

PROVIDER BULLETIN

PROVIDER INFORMATION



August 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

Reimbursement Changes for Dental Providers, Effective October 1, 2023 | P53-23

Effective October 1, 2023, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will enforce **Reimbursement Policy General Coding-001**, titled **Modifier Reference Guide** on all medical dental claims received.

Previously, claim edits and standard reductions may not have been applied to medical dental claims when certain modifiers were submitted. This change is being made to have consistency within our Reimbursement Policies and to align with the processing of medical claims.

Questions?

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

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

New Medical, Medical Drug and Behavioral Health Policy Management Updates: Effective July 6, 2020 | P27R1-20

Revision: The bulletin was updated to add the new brand name **Roctavian** for the drug **valoctocogene roxaparvovec**, which received FDA approval on **06/29/23**. Updated directions on how to locate medical

policy information and submit a prior authorization request have also been provided due to navigational changes made to the Blue Cross website.

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.

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-239	Teprotumumab (Tepezza™)	Yes <i>(Replacing policy II-174)</i>	New	Commercial
II-29	Intra-Articular Hyaluronan Injections for Osteoarthritis <ul style="list-style-type: none"> No PA required for preferred drugs, Synvisc and Synvisc-One PA required for non-preferred drugs (exception requests only) 	No	New <i>(Exception requests for non-preferred drugs)</i>	Commercial
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: <ul style="list-style-type: none"> Inebilizumab* 	No	New	Commercial
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: <ul style="list-style-type: none"> Inebilizumab* Valoctocogene roxaparvovec (Roctavian, f.k.a. Valrox) 	No	New	Medicare Advantage

* PA will be required upon FDA approval.

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 29, 2020.
- 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 providers.bluecrossmn.com
 - Under Medical Management, select “Medical and behavioral health policies.”
- Current and future PA requirements can be found using the *Is Authorization Required* tool in the Availity® portal 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 Prior Authorization Lists for all lines of business:
 - Go to providers.bluecrossmn.com

- Under Medical Management, select “Prior Authorization Lookup.”
- 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. The requirement applies to subscribers starting therapy and to those already being treated with a therapy noted above.

Prior Authorization Requests

- Participating providers must submit PA requests online via our free Availity® provider portal
- For medical drugs, PA’s can also be submitted using a NCPDP standard XML file feed to Blue Cross through CenterX, via an integrated Electronic Medical Record (EMR) system. To learn how to do this, providers should contact their EMR vendor for assistance.
- Out of state, non-contracted providers can submit a PA request to Blue Cross by either using the electronic processes above, the [fax form](#) located under the Forms & Publications section on the Blue Cross website, or their own PA form.

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 providers.bluecrossmn.com
- Under Medical Management, select “Upcoming medical policies.”

Questions?

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

Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans managed by Blue Cross and Blue Shield of Alabama | P54-23

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 \(exploremyplan.com\)](http://Policies & Guidelines (exploremyplan.com))

Policy #	Policy Title
MP-232	Biophysical Fetal Profile

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-9406	Rituximab
PH-90708	Elfabrio (pegunigalsidase alfa-iwxj)
PH-90610	Aduhelm (aducanumab-avwa)
PH-90694	Leqembi (lecanemab-irmb)
PH-90704	Qalsody (tofersen)

New Medical, Medical Drug and Behavioral Health Policy Management Updates: Effective September 4, 2023 and October 2, 2023 | P55-23

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 September 4, 2023:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
NCD 190.11	Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management	No	Removed	Medicare Advantage

The following prior authorization changes will be effective October 2, 2023:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-281	*Pegunigalsidase alfa (Elfabrio®)	Yes	New	Commercial

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 September 25, 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 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: Cardiology and Radiology Clinical Guideline Updates | P56-23

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

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- Oncology Imaging 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.

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:

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

Medicare Advantage Part B Step Therapy Program Expansion to Include Vyvgart and Ultomiris | P58-23

As stewards of healthcare expenditures for our subscribers, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through development of medical policies and management of the policies to include the prior authorization (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.

Effective October 2, 2023, Blue Cross Medical Policy II-247 for the Medicare Advantage Part B Step Therapy Program will be expanded to **add** a step therapy requirement to try Vyvgart (efgartigimod alfa) and Ultomiris (ravulizumab) prior to Soliris (eculizumab) when deemed medically necessary to treat generalized myasthenia gravis, per policy guidelines. With the policy update, the Medicare Advantage (PPO) Part B Step Therapy Program Drug List will be updated, accordingly.

The following medical policy change will be effective October 2, 2023:

Policy #	Policy Title/ Service	Preferred Products	Non-Preferred Products	Prior Authorization Requirement*	Line(s) of Business
II-247	Medicare Advantage Part B Step Therapy	Ultomiris*, Vyvgart*	Soliris*, for treatment of generalized myasthenia gravis	Continued • Soliris: PA required using policy L33394 and II-247. • Vyvgart: PA required using policy L33394 • Ultomiris: PA required using policy II-229.	Medicare Advantage

**Prior authorization (PA) requirements for Ultomiris, Vyvgart, and Soliris will remain in effect for Medicare Advantage subscribers. All existing PA approvals will be honored.*

Products Impacted

The information in this bulletin applies **only** to subscribers who have coverage through Medicare Advantage lines of business.

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 providers.bluecrossmn.com
- Under Medical Management, select “Upcoming medical policies.”

Questions?

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

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs (MHCP) & Minnesota Senior Health Options (MSHO) Prior Authorization & Medical Policy Requirements | P57-23

Effective **October 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 **October 1, 2023**.

Policy #	Policy name	New policy	Prior authorization required	
			MHCP	MSHO
MHCP	New Drugs and New or Nonpreferred Dosage Forms: <ul style="list-style-type: none"> • Elevidys (delandistrogene moxeparvovec) • Roctavian (valoctocogene roxaparvovec) 	No	Yes	Yes

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**.