

PROVIDER BULLETIN

PROVIDER INFORMATION



February 1, 2024

Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans Managed by Blue Cross and Blue Shield of Alabama

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. 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](https://mn-policies.exploremyplan.com/portal/web/mn-policies/feedback) 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 \(exploremyplan.com\)](https://mn-policies.exploremyplan.com)

Policy #	Policy Title
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
MP-758	Fractional Carbon Dioxide (CO ₂) Laser Ablation Treatment of Hypertrophic Scars or Keloids for Functional Improvement
MP-557	Cardioverter Defibrillators: Wearable or External

Draft Provider-Administered Drug Policies

Draft provider-administered drug policies can be found at [Policies & Guidelines \(exploremyplan.com\)](https://mn-policies.exploremyplan.com) and [Policies & Guidelines \(exploremyplan.com\)](https://mn-policies.exploremyplan.com)

Policy #	Policy Title
PH-90091	Orencia (abatacept)

Policy #	Policy Title
PH-90117	Ustekinumab
PH-90312	Injectafer (ferric carboxymaltose injection)
PH-90305	Radicava IV (edaravone)
PH-90714	Rystiggo (rozanolixizumab-noli)
PH-90659	Vabysmo (faricimab-svoa)
PH-90649	Vyvgart IV (efgartigimod alfa-fcab)
PH-90712	Vyvgart SQ (efgartigimod alfa-fcab and hyaluronidase-gvfc)
PH-90736	Adzynma (ADAMTS13, recombinant-krhn)
PH-90734	Omvoh (mirikizumab-mrkz)