

# PROVIDER BULLETIN

## PROVIDER INFORMATION



November 1, 2023

### Medical Policies for Minnesota Health Care Programs (MHCP), effective January 1, 2024

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.

Effective **January 1, 2024**, Blue Cross will be updating Medical Policy, Prior Authorization and Notification Requirements for MHCP subscribers. The lists clarify Medical Policy, prior authorization, and notification requirements for MHCP (Families and Children, MinnesotaCare, and Minnesota Senior Care Plus) and Minnesota Senior Health Options (SecureBlue) products.

As stewards of healthcare expenditures for our subscribers, Blue Cross is 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 subscribers.

The following Medical Policies will be applicable to services provided on or after January 1, 2024. **The procedure codes associated with this set of policies will not require prior authorization.**

Policy #	Policy Title
IV-130	Ablation of Peripheral Nerves to Treat Pain
IV-170	Ablation Procedures for Treatment of Chronic Rhinitis
IV-165	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse
II-127	Actigraphy
VI-61	Adjunctive Techniques for Screening and Surveillance of Barrett's Esophagus and Esophageal Dysplasia
II-107	Advanced Pharmacologic Therapies for Pulmonary Arterial Hypertension
IV-145	Amniotic Membrane and Amniotic Fluid
IV-48	Angioplasty and/or Stenting for Intracranial Aneurysms and Atherosclerosis
IV-146	Aqueous Shunts and Stents for Glaucoma
IV-154	Artificial Retinal Devices
VII-12	Automated Point-of-Care Nerve Conduction Tests

<b>Policy #</b>	<b>Policy Title</b>
II-86	Autonomic Nervous System Function Testing
IV-162	Balloon Dilation of the Eustachian Tube
IV-01	Balloon Ostial Dilation
IV-19	Bariatric Surgery
IV-139	Baroreflex Stimulation Devices
IV-137	Bioengineered Skin and Soft Tissue Substitutes
II-70	Biofeedback
II-148	Bioimpedance Spectroscopy Devices for Detection and Management of Lymphedema
II-16	Botulinum Toxin
IV-108	Breast Ductal Lavage and Fiberoptic Ductoscopy
IV-14	Breast Implant, Removal or Replacement
IV-117	Bronchial Thermoplasty
IV-171	Bunionectomy
II-43	Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting
VI-24	Cardiovascular Disease Risk Assessment and Management: Laboratory Evaluation of Non-Traditional Lipid and Nonlipid Biomarkers
IV-176	Carpal Tunnel Decompression
IV-143	Closure Devices for Atrial Septal Defects and Patent Foramen Ovale
IV-151	Composite Tissue Allotransplantation of the Hand
II-108	Computerized Dynamic Posturography
II-191	Confocal Laser Endomicroscopy
VII-05	Continuous Glucose Monitoring Systems
II-207	Corneal Collagen Cross-Linking
XI-04	Cosmetic Criteria for Services Which Are Not Addressed by a Specific Medical Policy
II-19	Coverage of Routine Care Related to Clinical Trials
IV-05	Cryoablation of Solid Tumors
II-155	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis
VII-67	Dry Needling
V-17	Dynamic Spinal Visualization and Vertebral Motion Analysis
IV-52	Dynamic Spine Stabilization
X-46	Electroconvulsive Therapy (ECT)
II-132	Electromagnetic Navigational Bronchoscopy
II-94	Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus
IV-150	Endothelial Keratoplasty
IV-156	Endovascular/Endoluminal Stent Grafts for Abdominal Aortic Aneurysms

