PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

April 1, 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

CMS Releases New HCPCS Code for Traditional Healing Services | P20-24

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will operationalize new HCPCS Level II code H0051, Traditional Healing Services for use effective April 1, 2024.

The Centers for Medicare and Medicaid Services (CMS) added H0051 to list of new codes released and effective April 1, 2024. Blue Cross will require providers contracted under a specialty of Traditional Healing to bill HCPCS code H0051 with modifier -CG beginning with date of service April 1, 2024.

Providers are not required to submit a narrative when billing with HCPCS Code H0051. Provider contract addendums will be updated to reflect this coding change upon renewal.

Products Impacted

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

Questions?
Please contact MHCP Provider Services at **1-866-518-8448**.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

eviCore Healthcare Specialty Utilization Management (UM) Program: Radiation Oncology Clinical Guideline Updates | P22-24

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

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- **Proton Beam Therapy**
- **Kidney Cancer**
- **Oligometastases**
- **Thymoma and Thymic Cancer**

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. Radiology or Cardiovascular)
- 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., Cardiology & Radiology (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 June 3, 2024 | P23-24

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 June 3, 2024:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-293	Exagamglogene autotemcel (Casgevy™)	Yes	New	Commercial
II-294	Lovotibeglogene autotemcel (Lyfgenia™)	Yes	New	Commercial

IV-111	Intraosseous Basivertebral Nerve Ablation for Chronic Low Back Pain	No	New	Commercial Medicare Advantage Medicaid MSHO
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: • Cipaglucosidase alfa (Pombiliti™) • Mirikizumab (Omvoh™)	No	New	Medicaid
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: • Marnetegragene autotemcel (Kresladi)* • Prademagene zamikeracel*	No	New	Medicaid
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: • Marnetegragene autotemcel (Kresladi)* • Prademagene zamikeracel*	No	New	Medicare Advantage MSHO
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: • Cipaglucosidase alfa (Pombiliti™) • Mirikizumab (Omvoh™)	No	New	MSHO

*PA will be required upon FDA approval.

Products 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 May 27, 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 “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 www.availity.com/essentials or at www.bluecrossmn.com/providers/medical- management 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 Requests

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

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eviCore Healthcare Specialty Utilization Management (UM) Program: Sleep Management Clinical Guideline Updates | P24-24

eviCore has released clinical guideline updates for the Sleep Management program. Guideline updates will become **effective June 15, 2024.**

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- **Preface to the Sleep Guidelines**
- **General Guidelines**
- **Initial Sleep Diagnostic and Treatment Testing**
- **PSG and Multiple Sleep Latency Testing**
- **Repeat Diagnostic Study**
- **Repeat Titration**
- **Diagnostic Testing Pre- and Post-hypoglossal Nerve Stimulator Implantation**
- **Pediatric Sleep Guidelines**
- **Practice Notes**
- **Positive airway pressure – Accessories and Supplies**

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.

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- Click on the **"Resources"** dropdown in the upper right corner
- Click **"Clinical Guidelines"**

- Select the appropriate solution: i.e., Cardiology & Radiology (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:
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Products Impacted
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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?
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Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans Managed by Blue Cross and Blue Shield of Alabama | P26-24

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-070	Locoregional Therapies for Hepatocellular Carcinoma and Metastatic Liver Carcinoma and Metastatic Carcinoid Tumors of the Liver
MP-081	Allergy Immunotherapy
MP-483	Transcatheter Aortic-Valve Implantation for Aortic Stenosis
MP-513	Genetic Testing for Hereditary Breast and/or Ovarian Cancer
MP-527	Bio-Engineered Skin and Soft Tissue Substitutes
MP-597	Amniotic Membrane and Amniotic Fluid
MP-758	Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis

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-90229	Cosentyx (secukinumab)
PH-90006	Aldurazyme (laronidase)
PH-90299	Brineura (cerliponase alfa)
PH-90034	Elaprase (idursulfase)
PH-90708	Elfabrio® (pegunigalsidase alfa-iwxj)
PH-90042	Fabrazyme® (agalsidase beta)
PH-90277	Kanuma® (sebelipase alfa)
PH-90079	Lumizyme® (alglucosidase alfa)
PH-90346	Mepsevii® (vestronidase alfa-bk)
PH-90084	Naglazyme® (galsulfase)
PH-90615	Nexviazyme®™ (avalglucosidase alfa-ngpt)

Policy #	Policy Title
PH-90089	Nplate® (romiplostim)
PH-90731	Pombiliti™ (cipaglucosidase alfa-atga)
PH-90714	Rystiggo® (rozanolixizumab-noli)
PH-90677	Skysona® (elivaldogene autotemcel)
PH-90190	Vimizim (elosulfase alfa)
PH-90709	Vyjuvek™ (beremagene geperpavec-svdt)
PH-90649	Vyvgart® (efgartigimod alfa-fcab)
PH-90712	Vyvgart® Hytrulo (efgartigimod alfa-fcab and hyaluronidase-qvfc)
PH-90673	Xenpozyme® (olipudase alfa)

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Moving Expense Benefit for Minnesota Health Care Programs Members Effective April 1, 2024 | P21-24

As communicated in Provider Bulletin P85R1-23, P85R1-23 FINAL Revised Moving Expenses New Effective Date.pdf (bluecrossmn.com) Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be implementing the Moving Expense benefit as part of the Housing Stabilization Services (HSS) in partnership with the Minnesota Department of Human Services (DHS). HSS providers are encouraged to review Provider Bulletin P85R1-23 to familiarize themselves with the benefit and processes. Moving Expenses authorization requests will be reviewed by DHS and all authorizations will be communicated to Blue Cross.

