# PROVIDER QUICK POINTS
## PROVIDER INFORMATION

**BlueCross BlueShield**
**Minnesota**

**June 12, 2024**

## PROVIDER PRESS

### ADMINISTRATIVE UPDATES

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### MEDICAL AND BEHAVIORAL HEALTH

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# ADMINISTRATIVE UPDATES

## Member Rights & Responsibilities

Blue Cross is committed to treating its members in a way that respects their rights, while maintaining an expectation of their individual responsibilities. All Blue Cross members have certain rights concerning their care and treatment, and responsibilities as a member, such as following agreed upon instructions for care, or supplying information needed to provide care. A complete listing of the Member Rights and Responsibilities can be found online at bluecrossmn.com by entering "member rights" in the search field or in the Blue Cross Provider Manual found at bluecrossmn.com/providers. Questions or requests for a paper copy may be directed to Lisa K. at (651) 662-2775.

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## Quality of Care Complaint Report

Your participating provider agreement with Blue Plus outlines the complaint procedure for primary care clinics. MN Rules 4685.1110 and 4685.1900 outline the requirements of complaint collection and analysis of quality of care complaints for the Health Plan. Blue Plus requires providers to report these complaints quarterly. Reporting is required, even if there were no complaints during the reporting period.

**Complaints should be submitted via secure email in a report format** (e.g., Excel, csv).

Required data elements for the report are as follows:
- Member ID Number
- Patient Name
- Patient Date of Birth
- Date of Service / Incident
- Date Complaint Received by Provider
- Practitioner Named in Complaint
- Practitioner NPI
- Location of Service / Incident
- Summary of Complaint
- Categorizations Used to Classify Complaint
- Summary of Outcome / Resolution, including date

Submit report via secure email to Quality.of.Care.Mailbox@bluecrossmn.com

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## New Communication Pathways for Pediatric Health: What to Say Healthcare

In the ever-evolving landscape of healthcare, the importance of nurturing a healthy relationship between young individuals and their perceptions of food and body image cannot be overstated. Amidst growing concerns over the negative impacts of diet culture on children and adolescents, the need for a paradigm shift in conversations surrounding health and wellness is clear. Responding to this need, WithAll, a dedicated nonprofit organization, has developed "What to Say Healthcare" – a medical didactic. This resource is designed to empower pediatric healthcare professionals, offering new communication paths toward positive and health-centric dialogues in clinical settings.

The relationship children and adolescents have with their bodies and food is often complex and influenced by a myriad of factors, including societal pressures, media, and conversations within clinical settings. Healthcare professionals play a central role in shaping young individuals' attitudes toward body and food. They're on the front lines, screening and diagnosing eating disorders, but without the right tools and knowledge, well-intentioned conversations can inadvertently contribute to harmful attitudes and behaviors. Recognizing this gap, the "What to Say Healthcare" course was born out of necessity to equip clinicians with actionable insights and strategies to foster constructive conversations about weight, BMI, and food relationships with children and their families.

"What to Say Healthcare" is accredited by the American Academy of Family Medicine and offers two (2) CME credits. The course addresses a variety of important topics, including weight stigma in clinical settings, navigating conversations about body image, addressing disordered eating and eating disorders, and building supportive pediatric environments. Through the integration of SMART/DOT phrases, the course offers practical, actionable communication strategies that can be seamlessly integrated into clinical practice.

We are pleased to offer an exclusive discount to BCBS-MN providers. By enrolling in the "What to Say Healthcare" course, BCBS-MN providers can take advantage of a special offer to deepen their understanding and application of these vital communication strategies. To redeem this offer and begin your journey toward more impactful healthcare conversations, please visit our enrollment page and use the Blue Cross Blue Shield of MN Partner Rate at checkout to receive a 20% discount. This offer is available for a limited time at What to Say Healthcare.

Join us in making a difference in pediatric healthcare communication.

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## QUALITY IMPROVEMENT

## Continuity and Coordination of Care Improvements

Keeping care coordinated across multiple care providers can be challenging. As a part of our ongoing efforts to improve continuity and coordination of care for our members, Blue Cross and Blue Shield of Minnesota (Blue Cross) gathers feedback from our network of providers to gain their perspective on how well medical care is coordinated. To accomplish this, Blue Cross sponsored an electronic survey to measure the Blue Cross provider network experience with continuity and coordination of care for their patients across the care delivery system.

