PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

August 1, 2024

WHAT'S INSIDE:

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

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

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

P50-24 New Medical, Medical Drug and Behavioral Health Policy Management Updates Effective October 7, 2024 | P50-24

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 October 7, 2024:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
L37485	Perirectal Spacer for Use During Radiotherapy for Prostate Cancer	IV-164	Continued	Medicare Advantage MSHO

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
MCG Care Guidelines	Substance Use Disorder Residential Services	American Society of Addiction Medicine (ASAM) Criteria	Continued	Commercial

Products Impacted

- The information in this bulletin applies only to subscribers who have coverage through Medicare Advantage or Minnesota Senior Health Options (MSHO).

Submitting a PA Request when Applicable

- Providers may submit PA requests for any treatment in the above table starting September 30, 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:
- 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 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**.

Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans Managed by Blue Cross and Blue Shield of Alabama | P52-24

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-161	Serologic Diagnosis of Celiac Disease
MP-221	Extracranial Carotid Angioplasty/Stenting
MP-301	Phototherapy for the Treatment of Skin Disorders
MP-501	Implantable Sinus Stents and Drug-Eluting Implants for Postoperative Use Following Endoscopic Sinus Surgery and for Recurrent Sinus Disease (New Title: Steroid-Eluting Sinus Stents and Implants)
MP-561	Transcatheter Mitral Valve Repair or Replacement
MP-607	Speech Generating Devices
MP-621	Surgical Treatment of Snoring and Obstructive Sleep Apnea
MP-685	Gender Affirming Procedures
MP-761	Urethral Drug-Coated Balloons for the Treatment of Urethral Strictures
MP-762	Upper Limb Prostheses

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-90755	Beqvez™ (fidanacogene elaparvovec-dzkt)
PH-90694	Leqembi™ (lecanemab-irmb)
PH-90598	Abecma® (idecabtagene vicleucel)
PH-90026	Aflibercept: Eylea®; Eylea® HD; Opuviz™; Yesafili™
PH-90349	Hemophilia Products – Anti-Inhibitor Antibody: Hemlibra® (emicizumab-kxwh)
PH90337	Hemophilia Products – Anti-Inhibitor Coagulant Complex: Feiba
PH-90590	Breyanzi® (lisocabtagene maraleucel)
PH-90635	Dextenza® (dexamethasone insert)

Policy #	Policy Title
PH-90114	Eculizumab: Soliris®; Bkemv™
PH-90339	Hemophilia Products – Factor IX:AlphaNine® SD, Alprolix®, BeneFIX®, Idelvion®, Ixinity®,Mononine®, Profilnine®, Rebinyn®, and Rixubis®
PH-90343	Hemophilia Products – Factor VIIa: NovoSeven RT ®; Sevenfact ®
PH-90340	Hemophilia Products – Factor VIII:Advate®, Adynovate®, Afstyla®, Eloctate®, Hemofil MTM,Koate®/Koate DVI, Kogenate FS®, Kovaltry®, Novoeight®, Nuwiq®,Obizur®, Recombinate®, Xyntha®/Xyntha® Solofuse®, Jivi®,Esperoct®, AltuviiioTM
PH-90345	Factor VIII/VWF Complex: Alphanate®, Humate-P®, Wilate®
PH-90341	Hemophilia Products – Factor X: Coagadex®
PH-90342	Hemophilia Products – Factor XIII: Corifact®
PH-90338	Hemophilia Products – Coagulation Factor XIII A-subunit: Tretten®
PH-90688	Hemgenix® (etranacogene dezaparvovec-drlb)
PH-90244	Mircera® (methoxy polyethylene glycol-epoetin beta)
PH-90734	Omvoh™ (mirikizumab-mrkz)
PH-90718	Roctavian™ (valoctocogene roxaparvovec-rvox)
PH-90117	Ustekinumab: Stelara®; Wezlana™; Selarsdi™
PH-90344	Hemophilia Products – von Willebrand Factor:Vonvendi®
PH-90633	Xipere® (triamcinolone acetonide injectable suspension)

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

UTILIZATION MANAGEMENT UPDATES

eviCore Healthcare Specialty Utilization Management (UM) Program: Musculoskeletal Clinical Guideline Updates | P49-24

eviCore has released clinical guideline updates for the Radiation Oncology program. Guideline updates will become **effective October 01, 2024.**

Please review all guidelines when submitting a prior authorization request.

