will occur through an enrollee refund if the reduction occurs prior to the claim being processed in 2023.

Part B Insulin Caps

Effective July 1, 2023, claims for insulin furnished under Part B for use in insulin pumps will have a member cost sharing cap of \$35 for a one-month supply.

For more information, please refer to the MedLearn issued on February 9, 2023:

https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive/2023-02-09-oc#_Toc126844574

Previously Published Blue Cross and Blue Shield Provider Bulletin from January 2, 2023: [P1-23 Inflation Reduction Act \(IRA\).pdf](#)

Medicare Products Impacted

- Medicare Advantage plans w/Rx: Core, Comfort, and Choice
- Platinum Blue Cost w/Rx: Core, Choice and Complete
- MedicareBlue Rx stand-alone PDP plans: Select, Standard and Premier
- Medicare Advantage Complete will continue to have insulin at \$0 through the deductible, initial coverage, and gap stages.
- Group Medicare Advantage (Employee Group Waiver Plans (EGWP))

Questions?

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

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

Updated Reimbursement Policy: Preventive Medicine Services, Effective June 5, 2023 | P19-23

Effective June 5, 2023, Blue Cross and Blue Shield of Minnesota will publish an updated reimbursement policy, **Evaluation and Management-011 Preventive Medicine Services**.

This policy outlines services that are generally considered to be included in a preventive medicine service (CPT codes 99381-99387 and 99391-99397) and are not reimbursed separately.

These services include:

- Counseling/Risk Factor Reduction
- Age and Gender Appropriate Screening Services
- Medical Nutrition Counseling Therapy Services
- Auditory Screening Services
- Visual Function and Acuity Screenings

As a reminder, a modifier should not be appended to a HCPCS/CPT code solely to bypass a National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edit if the clinical circumstances do not justify its use.

Products Impacted

Commercial and FEP.

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 | P21-23

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 \(exploremyplan.com\)](https://mn-policies.exploremyplan.com/portal/web/mn-policies/feedback)

Policy #	Policy Title
MP-387	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas
MP-483	Transcatheter Aortic-valve Implantation for Aortic Stenosis
MP-170	Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric Disorders
MP-753	Cardiac Contractility Modulation
MP-451	Intravitreal and Punctum Corticosteroid Implants
MP-718	Neuromuscular Electrical Stimulation (NMES)

Draft Provider-Administered Drug Policies

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

Policy #	Policy Title
PH-90006	Aldurazyme® (laronidase)
PH-90299	Brineura (cerliponase alfa)
PH-90034	Elaprase® (idursulfase)
PH-90660	Enjaymo™ (sutimlimab-jome)
PH-90042	Fabrazyme® (agalsidase beta)
PH-90277	Kanuma™ (sebelipase alfa)
PH-90079	Lumizyme® (alglucosidase alfa)
PH-90346	Mepsevii® (vestronidase alfa-vjbk)
PH-90615	Nexviazyme™ (avalglucosidase alfa-ngpt)
PH-90089	Nplate® (romiplostim)
PH-90677	Skysona® (elivaldogene autotemcel)
PH-90673	Xenpozyme™ (olipudase alfa)

PH-9406	Rituxan, Truxima, Ruxience, Riabni, Rituxan Hycela (rituximab)
PH-90312	Injectafer® (ferric carboxymaltose injection)
PH-90524	Monoferric™ (ferric derisomaltose)
PH-90693	Briumvi™ (ublituximab-xiyy)
MPD-90691	Adstiladrin® (nadofaragene firadenovec-vncg)
PH-90694	Leqembi™ (lecanemab-irmb)
PH-90688	Hemgenix®(etranacogene dezaparvovec)
PH-90648	Rethymic®(Allogeneic processed thymus tissue)

New Medical, Medical Drug and Behavioral Health Policy Management Updates: Effective June 5, 2023 | P22-23

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 June 5, 2023:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-274	Nadofaragene Firadenovec (Adstiladrin®)	Yes (Moving from Policy II-173)	Continued	Commercial
II-275	Ublituximab (Briumvi™)	Yes (Moving from Policy II-173)	Continued	Commercial
VI-56	Genetic Cancer Susceptibility Panels	No	New	Commercial

Products Impacted

- The information in this bulletin applies only to subscribers who have coverage through Commercial lines of business.

Submitting a PA Request when Applicable

- Providers may submit PA requests for any treatment in the above table starting **May 29, 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 <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**.

Updated Reimbursement Policy: Lab Rebundling, Effective June 5, 2023 | P23-23

Effective June 5, 2023, Blue Cross and Blue Shield of Minnesota (Blue Cross) will publish an updated reimbursement policy; Lab/Path Services - 001 Lab Rebundling Policy.

Blue Cross considers certain sexually transmitted infection (STI) testing codes to be part of a laboratory panel grouping.

When two or more of the single STI test codes are billed separately by the same provider on the same date of service, those codes will be reimbursed at the rate for the more comprehensive laboratory procedure.

Applicable single STI CPT codes:

- 87491 Chlamydia trachomatis
- 87591 Neisseria gonorrhoeae
- 87661 Trichomonas vaginalis

Applicable single STI CPT codes:

- 87801 Comprehensive multiple organism code

Products Impacted

Commercial

Questions?

