

PROVIDER BULLETIN

PROVIDER INFORMATION



May 1, 2023

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

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	Kimtrak (tebentafusp-tebn)	Yes	Yes

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 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	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**.