As part of this survey, we asked "What can Blue Cross do to improve continuity and coordination of care for your practice?" Responses were varied and the top three areas identified were as follows:
- Communication: Improving communication between providers is crucial for seamless care delivery. When healthcare professionals collaborate effectively, patients benefit from more informed decisions and better outcomes.
- Information: Educating members about the importance of care coordination and providing clear guidelines on sharing relevant information with new providers is essential. This can help prevent gaps in care and ensure a holistic approach to health management.
- Benefits: Expanding coverage for behavioral healthcare, prescriptions, preventive services, and care coordination reimbursement can significantly enhance patient well-being. These benefits directly impact the quality of care patients receive.

Outlined below are a few of the ways we are working towards making improvements that help support continuity and coordination of care:
- **Social Determinants of Health (SDoH) Screening Tool:** Identifying and addressing social factors that impact health (such as housing, food security, and transportation) is critical. By integrating SDoH screening into care management programs, Blue Cross aims to reduce barriers and improve access to care.

- **Prior Authorization Look-Up Tool:** Simplifying coverage requirements through an online tool ([Prior authorization lookup tool](#)) can save time for both providers and patients. Streamlining the authorization process enhances efficiency and ensures timely access to necessary treatments.
- **Educational Resources:** Providing members with educational materials on various topics fosters informed decision-making. Whether it's answering common questions, explaining coverage and benefits, or promoting overall well-being, these resources empower patients to take charge of their health. Resources are also available for eligible members through the BlueCrossMN mobile application or by contacting Customer Service.

## Collection of REL (Race, Ethnicity, and Language) Data: Why It's Critical

Blue Cross and Blue Shield of Minnesota (Blue Cross), along with many other health plans, is trying to understand and reduce healthcare disparities. We believe that this information will help improve the care experience of members and is critically important to provide culturally responsive healthcare to all members, regardless of their race, ethnicity, or language spoken.

One of the key criteria for achieving this understanding is "Practitioner Network Cultural Responsiveness," which requires that the organization maintain a practitioner network that can serve its diverse membership and is responsive to member needs and preferences. To meet this criterion, our organization recognizes the importance of collecting race, ethnicity, and language (REL) data at the practitioner level.

Collecting information about languages in which a practitioner is fluent, and language services available through the practice is critical to enable individuals to choose practitioners who can best meet their own cultural and linguistic needs. Additionally, collecting practitioner race and ethnicity data is important in assessing the diversity of our practitioner network, and ensuring that our members have access to a diverse range of practitioners who understand and can respond to their unique cultural and linguistic needs.

To this end, Blue Cross will soon begin instituting systems to collect REL data from practitioners in our network through multiple methods. We understand that this may be a new process for some practitioners, and we want to assure you that the data collected will be used solely for the purpose of promoting diversity and inclusivity in our organization and ensuring that our members receive the highest quality care possible.

Methods to provide practitioner REL data include:
- Annual Provider Data Survey – This survey is sent out annually to those providers who are active in our Find a Doctor online tool. This survey works to validate clinic and practitioner data, as well as collect appointment availability information for a handful of practitioner types.
- Initial Credentialing Process – When you join our network, REL components are included in the application form.
- Provider Demographic Forms – If you need to make changes to any of your clinic or practitioner information REL data components are included in this form. These forms can be found here: https://www.bluecrossmn.com/providers/provider-demographic-updates.
- Behavioral Health Provider Survey – Blue Cross is currently assessing the Behavioral Health Network. As part of this work, additional surveys have been sent to Behavioral Health practitioners to collect specific specialty information. REL components have been included in this survey as part of this collection process.

By collecting REL data, we can ensure that we have a complete picture of the diversity of our practitioner network, and that we are providing the necessary resources to ensure that all members receive culturally responsive care. We are also committed to working with our practitioners to provide ongoing cultural competency resources and support to promote a culture of diversity and inclusivity in our organization. We appreciate your cooperation and participation in this important initiative, and we look forward to working together to provide high-quality, culturally responsive healthcare to all our members.