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

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs (MHCP) & Minnesota Senior Health Options (MSHO) Prior Authorization & Medical Policy Requirements | P18-23

Effective June 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 **June 1, 2023**:

Policy #	Policy name	New policy	Prior authorization required	
			MHCP	MSHO
CC-0226	Elahere (mirvetuximab)	Yes	Yes	Yes
CC-0227	Briumvi (ublituximab)	Yes	Yes	Yes
CC-0228	Leqembi (lecanemab)	Yes	Yes	Yes
CC-0229	Sunlenca (lenacapavir) (Medicaid only)	Yes	Yes	No

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

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
CC-0190	Nulibry (fosdenopterin)	Yes	Yes
CC-0185	Oxlumo (lumasiran)	Yes	Yes
CC-0198	Relizorb (immobilized lipase) cartridge	Yes	Yes
CC-0072	Vascular Endothelial Growth Factor (VEGF) Inhibitors (Alymsys, Avastin, Byooviz, Macugen, Mvasii, Vabysmo and Zirabev only)	Yes	Yes
CC-0130	Imfinzi (durvalumab)	Yes	Yes
CC-0223	Imjudo (tremelimumab-actl)	Yes	Yes

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
CC-0220	Xenpozyme (olipudase alfa-rpcp)	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 **June 1, 2023**.

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
GT-05	Pharmacogenomic Testing and Genetic Testing for Thrombotic Disorders: <ul style="list-style-type: none"> Pharmacogenomic Testing Thrombophilia Testing 	Yes	Yes

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

Code	Code description	Policy source
L8699	Prosthetic implant, not otherwise specified	TRANS.00038

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 > 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 > 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
- 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**.

Electronic Visit Verification Requirements for Personal Care Service Providers | P24-23

Blue Cross and Blue Shield of Minnesota and Blue Plus including Bridgeview (Blue Cross) will begin to use an Electronic Visit Verification (EVV) for personal care services and home health services later this year as required by the federal 21st Century Cures Act. The law defines personal care services as those that support activities of daily living or instrumental activities of daily living and require an in-home visit. Affected providers should have received either a letter in the mail or an email with the information contained in this bulletin.

Information about EVV, including the specific services affected, is available on the DHS website at:

<https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/evv/>

The law requires providers to use an electronic verification method to record member information, individual provider information, location of the services, beginning and ending times of the services, along with the date and type of service performed.

Blue Cross is using a hybrid EVV model. With the hybrid model, providers may select either the Blue Cross provided system or an EVV system that works best for their business. Blue Cross is using the state-selected system, HHAeXchange, as our EVV vendor. If providers choose another EVV system, the system must be able to submit data to HHAeXchange's system. Blue Cross will not charge providers to access HHAeXchange's system. It is understood that providers might need to spend time and resources to make this change and comply with the law in cooperation with Blue Cross.

Blue Cross requires all personal care service providers to connect to the HHAeXchange system by the Provider Go-Live date. Blue Cross projects, in coordination with DHS, that the Provider Go-Live date will be in the June timeframe, but we will set and communicate that date as our implementation progresses. On that date, providers must be connected to the HHAeXchange system and use their selected EVV system for services specified in the law. Blue Cross understands it will take time for EVV use to become routine for direct support workers and people who use services and for providers to comply fully.

Providers that are contracted with multiple MCOs in Minnesota will be receiving a similar welcome letter. All necessary enrollment steps will only need to be completed once for all MCOs.

HHAX platform options

HHAeXchange offers a free EVV solution and free data-integration options for providers who already have an EVV solution. Provider agencies play a vital role in the success of the EVV project. All Blue Cross personal care service providers must choose one of these two options:

- Providers without an EVV solution may set up and use the free EVV tools from HHAeXchange provided by Blue Cross.
- Providers who use a different EVV system may use their existing EVV system and send visit data to the HHAeXchange system using electronic data interchange.

HHAeXchange Enrollment Form

Providers must complete the HHAeXchange enrollment form no later than April 28, 2023, to allow time for HHAeXchange to configure their provider portal. The enrollment form link is located at:

<https://www.cognitofrms.com/HHAeXchange1/MinnesotaMCOHHAeXchangeProviderEnrollmentForm>

Please fill out the enrollment form if you are a new provider to HHAeXchange in Minnesota. Providers currently enrolled with HHAeXchange must update their enrollment form to indicate all managed care organizations (MCO) with whom you work.

Information Sessions

All Providers are required to attend an online information session. Information sessions are scheduled for 90 minutes. Information sessions will be held jointly with all Minnesota MCOs and are not plan-specific. HHAeXchange will send registration links to the people who complete the HHAeXchange provider enrollment form. Once registered, providers may share the link with other staff at the agency. Recommended attendees include owners, office managers and supervisors.

Scheduled Sessions

- 2:00 PM CST Tuesday, April 18th
- 10:00 AM CST Thursday, April 20th
- 12:00 PM CST Friday, April 21st

Products Impacted

- Minnesota Senior Care Plus (MSC+)
- Minnesota Senior Health Options (MSHO)

Questions?

Contact Blue Cross at MHCPProviders@BlueCrossMN.com. For questions or help with the HHAeXchange system, email Support@HHAeXchange.com or visit the project website at <https://hhaexchange.com/mn/>

Children's Therapeutic Services and Supports (CTSS) Prior Authorization Requirement | P25R2-20

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**.