Updated information: Eligible Moving Expenses must be submitted by the authorized Housing Transition provider using HCPCS code T2038-U8. All claims for Moving Expenses must include a claims attachment with a receipt or invoice clearly identifying the entity the item was purchased from, a narrative of the service or item and the amount paid for the service or item. Claims submitted without the attachment will not be reimbursed. All claims attachments will be reviewed to determine eligibility for the service or item. Receipts or Invoices must include all required elements, or they will not be considered for reimbursement. Separate claim lines for each service or item must be submitted on the 837P claims transaction and each claim line must have a required invoice or receipt submitted as a claim attachment.

DHS will be publishing additional information on the HSS policy page regarding services and items that are covered under the Moving Expenses benefit by April 1, 2024. Moving Expenses will not cover rent and mortgage payments, food, clothing, cell phone or recreational items such as streaming devices, computers, televisions, or cable television access.

Products Impacted

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

Questions?
Please contact MHCP Provider Services at **1-866-518-8448**.

UTILIZATION MANAGEMENT UPDATES

Upcoming Changes to Prior Authorization Submission Process| P25-24

Blue Cross and Blue Shield (Blue Cross) will be implementing a new prior authorization system for Commercial (including FEP) and Medicare members called Predictal in May, 2024. Providers will continue to begin their prior authorizations submissions within Availity Essentials; however, there will be differences compared to the current experience.

Providers will enter patient information, the requesting/admitting Provider, the start of care date, and their contact information into Availity Essentials. They will then be routed into Predictal, the new authorization system, to submit additional information required for the authorization and to attach medical records.

For authorizations that are managed by vendors on behalf of Blue Cross, Predictal will make the determination and automatically route the user into the appropriate vendor system to complete the authorization submission.

Training webinars will be scheduled two weeks prior to the implementation of the new system. Look for a future communication about registering for a webinar. A recorded training webinar will also be available on the BCBSMN Learning and Development page, accessible via Availity Payer Spaces.

Products Impacted
Commercial (including FEP) and Medicare.

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

Inpatient Admission, Concurrent Review, and Discharge Submission Process Clarification | P27-24

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) values our provider feedback. The following tables aim to provide clarification regarding the authorization and notification requirements for inpatient admissions and discharges for each line of business.

The requirement for submitting discharge details for Minnesota Health Care Programs (MHCP) members is being removed at this time until the ability to submit this information is available within Availity Essentials. Blue Cross will notify providers when this functionality becomes available.

Sub-Acute/Post-Acute Care Facilities, as referenced in the tables below, include the following: Acute Rehabilitation, Long Term Acute Care (LTAC), Skilled Nursing Facility, Eating Disorder Residential Services, Mental Health Residential Services, and Substance Use Disorders Residential Care.

Minnesota Health Care Programs (MHCP) Families & Children, MNCare, MSC+, and MSHO

Facility Type	Admission	Concurrent Review	Discharge
Acute Hospital	**EAS participating hospitals:** No action required. **Hospital not participating with EAS:** Submit notification in Availity Essentials	Not required	**EAS participating hospitals:** No action required. **Hospital not participating with EAS:** Discharge detail submission is not required at this time+
Sub-Acute Care/ Post-Acute Care Facility	Submit prior authorization and medical records in Availity Essentials	Request concurrent review with medical records via fax or phone*	Discharge detail submission is not required at this time+

*A future communication will be published when concurrent review submission is available in Availity Essentials.
⁺A future communication will be published when discharge submission is available in Availity Essentials.

Medicare Advantage

Facility Type	Admission	Concurrent Review	Discharge
Acute Hospital	Submit notification in Availity Essentials	Not required	Submit discharge information in Availity Essentials
Sub-Acute Care/ Post-Acute Care Facility	Submit prior authorization and medical records in Availity Essentials	Submit concurrent review with medical records in Availity Essentials	Submit discharge information in Availity Essentials

Commercial Products (excluding FEP)

Facility Type	Admission	Concurrent Review	Discharge
Acute Hospital	Submit notification in Availity Essentials	Submit concurrent review with medical records in Availity Essentials	Submit discharge information in Availity Essentials
Sub-Acute Care/ Post-Acute Care Facility	Submit prior authorization and medical records in Availity Essentials	Submit concurrent review with medical records in Availity Essentials	Submit discharge information in Availity Essentials

Federal Employee Program (FEP)

Facility Type	Admission	Concurrent Review	Discharge
Acute Hospital	Submit notification in Availity Essentials	Submit concurrent review with medical records in Availity Essentials	Submit discharge information in Availity Essentials
Sub-Acute Care/ Post-Acute Care Facility	Submit prior authorization and medical records in Availity Essentials	Submit concurrent review with medical records in Availity Essentials	Submit discharge information in Availity Essentials

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**.