

PROVIDER QUICK POINTS

PROVIDER INFORMATION



June 28, 2023

PROVIDER PRESS

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ADMINISTRATIVE UPDATES

Member Rights & Responsibilities

Blue Cross is committed to treating its members in a way that respects their rights, while maintaining an expectation of their individual responsibilities. All Blue Cross members have certain rights concerning their care and treatment, and responsibilities as a member, such as following agreed upon instructions for care, or supplying information needed to provide care. A complete listing of the Member Rights and Responsibilities can be found online at bluecrossmn.com by entering “member rights” in the search field or in the Blue Cross Provider Manual found at bluecrossmn.com/providers. Questions or requests for a paper copy may be directed to Lisa K. at (651) 662-2775.

Quality of Care Complaint Report

Your participating provider agreement with Blue Plus outlines the complaint procedure for primary care clinics. MN Rules 4685.1110 and 4685.1900 outline the requirements of complaint collection and analysis of quality of care complaints for the Health Plan. Blue Plus requires providers to report these complaints quarterly. Reporting is required, even if there were no complaints during the reporting period.

Complaints should be submitted via secure email in a report format (e.g., Excel, csv).

Required data elements for the report are as follows:

- Member ID Number
- Patient Name
- Patient Date of Birth
- Date of Service / Incident
- Date Complaint Received by Provider
- Practitioner Named in Complaint
- Practitioner NPI
- Location of Service / Incident
- Summary of Complaint
- Categorizations Used to Classify Complaint
- Summary of Outcome / Resolution, including date

Submit report via secure email to Quality.of.Care.Mailbox@bluecrossmn.com

QUALITY IMPROVEMENT

Clinical Practice Guidelines

Blue Cross believes that the use of clinical practice guidelines is a key component of Quality Improvement. At least every two years, Blue Cross' Quality Management Committee approves the adoption of select guidelines that are used to support various programs and initiatives. The guidelines do not substitute for sound clinical judgement; however, they are intended to assist clinicians in understanding key processes for improvement efforts.

For the complete list of Clinical Practice Guidelines with hyperlinks please refer to Chapter Three of the Blue Cross Provider Policy and Procedure Manual. To access the manual, go to bluecrossmn.com/providers and under “Publications and manuals” select “Manuals”.

Please note, some treatment and management options recommended in clinical practice guidelines may not be covered benefits under a Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) member's health plan.

Recommended Sources

Blue Cross recognizes several sources for Clinical Practice Guidelines for a variety of areas of clinical practice; including, but not limited to the sources noted below:

- USPSTF: U.S. Preventive Services Task Force
<http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>
- HRSA: Health Resources and Services Administration
<http://www.hrsa.gov/index.html>
- APA: American Psychiatric Association
<http://psychiatryonline.org/guidelines>

Specific Guidelines

Specific guidelines recommended by Blue Cross include the following:

- Behavioral Health
 - Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (AAP)
 - Treatment of Individuals with Depression (APA)
- Non-Preventive Acute or Chronic Conditions
 - Prevention and Management of Diabetes (ADA)
 - Diagnosis and Management of Asthma (NHLBI, GOLD)
- Preventive Care Guidelines
 - Preventive Services for Adults (USPSTF)
 - Preventive Services Children and Adolescents (USPSTF)
 - Routine Prenatal Care (USPSTF)

Questions concerning Clinical Practice Guidelines can be directed to the Quality Improvement mailbox at quality.improvement@bluecrossmn.com. A copy of the Clinical Practice Guidelines with hyperlinks is also available.

Continuity and Coordination of Care Improvements

Keeping care coordinated across multiple care providers can be challenging. As a part of our ongoing efforts to improve continuity and coordination of care for our members, Blue Cross and Blue Shield of Minnesota (Blue Cross) gathers feedback from our network of providers to gain their perspective on how well medical care is coordinated. To accomplish this, Blue Cross sponsored a telephonic survey to measure the Blue Cross provider network experience with continuity and coordination of care for their patients across the care delivery system.

As part of this survey, we asked "What can Blue Cross do to improve continuity and coordination of care for your practice?" Responses were varied and the top three areas identified were as follows:

- Communication: Help improve communication between providers.
- Prior Authorization: Reduce challenges and provide faster responses.
- Benefits: Increase coverage behavioral health care, prescriptions, preventive care and reimbursement for care coordination.

