

PROVIDER BULLETIN

PROVIDER INFORMATION



June 1, 2023

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

Effective August 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 **August 1, 2023**.

Policy #	Policy name	New policy	Prior authorization required	
			MHCP	MSHO
CC-0232	Lunsumio (mosunetuzumab-axgb)	Yes	Yes	Yes
Blue Cross II-274	Nadofaragene Firadenovec (Adstiladrin)	Yes	Yes	Yes
Blue Cross II-277	Pegcetacoplan (Syfovre)	Yes	Yes	Yes
Blue Cross II-278	Velmanase alfa (Lamzede)	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 **August 1, 2023**.

New policy #	Prior policy #	Policy name	Prior authorization required	
			MHCP	MSHO
MCG	CG-SURG-107	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)	Yes	Yes
MCG	CG-SURG-110	Lung Volume Reduction Surgery	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	
MCG	SURG.00119	Endobronchial Valve Devices	No	No
CG-SURG-117	SURG.00151	Balloon Dilation of the Eustachian Tubes	No	No

The following policies have changes in *Clinical Criteria* and **will be applicable** to subscriber claims on or after **August 1, 2023**.

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
CC-0210	Enjaymo (sutimlimab)	Yes	Yes
CC-0116	Bendamustine agents (Bendeka, Treanda, Belrapzo and Vivimusta)	Yes	Yes
CC-0212	Tezspire (tezepelumab-ekko)	Yes	Yes
CC-0140	Zulresso (brexanolone)	Yes	Yes
CC-0125	Opdivo (nivolumab)	Yes	Yes
CC-0119	Yervoy (ipilimumab)	Yes	Yes
CC-0099	Abraxane (paclitaxel, protein bound)	Yes	Yes
CC-0093	Docetaxel (Taxotere)	Yes	Yes
CC-0094	Pemetrexed Agents (Alimta, Pefexy)	Yes	Yes
CC-0130	Imfinzi (durvalumab)	Yes	Yes
CC-0118	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra, Pluvicto and Zevalin only)	Yes	Yes
CC-0123	Cyramza (ramucirumab)	Yes	Yes
CC-0121	Gazyva (obinutuzumab)	Yes	Yes
CC-0096	Asparlas (calaspargase pegol-mknl), Oncaspar (pegaspargase), Rylaze (asparaginase, recombinant), and Asparaginase, not otherwise specified only	Yes	Yes
CC-0120	Kyprolis (carfilzomib)	Yes	Yes
CC-0126	Blinicyto (blinatumomab)	Yes	Yes
CC-0132	Mylotarg (gemtuzumab ozogamicin)	Yes	Yes
CC-0097	Vidaza (azacitidine)	Yes	Yes
CC-0090	Ixempra (ixabepilone)	Yes	Yes
CC-0110	Perjeta (pertuzumab)	Yes	Yes
CC-0115	Kadcyla (ado-trastuzumab)	Yes	Yes
CC-0067	Prostacyclin Infusion and Inhalation Therapy	Yes	Yes
CC-0124	Keytruda (pembrolizumab)	Yes	Yes
Blue Cross IV-123	Gender Affirming Procedures	Yes	Yes
CG-SURG-106	Venous Angioplasty with or without Stent Placement or Venous Stenting Alone	No	No
CG-SURG-108	Stereotactic Radiofrequency Pallidotomy	Yes	Yes

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
CG-SURG-18	Septoplasty	Yes	Yes
CG-SURG-46	Myringotomy and Tympanostomy Tube Insertion	No	No
CG-SURG-86	Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection	Yes	Yes
GENE.00049	Circulating Tumor DNA Panel Testing (Liquid Biopsy)	No	No
SURG.00011	Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting	No	No
SURG.00103	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	No	No

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 **August 1, 2023**.

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
GT-03	Genetic Testing for Reproductive Carrier Screen and Prenatal: <ul style="list-style-type: none"> • Carrier Screening for Familial Disease • Fragile X • Cystic Fibrosis • Spinal Muscular Atrophy • Hemoglobinopathies • Ashkenazi Jewish Carrier Screening • Other Ethnicity Carrier Screening • Prenatal Cell-Free DNA Screening 	Yes	Yes
GT-04	Genetic Testing for Single Gene and Multifactorial Conditions: <ul style="list-style-type: none"> • Genetic Testing for Germline Conditions • Multifactorial (Non-Mendelian Conditions) • Chromosomal Microarray Analysis 	Yes	Yes
GT-05	Pharmacogenomic Testing and Genetic Testing for Thrombotic Disorders: <ul style="list-style-type: none"> • Pharmacogenomic Testing • Thrombophilia Testing 	Yes	Yes
RAD.00052	Positional MRI	No	No
SURG.00053	Unicondylar Interpositional Spacer	No	No