<b>Policy #</b>	<b>Policy Title</b>
IV-157	Endovascular/Endoluminal Stent Grafts for Disorders of the Thoracic Aorta
IV-141	Endovascular Therapies for Extracranial Vertebral Artery Disease
VII-64	Esophageal pH Monitoring
VI-51	Expanded Cardiovascular Risk Panels
VI-59	Expanded Gastrointestinal Biomarker Panels
II-194	Extracorporeal Photopheresis
II-11	Extracorporeal Shock Wave Treatment for Musculoskeletal Conditions and Soft Tissue Repair
IX-05	Eyelid Thermal Pulsation
II-198	Fecal Microbiota
IV-175	Fetal Surgery for Prenatally Diagnosed Malformations
IV-174	Functional Endoscopic Sinus Surgery (FESS)
IV-28	Gastric Electrical Stimulation
IV-123	Gender Affirming Procedures
VI-16	Genetic Testing for Hereditary Breast and/or Ovarian Cancer
VI-06	Hair Analysis
II-109	Helicobacter Pylori (H. Pylori) Serology Testing
VII-03	Hippotherapy
II-04	Hyperbaric Oxygen Therapy
III-02	Hypnotherapy
II-51	Immunoglobulin Therapy
II-224	Implantable Ambulatory Cardiac Event Monitors and Ischemia Detection Systems
IV-37	Implantable Middle Ear Hearing Aids (Semi-Implantable and Fully Implantable) for Moderate to Severe Sensorineural Hearing Loss
IV-80	Implanted Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea
VI-30	In Vitro Chemoresistance and Chemosensitivity Assays
II-163	Infusion or Injection of Vitamins and/or Minerals
IV-133	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence
II-145	Injectable Clostridial Collagenase (Xiaflex®) for Fibroproliferative Disorders
VII-66	Interferential Current Stimulation
II-189	Intermittent Intravenous Insulin Therapy
II-29	Intra-Articular Hyaluronan Injections for Osteoarthritis
IV-111	Intraosseous Nerve Ablation for Chronic Low Back Pain
II-271	Intravenous Anesthetics for Treatment of Chronic Pain and Psychiatric Disorders
II-71	Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions
XI-01	Investigative Indications for Medical Technologies which are Not Addressed by a Specific Medical Policy

<b>Policy #</b>	<b>Policy Title</b>
II-153	Laser and Photodynamic Therapy for Onychomycosis
IV-82	Liposuction
II-09	Low-Level Laser Therapy and Deep Tissue Laser Therapy
II-165	Lyme Disease: Diagnostic Testing and Intravenous Antibiotic Therapy
IV-124	Magnetic Esophageal Ring for Treatment of Gastroesophageal Reflux Disease (GERD)
IV-33	Mastopexy
VI-55	Measurement of Serum Antibodies to Selected Biologic Agents
VII-62	Mechanical Stretching Devices
II-221	Medical Marijuana (Cannabis)
XI-02	Medical Necessity Criteria for Medical Technologies which are Not Addressed by a Specific Medical Policy
IV-04	Microwave Ablation of Solid Tumors
II-20	Mobile Cardiac Outpatient Telemetry
II-261	Monitored Anesthesia Care with Selected Injections for Pain
IV-119	MRI-Guided High-Intensity Focused Ultrasound Ablation and MRI-Guided High-Intensity Directional Ultrasound Ablation
VII-60	Myoelectric Prosthesis for the Upper Limb
II-223	Naltrexone Implants
IV-172	Nasal Tissue Reduction
II-177	Nerve Fiber Density Measurement
IV-147	Nerve Graft with Prostatectomy
X-29	Neurofeedback
II-33	Nonpharmacologic Treatment of Acne
II-08	Nonpharmacologic Treatment of Rosacea
IV-167	Occipital Nerve Decompression for the Treatment of Chronic Headache
II-140	Occipital Nerve Stimulation
II-79	Optical Coherence Tomography of the Anterior Eye Segment
IV-16	Orthognathic Surgery
V-26	Ovarian and Internal Iliac Vein Embolization as a Treatment for Pelvic Congestion Syndrome
IV-24	Panniculectomy/Excision of Redundant Skin or Tissue
II-277	Pegcetacoplan (Syfovre)
IV-166	Penile Prosthesis Implantation
II-81	Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuromodulation Therapy (PNT)
IV-169	Percutaneous Left Atrial Appendage Occluder Devices
IV-135	Percutaneous Tibial Nerve Stimulation (PTNS)

<b>Policy #</b>	<b>Policy Title</b>
IV-160	Percutaneous Ultrasonic Ablation of Soft Tissue
II-149	Peripheral Nerve Stimulation of the Trunk or Limbs for Treatment of Pain
IV-159	Peroral Endoscopic Myotomy (POEM)
II-205	Photodynamic Therapy for Ocular Indications (Visudyne®)
II-46	Photodynamic Therapy for Skin Conditions
II-39	Phototherapy in the Treatment of Psoriasis
II-192	Plasma Exchange
II-76	Platelet-Rich Plasma
VII-63	Powered Exoskeleton
IV-177	Prostatic Artery Embolization for Benign Prostatic Hyperplasia (BPH)
IV-148	Prostatic Urethral Lift
II-54	Quantitative Sensory Testing
IV-138	Removal of Benign Skin Lesions
IV-161	Responsive Neurostimulation for the Treatment of Refractory Focal (Partial) Epilepsy
IV-73	Rhinoplasty and Septorhinoplasty
IV-27	Risk-Reducing Mastectomy
II-47	Rituximab
IV-83	Sacral Nerve Neuromodulation/Stimulation for Selected Conditions
IV-126	Sacroiliac Joint Fusion
VI-08	Saliva Hormone Tests
IV-142	Saturation Biopsy of the Prostate
II-23	Secretin Infusion Therapy for Autism
II-55	Selected Treatments for Hyperhidrosis
II-42	Selected Treatments for Tinnitus
IV-129	Selected Treatments for Varicose Veins of the Lower Extremities
XI-03	Site of Service for Selected Outpatient Procedures: Outpatient Hospital and Ambulatory Surgery Center
II-195	Sphenopalatine Ganglion Nerve Block
VII-59	Spinal Unloading Devices: Patient-Operated
II-142	Stem Cell Therapy for Orthopedic Applications
II-151	Stem Cell Therapy for Peripheral Arterial Disease
II-242	Step Therapy Bypass Supplement
IV-140	Steroid-Eluting Devices for Maintaining Sinus Ostial Patency
II-169	Sublingual Immunotherapy Drops for Allergy Treatment
IV-26	Subtalar Arthroereisis

Policy #	Policy Title
VII-10	Surface Electromyography (SEMG)
IV-173	Surgery for Groin Pain
IV-158	Surgical Treatments of Lymphedema
IV-153	Synthetic Cartilage Implants for Metatarsophalangeal Joint Disorders
II-07	Temporomandibular Disorder (TMD): Diagnosis and Selected Treatments
II-272	Teplizumab (Tziel)
VII-18	Traction Decompression of the Spine
IV-149	Transcatheter Aortic Valve Implantation/Replacement (TAVI/TAVR) for Aortic Stenosis
II-190	Transcatheter Arterial Chemoembolization to Treat Primary or Metastatic Liver Malignancies
IV-152	Transcatheter Mitral Valve Repair (TMVR)
IV-155	Transcatheter Pulmonary Valve Implantation
V-10	Transcatheter Uterine Artery Embolization
X-14	Transcranial Magnetic Stimulation
II-31	Transesophageal Endoscopic Therapies for Gastroesophageal Reflex Disease (GERD)
IV-07	Treatment of Obstructive Sleep Apnea and Snoring in Adults
II-164	Tumor Treating Fields Therapy
IV-118	Ultrasound-Guided High-Intensity Focused Ultrasound Ablation
II-98	Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Techniques
IV-131	Vagus Nerve Stimulation
II-167	Vestibular Evoked Myogenic Potential (VEMP) Testing
IX-06	Virtual Reality
IV-144	Viscocanalostomy and Canaloplasty for the Treatment of Glaucoma
VI-60	Vitamin D Screening
IV-163	Water Vapor Energy Ablation and Waterjet Tissue Ablation for Benign Prostatic Hyperplasia
V-28	Whole Body Dual X-Ray Absorptiometry (DXA) to Determine Body Composition
V-12	Wireless Capsule Endoscopy
II-134	Wireless Gastric Motility Monitoring

The following Medical Policies will be applicable to services provided on or after January 1, 2024. **The procedure codes associated with this set of policies may require prior authorization.**

Policy #	Policy Title
VI-16	Genetic Testing for Hereditary Breast and/or Ovarian Cancer
II-144	Cellular Immunotherapy for Prostate Cancer
IV-01	Balloon Ostial Dilatation

<b>Policy #</b>	<b>Policy Title</b>
IV-19	Bariatric Surgery
IV-17	Blepharoplasty and Brow Ptosis Repair
IV-14	Breast Implant, Removal or Replacement
IV-143	Closure Devices for Atrial Septal Defects and Patent Foramen Ovale
IV-123	Gender Affirming Procedures
IV-80	Implanted Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea
IV-71	Gynecomastia Surgery
IV-86	Ventricular Assist Devices and Total Artificial Hearts
IV-16	Orthognathic Surgery
IV-24	Panniculectomy/Excision of Redundant Skin or Tissue
IV-164	Perirectal Spacer for Use During Radiotherapy for Prostate Cancer
IV-32	Reduction Mammoplasty
IV-73	Rhinoplasty, Septorhinoplasty, and Septoplasty
IV-126	Sacroiliac Joint Fusion
V-10	Transcatheter Uterine Artery Embolization
II-252	Idecabtagene vicleucel
II-181	Tocilizumab
II-274	Nadofaragene Firadenovec
II-186	Alglucosidase Alfa
II-256	Avalglucosidase Alfa
II-216	Laronidase
II-264	Vutrisiran
II-206	Alpha-1 Proteinase Inhibitors
II-251	Casimersen
II-152	Belimumab
II-16	Botulinum Toxin
II-249	Lisocabtagene Maraleucel
II-275	Ublituximab
II-262	Ciltacabtagene Autoleucel
II-03	Chelation Therapy
II-179	Certolizumab Pegol
II-202	Reslizumab
II-215	Idursulfase
II- 173	Accepted Indications for Medical Drugs Which are not Addressed by a Specific Medical Policy

