PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

January 2, 2024

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.**

CONTRACT UPDATES

New Practitioner Credentialing Requirements Beginning in 2024 | P2-24

Blue Cross and Blue Shield of Minnesota (Blue Cross) is implementing new credentialing processes and requirements. Specifically, Blue Cross will begin a multi-year project to credential all licensed practitioners that do not exclusively practice in a credentialed facility, hospital, or other inpatient setting, according to the two schedules below.

SCHEDULE 1: Practitioners *already enrolled* with Blue Cross as Participating

Licensed Practitioners *that don't solely practice in a hospital, credentialed facility, or other inpatient setting*		
Practitioner Type	**Time period for requesting credentialing applications**	**Latest date for providers to submit requested credentialing applications**
Audiologists	April 2024	July 31, 2024
Speech Therapists	May 2024	August 31, 2024
Occupational Therapists	June and July 2024	October 31, 2024
Dieticians	August through October 2024	January 31, 2025
Pathologists	November 2024	February 28, 2025
Radiologists	December 2024 through February 2025	May 31, 2025
Anesthesiologists (including CRNAs)	March 2025 through June 2025	September 30, 2025

Providers should not submit a credentialing application until specifically requested by the Blue Cross Credentialing team.

Once credentialing is requested, Blue Cross will send up to three monthly reminders to providers that have not yet submitted the requested credentialing application(s).

SCHEDULE 2: Practitioners *NOT already enrolled* with Blue Cross as Participating

Licensed Practitioners *that don't solely practice in a hospital, credentialed facility, or other inpatient setting*		
Practitioner Type	**Time period for requesting credentialing applications**	**Latest date for providers to submit requested credentialing applications**
Audiologists	April 2024	N/A for initial credentialing *Please allow Blue Cross up to 45 calendar days for initial credentialing applications to be processed.*
Speech Therapists	May 2024	
Occupational Therapists	June 2024	
Dieticians	August 2024	
Pathologists	November 2024	
Radiologists	December 2024	
Anesthesiologists (including CRNAs)	March 2025	

Delegated Providers
The schedules above do not apply to credentialing delegates (i.e., providers that hold a delegated credentialing agreement with Blue Cross). Rather, Blue Cross will meet with delegates separately throughout 2025 to determine the delegate's current credentialing status for these practitioner types along with developing an agreed upon implementation schedule as applicable.

Questions?
Please contact Provider Services at **651-662-5200** or **1-800-262-0820**.

MinnesotaCare Tax Change Effective January 1, 2024 | P3-24

The Minnesota Department of Revenue has recently published a change to the MinnesotaCare Tax Law for provider tax. The tax rate will be increased from 1.6% to 1.8% of gross revenue beginning January 1, 2024. Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is working to configure the adjustment to operating systems to accommodate this change.

For additional information, please refer to Chapter 9 of the Blue Cross and Blue Shield of Minnesota Provider Policy & Procedure Manual.

Questions?
For questions regarding MHCP subscribers, please contact MHCP Provider Services at **1-866-518-8448** or send an email to MHCPProviders@bluecrossmn.com. For all other lines of business, please contact Provider Services at **651-662-5200** or **1-800-262-0820**.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

eviCore Healthcare Specialty Utilization Management (UM) Program: Medical Oncology Drug Prior Authorization Updates | P1-24

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 drug(s) have new code updates that will be added to the Medical Oncology program and will require prior authorization for oncologic reasons beginning **January 1, 2024**. These drugs have been previously communicated, however there have been various code updates.