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

Code	Code description	Policy source
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	MED.00132
C1878	Material for vocal cord medialization, synthetic (implantable)	MED.00132
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	MHCP CG-GENE-13
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	MHCP CG-GENE-13

81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	MHCP GENE.00052
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	MHCP CG-GENE-13
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	CG-GENE-11
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	CG-GENE-11
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	CG-GENE-14, CG- GENE-18, MHCP CG-GENE-13

MCG Care Guidelines 27th Edition

Effective **September 1, 2023**, Amerigroup Partnership Plan, LLC will upgrade to the 27th edition of MCG care guidelines for the following modules: Inpatient & Surgical Care (ISC). The below tables highlight new guidelines and changes.

Updates marked with an asterisk (*) denote that the criteria may be perceived as more restrictive.

Goal length of stay (GLOS) for inpatient & surgical care (ISC)

Guideline	MCG Code	26th Edition GLOS	27th Edition GLOS
*Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion	M157 [W0011]	Ambulatory or 1 day postoperative	Ambulatory
*Renal Failure, Acute	M-326	3 days	2 days
*Paraplegia, Acute	M-255	8 days	7 days
*Tetraplegia, Acute	M-305	9 days	7 days
*Percutaneous Revascularization, Lower Extremity	S-1310 [W0121]	Ambulatory or 1 day postoperative	Ambulatory
*Splenoectomy by Laparoscopy	S-1062	1 day postoperative	Ambulatory or 1 day postoperative
*Elbow Arthroplasty	S-420	Ambulatory or 1 day postoperative	Ambulatory
*Elbow Fracture, Open Treatment	S-424	Ambulatory or 1 day postoperative	Ambulatory
*Foot Fracture, Calcaneus or Talus, Open Reduction, Internal Fixation (ORIF)	S-490	Ambulatory or 1 day postoperative	Ambulatory
*Foot: Surgical Wound Care	S-495	Ambulatory or 1 day postoperative	Ambulatory
*Hip Resurfacing	S-565	2 days postoperative	Ambulatory or 1 day postoperative
*Knee Dislocation, Closed or Open Reduction	S-675	Ambulatory or 1 day postoperative	Ambulatory
*Shoulder Arthroplasty	S-634 [W0137]	1 day postoperative	Ambulatory or 1 day postoperative
*Appendectomy, without Abscess or Peritonitis, Pediatric	P-25	Ambulatory or 1 day postoperative	Ambulatory
*Hip: Congenital Dislocation, Open Reduction	P-590	1 day postoperative	Ambulatory or 1 day postoperative
*Renal Transplant, Pediatric	P-1015 [W0126]	6 days postoperative	5 days postoperative

Guideline	MCG Code	26th Edition GLOS	27th Edition GLOS
*Slipped Upper Femoral Epiphysis, Closed Reduction	P-443	Ambulatory or 1 day postoperative	Ambulatory
*Tibial Osteotomy, Child or Adolescent	S-1131	Ambulatory or 1 day postoperative	Ambulatory
*Bladder Incision: Cystotomy	S-200	Ambulatory or 1 day postoperative	Ambulatory
*Ureterotomy, Nontransurethral for Stone	S-1150	1 day postoperative	Ambulatory or 1 day postoperative

New Guidelines for Inpatient & Surgical Care (ISC)

Body System	Guideline Title	MCG - Code
Hospital-at-Home	COVID-19: Hospital-at-Home	M-281-HaH
Hospital-at-Home	Viral Illness, Acute: Hospital-at-Home	M-280-HaH
Observation Care Guidelines	COVID-19: Observation Care	OC-068
Pediatrics	COVID-19, Pediatric	P-281
Thoracic Surgery and Pulmonary Disease	COVID-19	M-281

New Guidelines for Recovery Facility Care (RFC)

Body System	Guideline Title	MCG - Code
Cardiovascular Surgery	Percutaneous Revascularization, Lower Extremity	S-6310
Thoracic Surgery and Pulmonary Disease	COVID-19	M-5281

New Guidelines for Chronic Care (CCG)

Body System	Guideline Title	MCG - Code
Social Determinants of Health	Food Insecurity	C-1164
Social Determinants of Health	Housing Insecurity	C-1165

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**.