<b>Policy #</b>	<b>Policy Title</b>
II-281	Pegunigalsidase alfa
II-263	Sutimlimab
II-182	Vedolizumab
II-214	Intravenous Enzyme Replacement Therapy for Gaucher Disease
II-250	Evinacumab
II-173	Accepted Indications for Medical Drugs Which are not Addressed by a Specific Medical Policy
II-26	Agalsidase Beta
II-203	Benralizumab
II-204	Emapalumab
II-273	Etranacogene dezaparvovec
II-268	Elivaldogene autotemcel
II-222	Tildrakizumab
II-51	Immunoglobulin Therapy
II-97	Infliximab
II-29	Intra-Articular Hyaluronan Injections for Osteoarthritis
II-100	Intravitreal Corticosteroid Implants
II-243	Intravenous Iron Replacement Therapy
II-147	Pegloticase
II-183	Tisagenlecleucel
II-278	Velmanase alfa
II-184	Alemtuzumab
II-173	Accepted Indications for Medical Drugs Which are not Addressed by a Specific Medical Policy
II-258	Inclisiran
II-173	Accepted Indications for Medical Drugs Which are not Addressed by a Specific Medical Policy
II-217	Galsulfase
II-223	Naltrexone Implants
II-211	Romiplostim
II-201	Mepolizumab
II-210	Fosdenopterin
II-185	Ocrelizumab
II-161	Abatacept
II-248	Lumasiran
II-107	Advanced Pharmacologic Therapies for Pulmonary Arterial Hypertension
II-173	Accepted Indications for Medical Drugs Which are not Addressed by a Specific Medical Policy



<b>Policy #</b>	<b>Policy Title</b>
II-47	Rituximab
II-255	Anifrolumab
II-238	Afamelanotide
II-71	Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions
II-180	Golimumab (Simponi Aria)
II-265	Risankizumab
II-168	Ustekinumab
II-159	Subcutaneous Hormone Pellets
II-277	Pegcetacoplan
II-245	Brexucabtagene Autoleucel
II-259	Tezepelumab
II-49	Natalizumab
II-272	Teplizumab
II-244	Inebilizumab
II-16	Botulinum Toxin
II-145	Injectable Clostridial Collagenase for Fibroproliferative Disorders
II-257	Triamcinolone Acetonide Suprachoroidal Injection
II-34	Omalizumab
II-187	Axicabtagene Ciloleucel
II-230	Onasemnogene Apeparvovec
II-231	Brexanolone
II-267	Betibeglogene autotemcel
IV-145	Amniotic Membrane and Amniotic Fluid
IV-137	Bioengineered Skin and Soft Tissue Substitutes
IV-82	Liposuction
IV-166	Penile Prosthesis Implantation
II-192	Plasma Exchange
IV-158	Surgical Treatments of Lymphedema
II-227	Enzyme Replacement Therapy for the Treatment of Adenosine Deaminase Severe Combined Immune Deficiency (ADA-SCID)
II-235	Crizanlizumab
II-102	Pharmacologic Therapies for Hereditary Angioedema
II-176	Cerliponase Alfa
II-212	Burosumab
II-236	Romozozumab

Policy #	Policy Title
II-234	Givosiran
II-200	Sebelipase Alfa
II-219	Vestronidase Alfa
II-211	Romiplostim
II-178	Edaravone
II-237	Luspatercept
II-171	Nusinersen
II-226	Esketamine
II-239	Teprotumumab
II-229	Ravulizumab
II-218	Elosulfase Alfa
II-240	Eptinezumab
II-199	Bezlotoxumab

**Products Impacted**

- Families and Children
- MinnesotaCare (MNCare)
- Minnesota Senior Care Plus (MSC+)
- Minnesota Senior Health Options (MSHO)

**Questions?**

Please email Blue Cross at [MHCPProviders@BlueCrossMN.com](mailto:MHCPProviders@BlueCrossMN.com)