FDA approval has been granted for the following drug from our cancer pipeline drug list. Provider communication was previously sent indicating once FDA approved, the drug would be added to the Medical Oncology list. The following drug will be added to the medical oncology list with the following codes effective January 1, 2024:

Drug Name	Code(s)
toripalimab-tpzi	C9399, J3490, J3590, J9999

The following drug(s) currently on the Medical Oncology list have new codes assigned from the AMA beginning January 1, 2024. These codes will be added to the Medical Oncology program and will require prior authorization for oncologic reasons effective January 1, 2024:

Drug Name	Code(s)
glofitamab-gxbn	J9286
dinutuximab	J1246

The following drug(s) now have additional codes due to new manufacturers. These codes will be added to the Medical Oncology program upon system updates and will require prior authorization for oncologic reasons**:**

Drug Name	Code(s)
carmustine (Accord), not equivalent to J9050	J9052
cyclophosphamide, (dr. reddy's), 5 mg	J9072
docetaxel (ingenus), not equivalent to J9171	J9172
methotrexate (Accord), not equivalent to J9250 or J9260	J9255
paclitaxel protein-bound particles (teva), not equivalent to J9264	J9258
pemetrexed (pemrydi rtu),	J9324

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 **bluecrossmn.com/providers**
- Select "**Medical and behavioral health policies**" under "**Medical Management**"
- Scroll down and click on the "**eviCore healthcare clinical guidelines**" link, 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. Medical Oncology)
- 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 **bluecrossmn.com/providers**
- Select "**Medical and behavioral health policies**" under "**Medical Management**"
- Scroll down and click on the "**eviCore healthcare clinical guidelines**" link, 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., Medical Oncology (Note: read and accept disclaimer)
- 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 Availity.com/Essentials 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 requests at Availity.com/Essentials. There is no cost to the provider.

Instructions on how to utilize this portal are found at Availity.com/Essentials. Providers should reference the eviCore clinical guideline criteria, submit prior authorization requests 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.

New Medical, Medical Drug and Behavioral Health Policy Management Updates, Effective March 4, 2024 | P4-24

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 March 4, 2024:

Policy	Policy Title / Service	New Policy	Prior Authorization Requirement	Line(s) of Business
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: • exagamglogene autotemcel (Casgevy) • lovotibeglogene autotemcel (Lyfgenia)	No	New	Medicare Advantage

Members Impacted
The information in this bulletin applies only to subscribers who have coverage through Medicare Advantage.

Submitting a PA Request when Applicable

- Providers may submit PA requests for any treatment in the above table starting February 29, 2024.
- 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 www.bluecrossmn.com/providers
  - 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 at http://www.availity.com/essentials or the *Prior Authorization Lookup* on www.bluecrossmn.com/providers 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 include applicable codes. To access the PDF prior authorization lists for all lines of business go to www.bluecrossmn.com/providers/medical-management/prior-authorization.

Prior Authorization Requests

- For information on how to submit a prior authorization please go to www.bluecrossmn.com/providers/medical-management/prior-authorization

  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 www.bluecrossmn.com/providers
- Select "See Medical and Behavioral Health Policies" then click "See Upcoming Medical and Behavioral Health Policy Notifications."

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 | P5-24

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-537	Peroral Endoscopic Myotomy (POEM) for Treatment of Esophageal Achalasia and Refractory Gastroparesis
MP-548	Identification of Microorganisms Using Nucleic Acid Probes
MP-557	Cardioverter Defibrillators: Wearable or External
MP-567	Biomarker Testing in Risk Assessment and Management of Cardiovascular Disease
MP-756	Sphenopalatine Ganglion Block for Headache
MP-757	Axillary Reverse Mapping for Prevention of Lymphedema

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-90731	Pombiliti (cipaglucosidase alfa-atga)
VP-90598	Abecma (idecabtagene vicleucel)
VP-90590	Breyanzi (lisocabtagene maraleucel)
VP-90663	Carvykti (ciltacabtagene autoleucel)
PH-90202	Entyvio IV (vedolizumab)
VP-90319	Kymriah (tisagenlecleucel)
PH-90558	Tecartus (brexucabtagene autoleucel)
PH-90002	Tocifizumab IV (Actemra; Tofidence)
VP-90333	Yescarta (axicabtagene ciloleucel)

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES