PROVIDER BULLETIN PROVIDER INFORMATION



April 3, 2023

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

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	
		МНСР	MSHO
CC-0190	Nulibry (fosdenopterin)	Yes	Yes
CC-0185	Oxlumo (lumasiran)	Yes	Yes

P18-23

Distribution: bluecrossmn.com/providers/forms-and-publications

MNBCBS-CDCR-020703-23

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	Prior authorization required	
,	·	MHCP	MSHO
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
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	
	·	МНСР	MSHO
GT-05	Pharmacogenomic Testing and Genetic Testing for Thrombotic Disorders:	Yes	Yes
	Pharmacogenomic TestingThrombophilia Testing	100	100

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?ldcService=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/minnesotaprovider/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.