

# PROVIDER BULLETIN

## PROVIDER INFORMATION

May 1, 2024

### New Medical, Medical Drug and Behavioral Health Policy Management Updates, Effective July 1, 2024

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 July 1, 2024:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: <ul style="list-style-type: none"> <li>ADAMTS13, recombinant-krhn (Adzynma)</li> <li>Atidarsagene autotemcel (Lenmeldy)</li> <li>Crovalimab*</li> <li>Fidanacogene eleparvovec (Beqvez)</li> <li>Tislelizumab (Tevimbra)</li> </ul>	No	New	Medicaid
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: <ul style="list-style-type: none"> <li>ADAMTS13, recombinant-krhn (Adzynma)</li> <li>Tislelizumab (Tevimbra)</li> </ul>	No	New	Commercial
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: <ul style="list-style-type: none"> <li>ADAMTS13, recombinant-krhn (Adzynma)</li> <li>Atidarsagene autotemcel (Lenmeldy)</li> <li>Crovalimab*</li> <li>Fidanacogene eleparvovec (Beqvez)</li> <li>Tislelizumab (Tevimbra)</li> </ul>	No	New	Medicare Advantage MSHO
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: <ul style="list-style-type: none"> <li>Voretigene Neparvovec (Luxturna)</li> </ul>	No	New	MSHO
IV-19 (remove MHCP)	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	No	No change	Medicaid

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
Medicare (remove MCG)	Inpatient Rehabilitation	No	No change	Medicaid 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 June 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](http://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](http://www.availity.com/essentials) or at [www.bluecrossmn.com/providers/medical-management](http://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](http://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](http://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?

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