Outlined below are a few of the ways we are working towards making improvements that help support continuity and coordination of care:

- Implemented enhanced Social Determinants of Health (SDoH) screening tool for use with members engaged in our care management programs; this supports efforts to reduce member SDoH-related barriers to accessing care.
- Launched prior authorization look-up tool on our website (Prior authorization lookup tool) and through the Availity platform to reduce complexity around coverage requirements and increase speed and ease of accessing care.

Provide educational materials and resources on topics including (but not limited to) answers to common questions, coverage and benefits, and health and wellbeing to members on our website at [bluecrossmn.com](https://www.bluecrossmn.com). Resources are also available for eligible members through the Blue Cross and Blue Shield of Minnesota mobile app, or by contacting Customer Service.

Practitioner Race, Ethnicity, and Language (REL) Data

Blue Cross and Blue Shield of Minnesota (Blue Cross), along with many other health plans, is trying to understand and reduce healthcare disparities. We believe that this information will help improve the care experience of members and is critically important to provide culturally responsive healthcare to all members, regardless of their race, ethnicity, or language spoken.

One of the key criteria for achieving this understanding is “Practitioner Network Cultural Responsiveness,” which requires that the organization maintain a practitioner network that can serve its diverse membership and is responsive to member needs and preferences. To meet this criterion, our organization recognizes the importance of collecting race, ethnicity, and language (REL) data at the practitioner level.

Collecting information about languages in which a practitioner is fluent and language services available through the practice is critical to enable individuals to choose practitioners who can best meet their own cultural and linguistic needs. Additionally, collecting practitioner race and ethnicity data is important in assessing the diversity of our practitioner network, and ensuring that our members have access to a diverse range of practitioners who understand and can respond to their unique cultural and linguistic needs.

To this end, Blue Cross will soon begin instituting systems to collect REL data from practitioners in our network through multiple methods. We understand that this may be a new process for some practitioners, and we want to assure you that the data collected will be used solely for the purpose of promoting diversity and inclusivity in our organization and ensuring that our members receive the highest quality care possible.

Methods to provide practitioner REL data include:

- **Annual Provider Data Survey.** This survey is sent out annually to those providers who are active in our Find a Doctor online tool. This survey works to validate clinic and practitioner data, as well as collect appointment availability information for a handful of practitioner types.
- **Initial Credentialing Process.** When you join our network REL components are included in the application form.
- **Provider Demographic Forms.** If you need to make changes to any of your clinic or practitioner information REL data components are included in this form. These forms can be found here: <https://www.bluecrossmn.com/providers/provider-demographic-updates>.
- **Behavioral Health Provider Survey:** Blue Cross is currently assessing the Behavioral Health Network. As part of this work, additional surveys have been sent to Behavioral Health practitioners to collect specific specialty information. REL components have been included in this survey as part of this collection process.

By collecting REL data, we can ensure that we have a complete picture of the diversity of our practitioner network, and that we are providing the necessary resources to ensure that all members receive culturally responsive care. We are also committed to working with our practitioners to provide ongoing cultural competency resources and support to promote a culture of diversity and inclusivity in our organization. We appreciate your

cooperation and participation in this important initiative, and we look forward to working together to provide high-quality, culturally responsive healthcare to all our members.

PHARMACY

Pharmacy Updates for Quarter 2, 2023

Pharmacy Drug Formulary Update

As part of our continued efforts to evaluate and update our formularies, Blue Cross evaluates drugs on a regular basis. This evaluation includes a thorough review of clinical information, including safety information and utilization. Blue Cross has developed several formularies based on each of our products and population requirements. A complete list of all formularies and updates can be found at the following web address.

Formularies: <https://www.bluecrossmn.com/providers>

Under 'Resources', select 'See all resources', then scroll down to 'Formularies and drug programs', select 'Learn more about prescription drug benefits'. Next, scroll down to select 'Search a drug list', choosing your patient's affiliated plan type, 'Individual and family and employer plans' or 'Medicare'. If you choose 'Individual and family and employer plans', select a formulary design from the 'choose your drug list' drop-down menu, then select 'Apply'. Scroll down the page to 'Helpful Documents' and select the documents titled 'Drug list' or 'Formulary updates' to review the applicable formulary. If you select 'Medicare', the health plan drop-down is defaulted to 'BCBS Minnesota', select the Medicare plan type formulary you wish to view; Medicare Advantage, Platinum Blue, or SecureBlue. Select 'Continue'. Scroll down the resulting page to 'Helpful documents', select the document titled 'Comprehensive Formulary' to review the applicable formulary.

