PROVIDER BULLETIN
PROVIDER INFORMATION

March 1, 2024

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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.**

Availity is Assisting Providers Impacted by Change HealthCare Cybersecurity Incident | P19-24

Blue Cross and Blue Shield of Minnesota (Blue Cross) is aware of the significant cybersecurity incident experienced by Change Healthcare beginning on Wednesday, February 21, 2024, and understands the impact this has had on providers using Change Healthcare as their clearinghouse.

Availity is able to assist providers who use Change Healthcare as their clearinghouse. Transactions available to those providers include:

- Eligibility and Benefits (X12 270)
- Claim Status (X12 276)
- Claim Submissions (X12 837 Professional, Institutional, Dental)
- Remittance Advice (X12 835)

For more information about these capabilities and how Availity can assist, please go to https://www.availity.com/availity-lifeline-self-serve-resources

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CONTRACT UPDATES

Medical Record Requirements Reminder | P13-24

All Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) Provider Agreements contain a provision requiring providers to maintain accurate and accessible medical records.

Article III - Authority and Covenants (E) or (G), depending on which provider agreement that the provider holds, requires that providers shall, at provider's expense, maintain and promptly submit when requested medical record documentation that is complete, clear, comprehensive, concise, consistent, and legible and which conforms with reasonable documentation standards as set forth in the Provider Policy & Procedure Manual. Health Services rendered to Subscribers with no corresponding documentation in the medical record are not eligible for payment and will be the Provider's financial responsibility. The provider shall maintain all Subscriber medical records for a minimum of ten (10) years after the last date a Health Service was provided to the Subscriber under this Agreement. The provider shall ensure that all diagnoses are supported in the medical record documentation for each encounter.

It is also the responsibility of the provider to ensure that that medical record documentation supports the services billed, the records are legible, complete, correctly coded and signed.

Products Impacted
All

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

Updated Reimbursement Policies, Effective May 1, 2024 | P18-24

Effective May 1, 2024, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will publish the following updated reimbursement policies:

Policy #	Policy Title/Service
Commercial, Medicaid, and Medicare Evaluation and Management - 002	Same Day Same Service Policy • Split (or shared) evaluation and management services should be billed according to the Centers for Medicare and Medicaid Services (CMS) guidelines.

Products Impacted
Commercial, Medicaid, Medicare Advantage

Questions?
For questions regarding MHCP subscribers, please contact MHCP Provider Services at **1-866-518-8448**. 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

Medicare Part B Step Therapy Program Expansion to Include Rystiggo, and Vyvgart Hytrulo | P14-24

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.

Reminder: As communicated in **Provider QuickPoint QP95-22** Minnesota Health Care Programs Operations Transition, and **Provider Bulletin P77-23** Minnesota Health Care Programs (MHCP) Operations Transitioning back to Blue Cross, **effective January 1, 2024, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) transitioned Minnesota Health Care Programs (MHCP) Operations back to Blue Cross on January 1, 2024.** Blue Cross established a landing page on the website for all documents and information related to the transition: https://www.bluecrossmn.com/providers/migration-minnesota-health-care-programsmhcp. As part the MHCP transition, the Blue Cross Medical Policy II-247 for the Medicare Part B Step Therapy Program was expanded to include the Minnesota Senior Health Options (MSHO) lines of business.

Effective May 6, 2024, Blue Cross Medical policy II-247 for the Medicare Part B Step Therapy Program will be expanded to **add** a step therapy requirement to try Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) and Rystiggo (rozanolixizumab-noli), in addition to 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 Part B Step Therapy Program Drug List will be updated, accordingly.

The following medical policy change will be effective May 6, 2024:

Policy #	Policy Title/ Service	Preferred Products*	Non-Preferred Products*	Prior Authorization Requirement*	Line(s) of Business
II-247	Medicare Part B Step Therapy	Vyvgart Vyvgart Hytrulo Rystiggo Ultomiris	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. **New** • Vyvgart Hytrulo: PA required using policy L33394. • Rystiggo: PA required using policy L33394	Medicare Advantage, MSHO

* *All existing PA approvals will be honored.*

Products Impacted
The information in this bulletin applies **only** to subscribers who have coverage through Medicare Advantage and the Minnesota Senior Health Options (MSHO) 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?
For MSHO subscribers, please send an email to MHCPProviders@bluecrossmn.com. For Medicare Advantage subscribers, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

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eviCore Healthcare Specialty Utilization Management (UM) Program: Cardiology and Radiology Clinical Guideline Updates | P16-24

eviCore has released clinical guideline updates for the Cardiology & Radiology program. Guideline updates will become **effective May 1, 2024.**

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- **Head (Imaging related to Alzheimer's Treatment with Amyloid Reduction Medications)**
- **Pediatric Oncology**
- **Pelvis**

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 **"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. Cardiology & Radiology)
- 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 **"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., Cardiology & Radiology
- 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 April 1, 2024 | P10-243

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 May 6, 2024:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-292	Motixafortide (Aphexda™)	Yes	New	Commercial Medicaid
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: • Motixafortide (Aphexda™) • Donanemab (f.k.a. RBX2660)*	No	New	Medicare Advantage MSHO
II-166	Anesthesia Services for Dental Procedures	No	Removed	Medicare Advantage Commercial
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: • DaxibotulinumtoxinA-lamn (Daxxify)	No	New	Medicaid Commercial

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-287	Rozanolixizumab (Rystiggo®)	No	Yes	Medicaid
II-260	Efgartigimod alfa (Vyvgart™, Vyvgart® Hytrulo)	No	Yes	Medicaid
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses • DaxibotulinumtoxinA-lamn (Daxxify)	No	Yes	MSHO

*PA will be required upon FDA approval.

Members Impacted
The information in this bulletin applies only to subscribers who have coverage through Commercial, Medicare Advantage, or Minnesota Health Care Programs products including Families & Children, MinnesotaCare, MSC+ and MSHO.

Submitting a PA Request when Applicable

- **Providers may submit PA requests for any treatment in the above table starting April 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/medical-management
  - Select "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, go to www.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 www.bluecrossmn.com/providers/medical-management
- Select "See Medical and Behavioral Health Policies" then click "See Upcoming Medical and Behavioral

Health Policy Notifications."

Questions?
For questions regarding MHCP subscribers, please contact MHCP Provider Services at **1-866-518-8448**. For all other lines of business, 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 | P17-24

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. 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-758	Fractional Carbon Dioxide (CO2) Laser Ablation Treatment of Hypertrophic Scars or Keloids for Functional Improvement
MP-070	Locoregional Therapies for Hepatocellular Carcinoma and Metastatic Liver Carcinoma and Metastatic Carcinoid Tumors of the Liver
MP-483	Transcatheter Aortic-Valve Implantation for Aortic Stenosis

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-90744	Casgevy (exagamglogene autotemcel)
PH-90743	Lyfgenia (lovotibeglogene autotemcel)
PH-90513	Adakveo (crizanlizumab-tmca)
PH-90345	Factor VIII_vWF: Alphanate, Humate-P, Wilate
PH-90421	Gamifant (emapalumab-lzg)nt (emapalumab-lzg)
PH-90514	Givlaari (givosiran)
PH-90350	Luxturna (voretigene neparvovec-rzly)
PH-90579	Oxlumo (lumasiran)

Policy #	Policy Title
PH-90648	Rethymic (allogeneic processed thymus tissue-agdc)
PH-90512	Scenesse (afamelanotide)
PH-90525	Tepezza (teprotumumab-trbw)
PH-90687	Tzield (teplizumab-mzwv)

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES