PROVIDER BULLETIN
PROVIDER INFORMATION

May 1, 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

2023 Renewal Changes Summary for Blue Plus Referral Health Professional Providers | P26-23

The purpose of this Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Plus) Bulletin is to communicate changes to the 2023 Blue Plus Referral Health Professional Provider Service Agreement (Agreement) being made as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. Material changes to the Agreement effective in 2023 are detailed below.

Provider Service Agreement Changes

Article III.B. Claims Submission. As communicated in Provider Bulletin P74-22 published on December 1, 2022, Blue Plus implemented a change to the claims timely filing limit for all lines of business, from 120 to 180 days, effective February 1, 2023. Article III.B. of the Agreement now states: “In no event may Provider submit claims later than 180 days from the date of service.”

No material changes have been made to the Medicare Amendment.

Disclosure of Ownership
A Disclosure of Ownership form must be submitted **once annually** to Blue Plus, per Minnesota Department of Human Services requirements. The form is located at https://www.bluecrossmn.com/providers/forms-and-publications (enter “Disclosure of Ownership and Management Information Form” in the Search bar). Email the completed form and any questions to: DisclosureStatement@bluecrossmn.com

Questions?
If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**. If you would like to receive a comprehensive copy of the July 1, 2023 renewal Agreement,

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2023 Renewal Changes Summary for Suppliers of Durable Medical Equipment | P27-23

The purpose of this Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) Bulletin is to communicate changes to the 2023 Provider Service Agreement with Suppliers of Durable Medical Equipment (Agreement) being made as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. Material changes to the Agreement effective in 2023 are detailed below.

Provider Service Agreement Changes

Article III.B. Claims Submission. As communicated in Provider Bulletin P74-22 published on December 1, 2022, Blue Cross implemented a change to the claims timely filing limit for all lines of business, from 120 to 180 days, effective February 1, 2023. Article III.B. of the Agreement now states: "In no event may Provider submit claims later than 180 days from the date of service."

No material changes have been made to the Medicare Amendment.

Disclosure of Ownership
A Disclosure of Ownership form must be submitted **once annually** to Blue Cross, per Minnesota Department of Human Services requirements. The form is located at https://www.bluecrossmn.com/providers/forms-and-publications (enter "Disclosure of Ownership and Management Information Form" in the Search bar). Email the completed form and any questions to: DisclosureStatement@bluecrossmn.com

Questions?
If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**. If you would like to receive a comprehensive copy of the July 1, 2023 renewal Agreement, please email your request to: Request.Contract.Renewal@bluecrossmn.com

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2023 Renewal Changes Summary for Aware Professional Providers | P28-23

The purpose of this Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) Bulletin is to communicate changes to the 2023 Aware Provider Service Agreement (Agreement) being made as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. Material changes to the Agreement effective in 2023 are detailed below.

Provider Service Agreement Changes

Article III.B. Claims Submission. As communicated in Provider Bulletin P74-22 published on December 1, 2022, effective February 1, 2023, Blue Cross implemented a change to the claims timely filing deadline for all lines of business, from 120 to 180 days. Article III.B. of the Aware Provider Service Agreement now states: "In no event may Provider submit claims later than 180 days from the date of service."

Addendum to the Agreement for Ambulatory Service Center (ASC) Providers. Effective July 1, 2023, the ASC Addendum to the Aware Provider Service Agreement detailing reimbursement for outpatient Health Services will be retired. Current ASC reimbursement information is as detailed in Chapter 8 of the Provider Policy and Procedure Manual.

No material changes have been made to the Medicare Amendment.

Disclosure of Ownership
A Disclosure of Ownership form must be submitted **once annually** to Blue Cross, per Minnesota Department of Human Services requirements. The form is located at https://www.bluecrossmn.com/providers/forms-and-publications (enter "Disclosure of Ownership and Management Information Form" in the Search bar). Email the completed form and any questions to: DisclosureStatement@bluecrossmn.com

Questions?
If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**. If you would like to receive a comprehensive copy of the July 1, 2023 renewal Agreement, please email your request to: Request.Contract.Renewal@bluecrossmn.com

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MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans managed by Blue Cross and Blue Shield of Alabama | P29-23

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 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)

Policy #	Policy Title
MP-753	Cardiac Contractility Modulation
MP-451	Intravitreal and Punctum Corticosteroid Implants
MP-718	Neuromuscular Electrical Stimulation (NMES)
MP-755	Digital Health Technologies: Therapeutic Applications
MP-685	Gender Affirming Procedures
MP-753	Cardiac Contractility Modulation

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-90696	Lamzede® (velmanase alfa-tycv)
PH-90026	Eylea® (aflibercept)
PH-90177	Ilaris® (canakinumab)
PH-9401	Spravato® (esketamine)
PH-90660	Enjaymo™ (sutimlimab-jome)
PH-90158	Krystexxa® (pegloticase)
PH-90183	Levoleucovorin: Fusilev®; Khapzory™
PH-90650	Tezspire® (tezepelumab-ekko)
PH-400	Botulinum Toxin

Gender Affirming Care | P30-23

In line with the governor's executive order protecting gender affirming care, Blue Cross and Blue Shield of Minnesota (Blue Cross) believes all Minnesotans have the right to be free from discrimination, including discrimination on the basis of gender identity and gender expression. Blue Cross medical policy is reviewed and updated annually and outlines criteria for gender affirming care informed by the most recent research available.

