PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

July 3, 2023

WHAT'S INSIDE:

L08R04 (12/13)

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.**

Additional Records Received After Due Date | P48-23

Blue Cross and Blue Shield of Minnesota (Blue Cross) Utilization Management may request additional medical records prior to transferring a prior authorization or precertification to a peer reviewer for final determination. The letter or verbal request provides a date that the records are due.

Beginning August 17, 2023, if the requested records are received after the due date, they will not be included with the medical records transferred to the peer reviewer. A notification will be sent advising that the records were received after the required date and were not included in the medical necessity review. The additional records may be submitted with a pre-service appeal if the prior authorization or precertification is denied.

Products Impacted
Commercial and Medicare Plans

Questions?
Please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

Minnesota Health Care Programs (MHCP) Operations Transition: New ID Numbers for MHCP Members | P49-23

As communicated in Provider Quick Point QP95-22, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be transitioning MHCP Operations back to Blue Cross as of January 1, 2024.

New MHCP Member IDs
New member IDs will be assigned for MHCP members effective January 1, 2024. All members will receive new ID cards.

The format of the new member IDs will be the “product prefix” + “8” + MHCP’s Patient Master Index (PMI) number.

- “MQG” will be the prefix for Families and Children, MinnesotaCare, and Minnesota Senior Care Plus (MSC+)
- “MQS” will be the prefix for Minnesota Senior Health Options (MSHO)

New MHCP Payer Name in Availity Essentials:
The new payer name within Availity Essentials for Blue Plus MHCP will be “BCBSMN BLUE PLUS MEDICAID (00726)”. This payer name must be selected from the payer selection drop-down when completing transactions with Availity Essentials related to an MHCP member. This new payer name will be available in alignment with the implementation of transactions in Availity Essentials for MHCP members.

Important migration information previously communicated: The payer ID will change from **00562** to **00726** for all transaction submission dates effective January 1, 2024, regardless of date of service.

Products Impacted

- Families and Children [formerly known as Prepaid Medical Assistance Program (PMAP)]
- MinnesotaCare (MNCare)
- Minnesota Senior Care Plus (MSC+)
- Minnesota Senior Health Options (MSHO)

Questions?
Please email all questions to MHCPPROVIDERS@bluecrossmn.com

CONTRACT UPDATES

MHCP Enrollment for Managed Care Organization (MCO) In-Network Only Providers | P47-23

Federal law (the 21st Century Cures Act) requires the state agency (DHS) to enroll and screen all Medicaid providers, both those in Medicaid fee-for-service (FFS) and those in managed care organization (MCOs) networks. This is detailed in the 6.12.1.1 “Provider Selection and Enrollment with the STATE” section of DHS managed care contracts.

Starting **July 17, 2023**, Minnesota Health Care Programs (MHCP) will start the screening and enrollment process for MCO in-network providers.

Enrollment required for all MCO In-network Providers
Refer to the Enrollment with MHCP manual page for a list of provider types DHS enrolls. All MCO in-network providers who already have an **existing contract** with an MCO must enroll by **July 15, 2024**, except for **the following provider types that will require a site visit from DHS**: Community Mental Health Center, Rehab Agency, Day Treatment, Private Duty Nurse, and Medical Transportation. These specialties must enroll by December 31, 2024.

The enrollment process with MCHP allows the provider to choose to provide services to MCO members only or FFS members only, or both. All **new** providers who contract with an MCO starting **July 17, 2023**, will have 120 days to complete their MHCP Enrollment.

Please refer to the Enrollment with MHCP section of the MHCP Provider Manual for enrollment information.

Training Session

The Minnesota Department of Human Services (DHS) is offering training sessions for using the Minnesota Provider Screening and Enrollment (MPSE) portal to enroll as a managed care organization in-network only provider with Minnesota Health Care Programs. Providers can learn more by visiting the MPSE portal site.

Training Session Dates

- Tuesday, July 25, 2023, from 1 to 4 p.m.
- Thursday, Aug. 17, 2023, from 10 a.m. to 1 p.m.

To register, visit the MPSE portal training site.

FAQs: Enroll with Minnesota Health Care Programs / Minnesota Department of Human Services (mn.gov)

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

eviCore Healthcare Specialty Utilization Management (UM) Program: Medical Oncology Drug Prior Authorization Updates | P50-23

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 are awaiting regulatory approval. When approved, the drugs will automatically be added to the PA list for oncologic reasons effective immediately. CPT codes will be assigned closer to the approval date.

Drug Name
talquetamab
glofitamab

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. Laboratory Management)
- 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., Laboratory Management
- 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 the 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.

Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans managed by Blue Cross and Blue Shield of Alabama | P51-23

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-356	Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry
MP-561	Transcutaneous Mitral Valve Repair and Replacement
MP-225	Balloon Ostial Dilation
MP-215	Bariatric Surgery

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-90242	Aranesp® (darbepoetin alfa)
PH-90243	Epoetin alfa: Epogen®, Procrit®, Retacrit™
PH-90244	Mircera® (methoxy polyethylene glycol-epoetin beta)
VP-90691	Adstiladrin® (nadofaragene firadenovec-vncg)
PH-90026	Eylea® (aflibercept)
PH-90080	Leuprolide Suspension: Lupron Depot®, Lupron- Depot-Ped®, Eligard®, Fensolvi®, Camcevi®, Lutrate Depot®
PH-90525	Tepezza® (teprotumumab-trbw)

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs (MHCP) & Minnesota Senior Health Options (MSHO) Prior Authorization & Medical Policy Requirements | P52-23

Effective **September 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 **September 1, 2023**.

Policy #	Policy name	New policy	Prior authorization required	
			MHCP	MSHO
MHCP	Revcovi (elapegademase-lvlr)	Yes	Yes	Yes
CC-0236	Signifor LAR (pasireotide)	Yes	No	No
Blue Cross II-198	Fecal Microbiota Transplantation (Rebyota)	Yes	No	No

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **September 1, 2023**.

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
CC-0002	Colony Stimulating Factor Agents	Yes	Yes
CC-0125	Opdivo (nivolumab)	Yes	Yes
CC-0072	Vascular Endothelial Growth Factor (VEGF) Inhibitors (Alymsys, Macugen, Mvasii, Vabysmo and Zirabev only)	Yes	Yes
CC-0197	Jemperli (dostarlimab-gxly)	Yes	Yes
CC-0119	Yervoy (ipilimumab)	Yes	Yes
CC-0065	Hemophilia A and von Willebrand Disease	Yes	Yes
CC-0003	Immunoglobulins	Yes	Yes
CC-0061	GnRH Analogs for the Treatment of Non-Oncologic Indications	Yes	Yes
SP-03	Spine — Cervical Decompression	Yes	Yes
SP-04	Spine — Lumbar Arthroplasty	Yes	Yes
SP-05	Spine — Lumbar Discectomy, Foraminotomy, and Laminotomy	Yes	Yes
SP-06	Spine — Lumbar Fusion and Treatment of Spinal Deformity	Yes	Yes
SP-07	Spine — Lumbar Laminectomy	Yes	Yes
SP-08	Spine — Sacroiliac Joint Fusion	Yes	Yes
SP-09	Spine — Vertebroplasty/Kyphoplasty	Yes	Yes
SDM-01	Sleep Disorder Management	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 **September 1, 2023**.

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
CC-0070	Jetrea (ocriplasmin)	Yes	Yes

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

Code	Code description	Policy source
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	CG-MED-46
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	CG-MED-46
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	CG-MED-46
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	CG-MED-46
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	CG-MED-46
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	CG-MED-46
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	CG-MED-46
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	CG-MED-46
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	CG-MED-46
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	CG-MED-46

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**.