Pharmacy Utilization Management (UM) Updates

Blue Cross employs a variety of utilization management programs such as Prior Authorization, Step Therapy, and Quantity Limits. Blue Cross has implemented additional Prior Authorizations, and Quantity Limits depending on the member's prescription drug benefit. Updates also include changes to existing Prior Authorization, Step Therapy, and Quantity Limit programs. Quantity Limits apply to brand and generic agents. Generic drugs are listed in lower case boldface. Brand name drugs are capitalized.

New Prior Authorization Program Effective 04/01/2023

BRAND NAME (generic name - if available)	UM Program		
ZORYVE CREAM 0.3%	PA		

New Prior Authorization with Quantity Limit Program Effective 04/01/2023

BRAND NAME (generic name - if available)	UM Program		
HYFTOR GEL 0.2%	PA		QL
RELYVRIO POWDER PAK 1GM	PA		QL

Changes to Existing Utilization Management Programs Effective 04/01/2023

BRAND NAME (generic name - if available)	UM Program		
BASAGLAR TEMPO PEN			QL
butalbital acetaminophen tablet 25-325 mg			QL
dexlansoprazole DR capsule 60 mg			QL
dichlorphenamide tablet 50 mg	PA		QL
EZETIMIBE/ATORVASTATIN TABLET 10-10 mg		ST	QL

BRAND NAME (generic name - if available)	UM Program		
EZETIMIBE/ATORVASTATIN TABLET 10-20 mg		ST	QL
EZETIMIBE/ATORVASTATIN TABLET 10-40 mg		ST	QL
EZETIMIBE/ATORVASTATIN TABLET 10-80 mg		ST	QL
FRAGMIN INJECTION 2500/mL			QL
HUMALOG TEMPO PEN			QL
KRAZATI TABLET 200 mg	PA		QL
lubiprostone capsule 8 mcg	PA		QL
lubiprostone capsule 24 mcg	PA		QL
LYTGOBI TABLET 4 mg (12 mg daily dose)	PA		QL
LYTGOBI TABLET PACK 4 mg (16 mg daily dose)	PA		QL
LYTGOBI TABLET PACK 4 mg (20 mg daily dose)	PA		QL
METHYLPHENIDATE ER OSMOTIC RELEASE TABLET 45 mg			QL
METHYLPHENIDATE ER OSMOTIC RELEASE TABLET 63 mg			QL
MINOCYCLINE ER TABLET 105 mg	PA		
MINOCYCLINE ER TABLET 135 mg	PA		
OXYBUTYNIN SOLUTION 5 mg/5 mL			QL
OXBRYTA TABLET 300 mg	PA		QL
OZEMPIC INJECTION 2 mg/3 mL	PA		QL
pirfenidone capsule 267 mg	PA		QL
REZLIDHIA CAPSULE 150 mg	PA		QL
SKYRIZI INJECTION 180 mg/1.2 mL	PA		QL
SODIUM OXYBATE ORAL SOLUTION 500 mg/mL	PA		QL
SUNLENCA THERAPY PACK 4 x 300 mg			QL
SUNLENCA THERAPY PACK 5 x 300 mg			QL
tafluprost PF ophthalmic solution 0.0015%			QL
TASCENSO ODT TABLET 0.5MG		ST	QL
tasimelteon capsule 20 mg	PA		QL
topiramate ER capsule 25 mg	PA		QL
topiramate ER capsule 50 mg	PA		QL
topiramate ER capsule 100 mg	PA		QL
TURALIO CAPSULE 125 mg	PA		QL
XELSTRYM PAD 4.5 mg			QL
XELSTRYM PAD 9 mg			QL
XELSTRYM PAD 13.5 mg			QL
XELSTRYM PAD 18 mg			QL

Key for all above tables:

PA=Prior Authorization; QL=Quantity Limit; ST=Step Therapy

Effective June 1, 2023

- Riluzole Prior Authorization with Quantity Limit program will be retired for Commercial.
- Tezspire Prior Authorization with Quantity Limit program will be implemented for Commercial.