# Clinical Practice Guidelines

Blue Cross recognizes the critical role that clinical practice guidelines play in Quality Improvement. Our Quality Management Committee, at least biennially, approves the adoption of select guidelines that are used to support various programs and initiatives. While these guidelines do not replace clinical judgement, they serve as valuable tools to assist clinicians in comprehending essential processes for enhancing patient care.

For a comprehensive list of Clinical Practice Guidelines, complete with hyperlinks, please consult Chapter Three of the Blue Cross Provider Policy and Procedure Manual. To access the manual, visit providers.bluecrossmn.com, navigate to "Publications and manuals," and select "Manuals."

Please note that some treatment and management options recommended in these guidelines may not be covered benefits under a Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) member's health plan.

**Recommended Sources**
Blue Cross recognizes several sources for Clinical Practice Guidelines for specific conditions and services. A few examples are listed below.
***Behavioral Health***
- Diagnosis, Evaluation & Treatment of Attention-Deficit/Hyperactivity Disorder in Children & Adolescents (AAP)
- Treatment of Depression Across Three Age Cohorts (APA)

***Acute or Chronic Conditions***
- Diagnosis and Management of Asthma (NHLBI)
- Prevention and Management of Diabetes (ADA)

***Preventive Care Guidelines***
- Preventive Services for Adults (USPSTF)
- Preventive Services Children and Adolescents (USPSTF)
- Routine Prenatal Care (USPSTF)

**Additional Sources**
Blue Cross recognizes several sources for Clinical Practice Guidelines for a variety of areas of clinical practice. A few examples are listed below.
- APA (American Psychiatric Association): APA Practice Guidelines (psychiatryonline.org)

- ASAM (American Society of Addiction Medicine) ASAM Clinical Guidelines

- HRSA (Health Resources and Services Administration): HRSA

- NCCN (National Comprehensive Cancer Network): Treatment by Cancer Type (nccn.org)

- ACIP (Advisory Committee on Immunization Practices for the CDC): ACIP Vaccine Recommendations | CDC

- USPSTF (U.S. Preventive Services Task Force): Recommendation Topics (uspreventiveservicestaskforce.org)

Questions concerning Clinical Practice Guidelines can be directed to the Quality Improvement mailbox at quality.improvement@bluecrossmn.com. A copy of the Clinical Practice Guidelines with hyperlinks is also available upon request.

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# PHARMACY

## Pharmacy Updates for Quarter 2, 2024

**Formulary Updates**

As part of our continued efforts to evaluate and update our formularies, Blue Cross evaluates drugs on a regular basis. This evaluation includes a thorough review of clinical information, including safety information and utilization. Blue Cross has developed several formularies based on each of our products and population requirements. A complete list of all formularies and updates can be found at the following web address:
*Formularies* https://www.bluecrossmn.com/providers

- Scroll to 'Resources,' select 'View all resources.'
- Scroll to 'Formularies and drug programs,' select 'Learn more about prescription drug benefits.'
- Scroll to 'Search a drug list', select 'Individual and family and employer plans drug lists' or 'Medicare drug lists.'
- **Individual and family**: Choose the applicable formulary from the drop-down menu, select 'Apply.'
  - Scroll down the page to 'Helpful Documents.' Select the Drug List or Formulary Updates document.
- **Medicare**: Select the health plan type from the drop-down menu.
  - Select 'Yes' to the resulting question 'Are you a Medicare Part D member…?' then select 'Continue.'
  - Scroll down the page to 'Helpful Documents.' Select 'Comprehensive Formulary.'

**Pharmacy Utilization Management (UM) Updates**
Blue Cross employs a variety of utilization management programs such as Prior Authorization, Step Therapy, and Quantity Limits. Blue Cross has implemented additional Prior Authorizations, and Quantity Limits depending on the member's prescription drug benefit. Updates also include changes to existing Prior Authorization, Step Therapy, and Quantity Limit programs. Quantity Limits apply to brand and generic agents. Generic drugs are listed in lower case boldface. Brand name drugs are capitalized.