For more information about coverage of gender affirming care, see the Blue Cross website. https://www.bluecrossmn.com/members/member-resources/coverage/gender-care-and-coverage-overview

Providers and patients with questions are welcome to reach out to our Gender Services Consultant
Toll-free: (866) 694-9361
Local: (651) 662-8511
Email gender.services@bluecrossmn.com

New Medical, Medical Drug and Behavioral Health Policy Management Updates: Effective July 3, 2023 | P31-23

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 July 3, 2023:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-273	Etranacogene dezaparvovec (Hemgenix®)	Yes *(Moving from Policy II-173)*	Continued	Commercial

II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: • Velmanase alfa (Lamzede®)	No	New	Commercial
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: • Daxxify® • Jeuveau® • Velmanase alfa (Lamzede®)	No	New	Medicare Advantage

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 June 26, 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 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?

If you have questions, please contact provider services at (**651**) **662-5200** or **1-800-262-0820**.

eviCore Healthcare Specialty Utilization Management (UM) Program: Musculoskeletal Clinical Guideline Updates | P32-23

eviCore has released clinical guideline updates for the Musculoskeletal program. Guideline updates will become **effective July 1, 2023:**

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- CMM-200: Epidural Steroid Injections
- CMM-209: Regional Sympathetic Blocks
- CMM-211: Spinal Cord and Dorsal Root Ganglion Stimulation
- CMM-403: Neurolytic Agent Creation of Lesion
- CMM-601: Anterior Cervical Discectomy and Fusion
- CMM-602: Cervical Total Disc Arthroplasty
- CMM-604: Posterior Cervical Decompression (Laminectomy/Hemilaminectomy/Laminoplasty) with or without Fusion
- CMM-610: Lumbar Total Disc Arthroplasty

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**
- 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. Musculoskeletal)
- 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., Musculoskeletal
- 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.

To Provide Feedback on Future Guidelines:

Participating providers are invited to submit for consideration scientific, evidence-based information, professional consensus opinions, and other information supported by medical literature relevant to future guidelines managed by eviCore.

The future guidelines are available for physician comment for at least 45 days from the posting date found on the document. Make sure your voice is heard by providing feedback directly to us.

To submit feedback, complete the Provider feedback form for third-party clinical policies/guidelines/criteria PDF via https://www.bluecrossmn.com/providers/medical-management/medical-and-behavioral-health-policies.

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

eviCore Healthcare Specialty Utilization Management (UM) Program: Cardiology and Radiology Clinical Guideline Updates | P33-23

eviCore has released clinical guideline updates for the Cardiology & Radiology program. Guideline updates will become **effective July 1, 2023.**

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- Preface Guidelines
- Breast Imaging Guidelines
- Cardiology Guidelines
- Oncology Guidelines
- Pediatric Head Guidelines

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**
- 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. Musculoskeletal)
- 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., Musculoskeletal
- 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.
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To Provide Feedback on Future Guidelines:

Participating providers are invited to submit for consideration scientific, evidence-based information, professional consensus opinions, and other information supported by medical literature relevant to future guidelines managed by eviCore.

The future guidelines are available for physician comment for at least 45 days from the posting date found on the document. Make sure your voice is heard by providing feedback directly to us.

To submit feedback, complete the [Provider feedback form for third-party clinical policies/guidelines/criteria PDF](https://www.bluecrossmn.com/providers/medical-management/medical-and-behavioral-health-policies) via https://www.bluecrossmn.com/providers/medical-management/medical-and-behavioral-health-policies.

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:

4. Log in at **Availity.com/Essentials**
5. Select **Patient Registration**, choose **Authorization & Referrals**, then **Authorizations**
6. 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.

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Questions?
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eviCore Healthcare Specialty Utilization Management (UM) Program: Cardiology and Radiology Clinical Guideline Updates | P34-23

eviCore has released clinical guideline updates for the Cardiology & Radiology program. Guideline updates will become **effective August 1, 2023**

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- Breast Imaging Guidelines

- Cardiac Implantable Defibrillator (CID) Guidelines

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**
- 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. Musculoskeletal)
- 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*
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- 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., Musculoskeletal
- 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.

To Provide Feedback on Future Guidelines:

Participating providers are invited to submit for consideration scientific, evidence-based information, professional consensus opinions, and other information supported by medical literature relevant to future guidelines managed by eviCore.

The future guidelines are available for physician comment for at least 45 days from the posting date found on the document. Make sure your voice is heard by providing feedback directly to us.

To submit feedback, complete the Provider feedback form for third-party clinical policies/guidelines/criteria PDF via https://www.bluecrossmn.com/providers/medical-management/medical-and-behavioral-health-policies.

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:

7. Log in at **Availity.com/Essentials**
8. Select **Patient Registration**, choose **Authorization & Referrals**, then **Authorizations**
9. 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

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eviCore Healthcare Specialty Utilization Management (UM) Program: Medical Oncology Drug Prior Authorization Updates | P35-23

The eviCore Healthcare Utilization Management Program will be making updates to the Medical Oncology Current Procedural Terminology (CPT) Prior Authorization (PA) Code List.

The following drugs have been added to the Medical Oncology program and will require prior authorization for oncologic reasons **beginning July 1, 2023.**

Drug Name	Code(s)
retifanlimab-dlwr / Zynyz	C9399, J3490, J3590, J9999

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**
- 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. Medical 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., Medical 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.

To Provide Feedback on Future Guidelines:

Participating providers are invited to submit for consideration scientific, evidence-based information, professional consensus opinions, and other information supported by medical literature relevant to future guidelines managed by eviCore.

The future guidelines are available for physician comment for at least 45 days from the posting date found on the document. Make sure your voice is heard by providing feedback directly to us.

To submit feedback, complete the Provider feedback form for third-party clinical policies/guidelines/criteria PDF via https://www.bluecrossmn.com/providers/medical-management/medical-and-behavioral-health-policies.

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:

10. Log in at **Availity.com/Essentials**
11. Select **Patient Registration**, choose **Authorization & Referrals**, then **Authorizations**
12. 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.

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs (MHCP) & Minnesota Senior Health Options (MSHO) Prior Authorization & Medical Policy Requirements | P25-23

Effective July 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 the Minnesota Health Care Programs (Families and Children, MinnesotaCare, and Minnesota Senior Care Plus) and Minnesota Senior Health Options (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.

Blue Cross licenses and utilizes MCG Care Guidelines (currently 26th edition) for inpatient and residential level of care to guide utilization management decisions. Blue Cross is removing the reference to *Chronic Care Guidelines* as these guidelines are not relevant to the Minnesota Health Care Programs (MHCP) products.

The following **new** policies and/or prior authorization requirements **will be applicable** to subscriber claims on or after **July 1, 2023**.

Policy #	Policy name	New policy	Prior authorization required	
			MHCP	MSHO
Blue Cross II-274	Adstiladrin (nadofaragene firadenovec)	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 **July 1, 2023**.

New policy #	Prior policy #	Policy name	Prior authorization required	
			MHCP	MSHO
MHCP	CC-0210	Enjaymo (sutimlimab-jome)	Yes	Yes
MHCP	CC-0205	Fyarro (sirolimus albumin bound)	Yes	Yes
MHCP	CC-0211	Kimmtrak (tebentafusp-tebn)	Yes	Yes
MHCP	CC-0216	Opdualag (nivolumab and relatlimab-rmbw)	Yes	Yes
MHCP	CC-0203	Ryplazim (plasminogen, human-tvmh)	Yes	Yes
MHCP	CC-0212	Tezspire (tezepelumab-ekko)	Yes	Yes
MHCP	CC-0072	Vascular Endothelial Growth Factor (VEGF) Inhibitors (Vabysmo)	Yes	Yes
MHCP	CC-0207	Vyvgart (efgartigimod alfa-fcab)	Yes	Yes

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

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
SURG.00011	Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting	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 **July 1, 2023**.

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
Blue Cross V-07	Magnetic Resonance Imaging (MRI) of the Breast	No	No

New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after **July 1, 2023**, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will be included in our existing specialty pharmacy medical step therapy review process. Step therapy review will apply upon prior authorization initiation or renewal in addition to the current medical necessity review of all drugs noted below.

The list of *Clinical Criteria* is publicly available on our provider website. Visit the ***Clinical Criteria*** website to search for specific *Clinical Criteria*.

Clinical Criteria		Status	Drug(s)	HCPCS codes
CC-0002	Short Acting	Preferred	Zarxio	Q5101
		Non-preferred	Granix	J1447
		Non-preferred	Neupogen	J1442
		Non-preferred	Nivestym	Q5110
	Long Acting	Preferred	Neulasta	J2506
		Preferred	Neulasta OnPro	J2506
		Preferred	Udenyca	Q5111

		Non-preferred	Fulphila	Q5108
		Non-preferred	Nyvepria	Q5122
		Non-preferred	Ziextenzo	Q5120
CC-0107		Preferred	Mvasi	Q5107
		Preferred	Zirabev	Q5118
		Non-preferred	Avastin	J9035

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**.