Effective July 1, 2023

- Fibromyalgia Agents-Lyrica Savella Step Therapy with Quantity Limit program name will be changed to Lyrica and Savella Step Therapy with Quantity Limit program for Commercial.
- Fibromyalgia Agents-Lyrica Savella Quantity Limit program name will be changed to Lyrica and Savella Quantity Limit program for Medicaid.
- Furoscix Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Lyrica CR Quantity Limit program will be transitioned into Lyrica and Savella Quantity Limit program for Medicaid.
- Tezspire Prior Authorization with Quantity Limit program will be implemented for Medicaid.

Effective August 1, 2023

- Thrombopoietin Receptor Agonists Prior Authorization with Quantity Limit program name will be changed to Thrombopoietin Receptor Agonists and Tavalisse Prior Authorization with Quantity Limit for Commercial and Medicaid.

A detailed list of all drugs included in these programs can be found at the following web address:

Utilization Management information: <https://www.bluecrossmn.com/providers>

Under 'Resources', select 'See all resources', then scroll down and select 'Learn more about prescription drug benefits' under the 'Formularies and drug programs' header. Next, scroll down to select 'Search a drug list', choosing your patient's affiliated plan type, 'Individual and family and employer plans' or 'Medicare'. If you choose 'Individual and family and employer plans', select a formulary design from the 'choose your drug list' drop-down menu, then select 'Apply'. Scroll down the page to 'Helpful Documents' and select the documents titled 'Drug list' or 'Utilization Management Updates' to review the applicable formulary. If you select 'Medicare', the health plan drop-down is defaulted to 'BCBS Minnesota', select the Medicare plan type formulary you wish to view; Medicare Advantage, Platinum Blue, or SecureBlue. Select 'Continue'. Scroll down the resulting page to 'Helpful documents', select the document with 'Utilization management updates' in the title. These will list all applicable drugs currently included in one of the above programs.

Pharmacy Benefit Exclusions and Updates

Blue Cross will no longer cover the following medications under the Commercial pharmacy benefit. Subscribers must use a medication alternative that is covered under the pharmacy benefit plan or pay full price for continued use of their current medication.

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
calcitriol oral solution 1 mcg/ml	July 1, 2023
colesevelam hcl packet for oral suspension 3.75 gm	July 1, 2023
diltiazem hcl coated beads tablet er 420 mg	July 1, 2023
doxercalciferol capsule 0.5 mcg, 1 mcg, 2.5 mcg	July 1, 2023
Fluticasone-Salmeterol Inhalation Aerosol – 45-21 mcg/actuation; 115-21 mcg/actuation; 230-21 mcg/actuation (authorized generic of Advair HFA)	March 23, 2023
Fynetra® (pegfilgrastim-pbbk) solution, prefilled syringe 6 mg/0.6ml	July 1, 2023
isradipine capsule 2.5 mg, 5 mg	July 1, 2023
Javygto™ (sapropterin dihydrochloride) tablet 100 mg; powder packet 100 mg, 500 mg	July 1, 2023
Matzim LA (diltiazem hcl) coated beads tablet er 24hr 420 mg	July 1, 2023

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Minocycline hcl tablet er 24hr biphasic release 105 mg, 135 mg (authorized generic of Minolira)	July 1, 2023
nicardipine capsule 20 mg, 30 mg	July 1, 2023
Nisoldipine tablet er 24hr 20 mg, 25.5 mg, 30 mg, 40 mg	July 1, 2023
Nitromist® (nitroglycerin) oral spray 400 mcg/spray	July 1, 2023
paricalcitol capsule 1 mcg, 2 mcg, 4 mcg	July 1, 2023
Stimufend® (pegfilgrastim-fpgk) solution, prefilled syringe 6 mg/0.6ml	July 1, 2023
telmisartan-hydrochlorothiazide tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	July 1, 2023
Trandolapril-Verapamil hcl er tablet 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	July 1, 2023
Verapamil hcl capsule er 24hr 100 mg, 200 mg, 300 mg, 360 mg	July 1, 2023
Verelan PM (verapamil hcl) capsule er 24hr 100 mg, 200 mg, 300 mg	July 1, 2023

Due to their route of administration and/or clinician required administration, the following drugs will no longer be covered under the pharmacy drug benefit but may be covered and processed under the medical drug benefit. For drugs that require a prior authorization under the medical benefit, failure to obtain authorization prior to service will result in a denied claim and payment.