New Prior Authorization with Quantity Limit Programs Effective 04/01/2024

| PRODUCT NAME | UM Program | | |
|---|---|---|---|
| RIVFLOZA SYRINGE 128 mg/0.8 mL, 160 mg/mL | PA | QL | |
| RIVFLOZA VIAL 80 mg/0.5 mL | PA | QL | |
| ZILBRYSQ SYRINGE 16.6 mg/0.416 mL, 23 mg/0.574 mL, 32.4 mg/0.81 mL | PA | QL | |

New Step Therapy with Quantity Limit Program Effective 04/01/2024

| PRODUCT NAME | UM Program | | |
|---|---|---|---|
| XDEMVY OPHTHALMIC SOLUTION 0.25% | | QL | ST |

Changes to Existing Utilization Management Programs Effective 04/01/2024

| PRODUCT NAME | UM Program | | |
|---|---|---|---|
| ABRILADA AUTO-INJECTOR 40 mg/0.8 mL | PA | QL | |
| ABRILADA SYRINGE 20 mg/0.4 mL, 40 mg/0.8 mL | PA | QL | |
| ADALIMUMAB-AACF PEN 40 mg/0.8 mL | PA | QL | |
| ALTUVIIIO INJ 750 UNIT | PA | QL | |
| AMJEVITA PEN 40 mg/0.4 mL, 80 mg/0.8 mL | PA | QL | |
| AMJEVITA SYRINGE 20 mg/0.2 mL, 40 mg/0.4 mL | PA | QL | |
| AUGTYRO CAPSULE 40 mg | PA | QL | |
| BACLOFEN ORAL SOLUTION 10 mg/5 mL | PA | QL | |
| BEXAGLIFLOZIN TABLET 20 mg (authorized generic for BRENZAVVY) | | QL | ST |
| BIMZELX PEN 160 mg/mL | PA | QL | |

| PRODUCT NAME | UM Program | | |
|---|---|---|---|
| BIMZELX SYRINGE 160 mg/mL | PA | QL | |
| BOSULIF CAPSULE 100 mg | PA | QL | |
| BOSULIF CAPSULE 50 mg | PA | QL | |
| COXANTO CAPSULE 300 mg | | | ST |
| **dextroamphetamine sulfate 2.5 mg, 7.5 mg** | | QL | |
| FLUOCINOLONE ACETONIDE CREAM 0.01% | | QL | ST |
| FLUTICASONE PROPIONATE LOTION 0.05% | | QL | ST |
| FRUZAQLA CAPSULE 1 mg | PA | QL | |
| FRUZAQLA CAPSULE 5 mg | PA | QL | |
| **halobetasol propionate foam 0.05%** | | QL | |
| HEMLIBRA 300 mg/2 mL | PA | QL | |
| HYDROCORTISONE BUTYRATE 0.1% LIPO BASE CREAM | | QL | ST |
| HYRIMOZ PEN 80 mg/0.8 mL | PA | QL | |
| HYRIMOZ STARTER KIT 80 mg/0.8 mL | PA | QL | |
| INPEFA TABLET 400 mg | | QL | ST |
| IWILFIN TABLET 192 mg | PA | QL | |
| MORPHINE SULFATE ORAL SOLUTION 10 mg/5 mL | | QL | |
| OGSIVEO TABLET 50 mg | PA | QL | |
| OMVOH AUTO-INJECTOR 100 mg/mL | PA | QL | |
| OPFOLDA CAPSULE 65 mg | PA | QL | |
| OZOBAX DS ORAL SOLUTION 10 mg/5 mL | PA | QL | |
| **pazopanib tablet 200 mg** | PA | QL | |
| **pitavastatin tablet 1 mg, 2 mg** | | QL | |
| **pitavastatin tablet 4 mg** | | QL | |
| **risperidone microspheres for IM injection 12.5 mg, 25 mg, 37.5 mg, 50 mg** | | QL | ST |
| ROZLYTREK PELLETS 50 mg | PA | QL | |
| **teriparatide pen 600 mcg/2.4 mL** | PA | QL | |
| **tolvaptan tablet 15 mg** | PA | QL | |
| **tolvaptan tablet 30 mg** | PA | QL | |
| TRAMADOL TABLET 25 mg | | QL | |
| TRUQAP TABLET 160 mg, 200 mg | PA | QL | |
| VELSIPITY TABLET 2 mg | PA | QL | |
| VEVYE OPHTHALMIC SOLUTION 0.01% | PA | QL | |
| VOQUEZNA TABLET 10 mg, 20 mg | | QL | ST |
| WAINUA AUTO-INJECTOR 45 mg/0.8ml | PA | QL | |
| XALKORI SPRINKLE CAPSULE 150 MG | PA | QL | |
| XALKORI SPRINKLE CAPSULE 20 MG, 50 MG | PA | QL | |
| YUFLYMA CD/UC/HS STARTER KIT | PA | QL | |
| YUFLYMA PEN 80 mg/0.8 mL | PA | QL | |

| PRODUCT NAME | UM Program | | |
|---|---|---|---|
| ZEPBOUND AUTO-INJECTOR 2.5 mg | PA | QL | |
| ZEPBOUND AUTO-INJECTOR 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg | PA | QL | |
| ZITUVIO TABLET 25 mg, 50 mg, 100 mg | | QL | ST |
| ZORYVE 0.3% FOAM | PA | | |
| ZURZUVAE CAPSULE 20 mg, 25 mg | | QL | |
| ZURZUVAE CAPSULE 30 mg | | QL | |

Key for all above tables:
  PA=Prior Authorization; QL=Quantity Limit; ST=Step Therapy

**Effective April 1, 2024**
- Inhaled Antibiotics Duplicate Therapy QL program was implemented for Medicaid.

**Effective April 9, 2024**
- Weight Management Prior Authorization with Quantity Limit program was implemented for Medicaid.

**Effective May 1, 2024**
- Evrysdi Prior Authorization with Quantity Limit program was renamed 'Risdiplam Prior Authorization with Quantity Limit' for Medicaid.

**Effective June 1, 2024**
- Oral Pulmonary Arterial Hypertension Prior Authorization with Quantity Limit program will be renamed 'Pulmonary Arterial Hypertension Prior Authorization with Quantity Limit' for Commercial and Medicaid.

**Effective July 1, 2024**
- Anti-Obesity GLP-1 Agents Formulary Exception with Quantity Limit program will be implemented for Commercial.
- Anti-Obesity Agents Formulary Exception with Quantity Limit program will be renamed 'Anti-Obesity Non-GLP-1 Agents Formulary Exception with Quantity Limit' for Commercial.
- Emflaza (deflazacort) Prior Authorization with Quantity Limit program will be renamed 'Agamree (vamorolone), Emflaza (deflazacort) Prior Authorization with Quantity Limit' for Commercial and Medicaid.
- Fabhalta (iptacopan) Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Weight Management Prior Authorization with Quantity Limit program will be implemented for Commercial.
- Xphozah (tenapanor) Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.

A detailed list of all drugs included in these programs can be found at the following web address:
*Utilization Management information* https://www.bluecrossmn.com/providers
- Scroll to 'Resources,' select 'View all resources.'
- Scroll to 'Formularies and drug programs,' select 'Learn more about prescription drug benefits.'
- Scroll to 'Search a drug list', select 'Individual and family and employer plans drug lists' or 'Medicare drug lists.'
- **Individual and family**: Choose the applicable formulary from the drop-down menu, select 'Apply.'
  - Scroll down the page to 'Helpful Documents.' Select the Drug List or Formulary Updates document.
- **Medicare**: Select the health plan type from the drop-down menu.
  - Select 'Yes' to the resulting question 'Are you a Medicare Part D member…?' then select 'Continue.'
  - Scroll down the page to 'Helpful Documents.' Select 'Comprehensive Formulary.'

## Pharmacy Benefit Exclusions and Updates

Blue Cross will no longer cover the following medications under the Commercial pharmacy benefit. Subscribers must use a medication alternative that is covered under the pharmacy benefit plan or pay full price for continued use of their current medication.

| Drug Name | Pharmacy Benefit Exclusion Effective Date for Commercial |
| --- | --- |
| baclofen oral solution 10 mg/5mL | July 1, 2024 |
| Cabtreo (adapalene-benzoyl peroxide-clindamycin phosphate) gel (0.15-3.1-1.2%) | July 1, 2024 |
| Coxanto (oxaprozin) capsule 300 mg | July 1, 2024 |
| Jylamvo (methotrexate) oral solution 2 mg/mL | July 1, 2024 |
| oxaprozin capsule 300 mg | July 1, 2024 |
| Ozobax DS (baclofen) 10 mg/5mL | July 1, 2024 |
| Voquezna 10 mg, 20 mg | July 1, 2024 |

