

# PROVIDER BULLETIN

## PROVIDER INFORMATION



January 2, 2024

### eviCore Healthcare Specialty Utilization Management (UM) Program: Medical Oncology Drug Prior Authorization Updates

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

Drug Name	Code(s)
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](http://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](http://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](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 [Availity.com/Essentials](http://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](https://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](https://Availity.com/Essentials). There is no cost to the provider.

Instructions on how to utilize this portal are found at [Availity.com/Essentials](https://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.