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Cinryze® (human c1-esterase inhibitor) solution for intravenous (IV) infusion	March 8, 2023
Kalbitor® (ecallantide) solution for subcutaneous (SQ) injection	March 8, 2023
Lamzede® (velmanase alfa-tycv) lyophilized powder for reconstitution and intravenous (IV) infusion	May 10, 2023
Leqembi™ (lecanemab-irmb) solution for intravenous (IV) infusion	March 8, 2023
Nexobrid® (anacaulase-bcdb) topical gel	March 8, 2023
Syfovre™ (pegcetacoplan) solution for intravitreal administration	April 12, 2023

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Bendamustine HCl (bendamustine hydrochloride) solution for intravenous (IV) infusion	March 8, 2023
Lamzede® (velmanase alfa-tycv) lyophilized powder for reconstitution and intravenous (IV) infusion	May 10, 2023
Leqembi™ (lecanemab-irmb) solution for intravenous (IV) infusion	March 8, 2023
Nexobrid® (anacaulase-bcdb) topical gel	March 8, 2023
Syfovre™ (pegcetacoplan) solution for intravitreal administration	April 12, 2023
Vegzelma® (bevacizumab adcd) solution for intravenous (IV) infusion	February 19, 2023
Zynyz™ (retifanlimab-dlwr) solution for intravenous (IV) infusion after dilution	May 10, 2023

Exception Requests

Prescribing providers may request coverage of a non-preferred drug for a Subscriber by completing the Minnesota Uniform Form for Prescription Drug Prior Authorization (PA) Requests and Formulary Exceptions. Subscriber liability for non-preferred drugs is subject to the Subscriber specific benefit design. You may find this form at the web address below:

Exception request: <https://www.bluecrossmn.com/providers>

Under 'Resources', select 'See all resources', then scroll down and select 'Learn more about prescription drug benefits' under the 'Formularies and drug programs' header. Next, scroll down to select 'Search a drug list', choosing your patient's affiliated plan type, 'Individual and family and employer plans' or 'Medicare'. If you choose 'Individual and family and employer plans', select a formulary design from the 'choose your drug list' drop-down menu, then select 'Apply'. Scroll down the page to 'Helpful Documents' and select the documents titled 'Drug list' or 'Formulary updates' to review the applicable formulary. If you select 'Medicare', the health plan drop-down is defaulted to 'BCBS Minnesota', select the Medicare plan type formulary you wish to view; Medicare Advantage, Platinum Blue, or SecureBlue. Select 'Continue'. Once you have selected the applicable pharmacy plan on the top bar of the web page, select "Forms" and then "Coverage Exception Form" or you may call Provider Services to obtain the documentation.

Additional Resources

For tools and resources regarding Pharmacy please visit our website at [bluecrossmn.com](https://www.bluecrossmn.com) and select 'Shop Plans' then 'Prescription Drugs'. Tools include information on preventive drugs (if covered by plan), specialty drugs, and other pharmacy programs. You will also be able to search for frequently asked questions and answers. Formulary updates are completed quarterly and posted online for review.

Additional information regarding Pharmacy is also located in the Provider Policy and Procedure Manual. To access the manual, go online to <https://www.bluecrossmn.com/providers>, under 'Publications and manuals', select 'Manuals'. From the 'Category' drop down menu, select 'Provider Policy and Procedure Manual'. Topics in the manual include, but are not limited to, claims submission and processing, formulary exceptions, quantity limits and step therapy.

Similar Pharmacy Management for the Federal Employee Program (FEP) subscribers can be found online at <https://www.fepblue.org>. FEP subscribers have a different PBM (Caremark) and will have a different formulary list and procedures for prior authorizations and quantity limits than listed above. This information can be found by scrolling down to 'Pharmacy' and selecting 'Learn more'.

MEDICAL AND BEHAVIORAL HEALTH

Medical and Behavioral Health Policy Updates

Medical and Behavioral Health Policy Update

[Policies Effective: April 3, 2023](#) | [Notification Posted: February 1, 2023](#)

Policies Developed

- Spesolimab, II-269
- Olipudase alfa, II-270

Policies Revised

- Intravenous Anesthetics for Treatment of Chronic Pain and Psychiatric Disorders, II-271
- Efgartigimod alfa, II-260
- Ravulizumab, II-229

- Eculizumab, II-196
- Speech Generating Devices (SGD), VII-52
- Breast Implant, Removal or Replacement, VI-14
- Gynecomastia Surgery, IV-71

Policies Inactivated

- Buprenorphine Implant, II-197
- Intravenous Anesthetics for Treatment of Chronic Pain, II-141
- Intravenous Ketamine for Treatment of Depression, II-225
- Aducanumab- Medicare, II-254

Policies Delegated to eviCore

None

Medical and Behavioral Health Policy Update

[Policies Effective: May 1, 2023](#) | [Notification Posted: March 1, 2023](#)

Policies Developed

- Teplizumab, II-272

Policies Revised

- Closure Devices for Atrial Septal Defects and Patent Foramen Ovale IV-143
- Photodynamic Therapy for Skin Conditions, II-46
- Site of Service for Selected Outpatient Procedures: Outpatient Hospital and Ambulatory Surgery Center, XI-03
- Selected Treatments for Varicose Veins of the Lower Extremities, IV-129
- Pharmacologic Therapies for Hereditary Angioedema, II-102
- Rituximab, II-47
- Eteplirsen, II-172
- Lumasiran, II-248

Policies Inactivated

None

Policies Delegated to eviCore

None

Medical and Behavioral Health Policy Update

[Policies Effective: June 5, 2023](#) | [Notification Posted: April 3, 2023](#)

Policies Developed

- Ublituximab, II-275
- Nadofaragene Firadenovec, II-274
- Lecanemab, II-276

Policies Revised

- Belimumab, II-152
- Esketamine, II-226
- Fecal Microbiota, II-198
- Transcranial Magnetic Stimulation, X-14

Policies Inactivated

None

Policies Delegated to eviCore

None

Policies reviewed with no changes in February, March, and April 2023

- Ablation of Peripheral Nerves to Treat Pain, IV-130
- Afamelanotide (Scenesse), II-238
- Alemtuzumab (Lemtrada), II-184
- Aqueous Shunts and Stents for Glaucoma, IV-146
- Automated Point-of-Care Nerve Conduction Tests, VII-12
- Autonomic Nervous System Function Testing, II-86
- Benralizumab (Fasenra), II-203
- Cognitive Rehabilitation, III-03
- Confocal Laser Endomicroscopy, II-191
- Corneal Collagen Cross-Linking, II-207
- Cosmetic Criteria for Services Which Are Not Addressed by a Specific Medical, XI-04
- Crizanlizumab (Adakveo), II-235
- Eculizumab (Soliris), II-196
- Efgartigimod Alfa (Vyvgart), II-260
- Emapalumab (Gamifant), II-204
- Endovascular Therapies for Extracranial Vertebral Artery Disease, IV-141
- Enzyme Replacement Therapy for the Treatment of Adenosine Deaminase Severe Combined Immune Deficiency (ADA-SCID), II-227
- Evaluation Process for New FDA-Approved Medical Drugs or Medical Drug Indications, II-174
- Evinacumab (Evkeeza), II-250
- Extracorporeal Photopheresis, II-194
- Extracorporeal Shock Wave Treatment for Musculoskeletal Conditions and Soft Tissue Repair, II-11
- Functional Neuromuscular Electrical Stimulation Devices in the Home Setting, VII-11
- Gastric Electrical Stimulation, IV-28
- Givosiran (Givlaari), II-234
- Golodirsén (Vyondys 53), II-232
- Hair Analysis, VI-06
- Helicobacter Pylori (H. Pylori) Serology Testing, II-109
- Hematopoietic Stem Cell Transplantation for Central Nervous System (CNS) Embryonal Tumors and Ependymoma, II-130
- Hematopoietic Stem Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma, II-122
- Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia, II-136
- Hematopoietic Stem Cell Transplantation for Miscellaneous Solid Tumors in Adults, II-123
- Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndrome and Myeloproliferative Neoplasms, II-133
- Hippotherapy, VII-03
- In Vitro Chemosensitivity and Chemosensitivity Assays, VI-30
- Inclisiran (Leqvio), II-258
- Intraosseous Nerve Ablation for Chronic Low Back Pain, IV-111
- Intravitreal Corticosteroid Implants, II-100
- Low-Level Laser Therapy and Deep Tissue Laser Therapy, II-09
- Magnetic Esophageal Ring for Treatment of Gastroesophageal Reflux Disease (GERD), IV-124
- Mepolizumab (Nucala), II-201
- Mobile Cardiac Outpatient Telemetry, II-20
- Monitored Anesthesia Care with Selected Injections for Pain, II-261
- Natalizumab (Tysabri), II-49
- Nerve Graft with Prostatectomy, IV-147
- Neurofeedback, X-29

- Occipital Nerve Decompression for Treatment of Chronic Headaches, IV-167
- Occipital Nerve Stimulation, II-140
- Ocrelizumab (Ocrevus), II-185
- Optical Coherence Tomography of the Anterior Eye Segment, II-79
- Oscillatory Devices for the Treatment of Cystic Fibrosis and other Respiratory Disorders in the Home, VII-35
- Penile Prosthesis Implantation, IV-166
- Penile Prosthesis Implantation, IV-166
- Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuromodulation Therapy (PNT), II-81
- Perirectal Spacer for use During Radiotherapy for Prostate Cancer, IV-164
- Peroral Endoscopic Myotomy, IV-159
- Powered Exoskeleton, VII-63
- Progesterone Therapy to Reduce Preterm Birth in High-Risk Pregnancies, II-38
- Prostatic Urethral Lift, IV-148
- Quantitative Sensory Testing, II-54
- Removal of Benign Skin Lesions, IV-138
- Reslizumab (Cinqair), II-202
- Romosozumab (Evenity), II-236
- Saliva Hormone Tests, VI-08
- Saturation Biopsy of the Prostate, IV-142
- Sphenopalatine Ganglion Nerve Block, II-195
- Stem Cell Therapy for Orthopedic Applications, II-142
- Subcutaneous Hormone Pellets, II-159
- Teprotumumab (Tepezza), II-239
- Tezepelumab (Tezspire), II-259
- Transcatheter Aortic Valve Implantation/Replacement (TAVI/TAVR) for Aortic Stenosis, IV-149
- Transcatheter Uterine Artery Embolization, V-10
- Triamcinolone Acetonide Suprachoroidal Injection (Xipere), II-257
- Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Techniques, II-98
- Vestibular Evoked Myogenic Potential (VEMP) Testing, II-167
- Water Vapor Energy Ablation and Waterjet Tissue Ablation for Benign Prostatic Hyperplasia, IV-163

To access medical and behavioral health policies

Medical and behavioral health policies are available for your use and review on the Blue Cross and Blue Shield of Minnesota website at <https://www.bluecrossmn.com/healthy/public/personal/home/providers/medical-affairs/>. From this site, there are two ways to access medical policy information depending on the patient's Blue Plan membership.

For out-of-area Blue Plan patients

Under "Medical Policy and Pre-Certification/Authorization Router," click Go. You will be taken to the page where you select either medical policy or pre-certification/prior authorization and enter the patient's three-digit prefix as found on their member identification card and click Go. Once you accept the requirements, you will be routed to the patient's home plan where you can access medical policy or pre-certification/pre-authorization information.

For local Blue Cross and Blue Shield of Minnesota Plan patients

Select "Medical policy" (under Tools & Resources), and then read and accept the Blue Cross Medical Policy Statement. You have now navigated to the Blue Cross and Blue Shield of Minnesota Medical Policy web page.

Click on the "+" (plus) sign next to "Medical and Behavioral Health Policies."

- The "Upcoming Medical Policy Notifications" section lists new or revised policies approved by the Blue Cross Medical and Behavioral Health Policy Committee. Policies are effective a minimum of 45 days from the date they were posted.

- The “Medical and Behavioral Health Policies” section lists all policies effective at the time of your inquiry.

Click on the “+” (plus) sign next to “Utilization Management.”

- The Pre-Certification/Pre-Authorization/Notification lists identify various services, procedures, prescription drugs, and medical devices that require pre-certification/pre-authorization/notification. These lists are not exclusive to medical policy services only; they encompass other services that are subject to pre-certification/pre-authorization/notification requirements.

If you have additional questions regarding medical or behavioral health policy issues, call provider services at (651) 662-5200 or 1-800-262-0820 for assistance.