Due to their route of administration and/or clinician required administration, the following drugs will no longer be covered under the pharmacy drug benefit but may be covered and processed under the medical drug benefit. For drugs that require a prior authorization under the medical benefit, failure to obtain authorization prior to service will result in a denied claim and payment.

| Drug Name | Pharmacy Benefit Exclusion Effective Date for Commercial |
| --- | --- |
| Amtagvi® (lifileucel) suspension for intravenous (IV) infusion | March 27, 2024 |
| Lantidra (donislecel-jujn) cellular suspension for hepatic portal vein infusion | February 28, 2024 |
| Lenmeldy™ (atidarsagene autotemcel) suspension for intravenous (IV) infusion | May 8, 2024 |

| Drug Name | Pharmacy Benefit Exclusion Effective Date for Medicaid |
| --- | --- |
| Alyglo™ (immune globulin, intravenous, human-stwk) solution for intravenous (IV) infusion | May 8, 2024 |
| Amtagvi® (lifileucel) suspension for intravenous (IV) infusion | March 27, 2024 |
| Lantidra (donislecel-jujn) cellular suspension for hepatic portal vein infusion | February 28, 2024 |
| Lenmeldy™ (atidarsagene autotemcel) suspension for intravenous (IV) infusion | May 8, 2024 |
| Pemrydi RTU™ (pemetrexed) solution for intravenous (IV) infusion | March 27, 2024 |

## Exception Requests

Prescribing providers may request coverage of a non-preferred drug for a Subscriber by completing the Minnesota Uniform Form for Prescription Drug Prior Authorization (PA) Requests and Formulary Exceptions. Subscriber liability for non-preferred drugs is subject to the Subscriber specific benefit design. You may find this form at the web address below: *Exception request* https://www.bluecrossmn.com/providers

- Scroll to 'Resources,' select 'View all resources.'
- Scroll to 'Formularies and drug programs,' select 'Learn more about prescription drug benefits.'
- Scroll to 'Search a drug list', select 'Individual and family and employer plans drug lists' or 'Medicare drug lists.'
- **Individual and family**: Choose the applicable formulary from the drop-down menu, select 'Apply.'
  - Scroll down the page to 'Helpful Documents.' Select the Drug List or Formulary Updates document.
- **Medicare**: Select the health plan type from the drop-down menu.
  - Select 'Yes' to the resulting question 'Are you a Medicare Part D member…?' then select 'Continue.'
  - Scroll down the page to 'Helpful Documents.' Select 'Comprehensive Formulary.'

**Additional Resources**

For tools and resources regarding Pharmacy please visit our website at bluecrossmn.com and select 'Shop Plans' then 'Prescription Drugs'. Tools include information on preventive drugs (if covered by plan), specialty drugs, and other pharmacy programs. You will also be able to search for frequently asked questions and answers. Formulary updates are completed quarterly and posted online for review.

Additional information regarding Pharmacy is also located in the Provider Policy and Procedure Manual. To access the manual, go online to https://www.bluecrossmn.com/providers, under 'Publications and manuals', select 'Manuals'. From the 'Category' drop down menu, select 'Provider Policy and Procedure Manual'. Topics in the manual include, but are not limited to, claims submission and processing, formulary exceptions, quantity limits and step therapy.

Similar Pharmacy Management for the Federal Employee Program (FEP) subscribers can be found online at https://www.fepblue.org. FEP subscribers have a different PBM (Caremark) and will have a different formulary list and procedures for prior authorizations and quantity limits than listed above. This information can be found by scrolling down to 'Pharmacy' and selecting 'Learn more'.

# MEDICAL AND BEHAVIORAL HEALTH

## Medical and Behavioral Health Policy Updates

### Policies Effective: June 3, 2024 | Notification Posted: April 1, 2024

**Policies Developed**
- Exagamglogene autotemcel (Casgevy), II-293
- Lovotibeglogene autotemcel (Lyfgenia), II-294

**Policies Revised**
- Percutaneous Electrical Nerve Stimulation, Percutaneous Neuromodulation Therapy, and Restorative Neurostimulation Therapy, II-81
- Spinal Manipulation Under Anesthesia, II-116
- Teprotumumab (Tepezza), II-239
- Evinacumab (Evkeeza), II-250
- Axial (Percutaneous) Lumbar Interbody Fusion, IV-91

**Policies Inactivated**
None

**Policies Delegated to eviCore**
None

**Policies Developed**
None

 **Policies Revised**
- Fecal Microbiota, II-198

**Policies Inactivated**
None

**Policies Delegated to eviCore**
None

**Policies Developed**
None

**Policies Revised**
- Image-Guided Minimally Invasive Decompression for Spinal Stenosis, IV-120

**Policies Inactivated**
None

**Policies Delegated to eviCore**
None

**Policies reviewed with no changes in March, April and May 2024**
- Ablation of Peripheral Nerves to Treat Pain, IV-130
- Ablation Procedures for Treatment of Chronic Rhinitis, IV-170
- Alemtuzumab (Lemtrada), II-184
- Aqueous Shunts and Stents for Glaucoma, IV-146
- Automated Point of Care Nerve Conduction Tests, VII-12
- Balloon Ostial Dilation, IV-01
- Benralizumab (Fasenra), II-203
- Blepharoplasty and Brow Ptosis Repair, IV-17
- Carpal Tunnel Decompression, IV-176
- Closure Devices for Atrial Septal Defects and Patent Foramen Ovale, IV-143
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- Extracorporeal Photopheresis, II-194
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- Gastric Electrical Stimulation, IV-28
- Genetic Testing for Inherited Non-Cancer Conditions, VI-09
- Hair Analysis, VI-06
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- Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia, II-136
- Hematopoietic Stem Cell Transplantation for Miscellaneous Solid Tumors in Adults, II-123
- Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndrome and Myeloproliferative Neoplasms, II-133
- Hippotherapy, VII-03
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- Inclisiran (Leqvio), II-258
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- Lecanemab (Leqembi), II-276
- Magnetic Esophageal Ring for Treatment of Gastroesophageal Reflux Disease (GERD), IV-124
- Mepolizumab (Nucala), II-201
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- Viscocanalostomy and Canaloplasty for the Treatment of Glaucoma, IV-144

To access medical and behavioral health policies:
Medical and behavioral health policies are available for your use and review on the Blue Cross and Blue Shield of Minnesota website at https://www.bluecrossmn.com/healthy/public/personal/home/providers/medical-affairs/. From this site, there are two ways to access medical policy information depending on the patient's Blue Plan membership.

For out-of-area Blue Plan patients:
Under "Medical Policy and Pre-Certification/Authorization Router," click Go. You will be taken to the page where you select either medical policy or pre-certification/prior authorization and enter the patient's three-digit prefix as found on their member identification card and click Go. Once you accept the requirements, you will be routed to the patient's home plan where you can access medical policy or pre-certification/pre-authorization information.

For local Blue Cross and Blue Shield of Minnesota Plan patients:
Select "Medical policy" (under Tools & Resources), and then read and accept the Blue Cross Medical Policy Statement. You have now navigated to the Blue Cross and Blue Shield of Minnesota Medical Policy web page.

Click on the "+" (plus) sign next to "Medical and Behavioral Health Policies."
- The "Upcoming Medical Policy Notifications" section lists new or revised policies approved by the Blue Cross Medical and Behavioral Health Policy Committee. Policies. are effective a minimum of 45 days from the date they were posted.
- The "Medical and Behavioral Health Policies" section lists all policies effective at the time of your inquiry.

Click on the "+" (plus) sign next to "Utilization Management."
- The Pre-Certification/Pre-Authorization/Notification lists identify various services, procedures, prescription drugs, and medical devices that require pre-certification/pre-authorization/notification. These lists are not exclusive to medical policy services only; they encompass other services that are subject to pre-certification/pre-authorization/notification requirements.

If you have additional questions regarding medical or behavioral health policy issues, call provider services at (651) 662-5200 or 1-800-262-0820 for assistance.