Guidelines with substantive changes:

- Cervical Cancer
- Prostate Cancer

New Guideline:
Biology-Guided Radiation Therapy (BgRT)

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. Radiation Oncology)
- 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., Radiation Oncology (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.

P51-24 Inpatient Admission, Concurrent Review, and Discharge Submission Process Change for Commercial & Medicare Advantage Members | P51-24 ***potentially changing***

Acute medical and behavioral health acute admission notification, concurrent stay notification and discharge requirements for Medicare Advantage and Commercial (not including FEP) members will become automated for Minnesota providers (including bordering counties) that are participating in the MN Encounter Alert Service (MN EAS) for admissions beginning September 1, 2024.

- For providers that are not participating with MN EAS, admission and discharge notification is required and can be completed through the Availity Essentials portal at availity.com/essentials
- For post-acute facilities that require prior authorization (PA), the provider can complete the PA and concurrent review processes (including medical record submission) through the Availity Essentials portal at availity.com/essentials

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

Medicare Advantage

Facility Type	Admission	Concurrent Review	Discharge
Acute Hospital	**EAS participating hospitals:** No action required **Hospital not participating with EAS:** Submit notification in Availity Essentials	**EAS participating hospitals:** No action required **Hospital not participating with EAS:** Submit notification in Availity Essentials	**EAS participating hospitals:** No action required **Hospital not participating with EAS:** Submit discharge information in Availity Essentials
Sub-Acute Care/ Post-Acute Care Facility	Submit request for prior authorization and medical records in Availity Essentials	Submit request for 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	**EAS participating hospitals:** No action required **Hospital not participating with EAS:** Submit notification in Availity Essentials	**EAS participating hospitals:** No action required **Hospital not participating with EAS:** Submit notification in Availity Essentials	**EAS participating hospitals:** No action required **Hospital not participating with EAS:** Submit discharge information in Availity Essentials
Sub-Acute Care/ Post-Acute Care Facility	Submit request for prior authorization and medical records in Availity Essentials	Submit request for concurrent review with medical records in Availity Essentials	Submit discharge information in Availity Essentials

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

MagellanRx Management, a Prime Therapeutics Company (UM) Program: Medical Drug Updates | P53-24

The MagellanRx Management, a Prime Therapeutics Company (Prime/MRx) program for medical drugs will be making updates to the Current Procedural Terminology (CPT) Prior Authorization (PA) Code List.

The following drug(s) have been added to the medical drug program and will require prior authorization for dates of service beginning **October 1, 2024**.

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Alyglo	J1599	Commercial, Medicare and Medicaid
Beqvez	J3590	Medicare and Medicaid
Hercessi	J9999	Medicare and Medicaid
Imdeltra	J9999	Commercial, Medicare and Medicaid
Kisluna	J3590	Medicare and Medicaid
Kresaldi*	Per FDA recommendations	Medicare and Medicaid
Nypozi	J3590	Medicare and Medicaid
PiaSky	J3590	Medicare and Medicaid
Prademagene*	Per FDA recommendations	Medicare and Medicaid

*PA will be required upon FDA approval

For Medicare and Medicaid lines of business, new drugs that currently don't have individual policies will follow PA to label policy.

The following drug(s), which are currently on the drug list, have updates to Medical Pharmacy Policies effective **October 1, 2024**

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Acthar Gel	J0801	Commercial, Medicare and Medicaid
Actemra IV	J3262	Commercial, Medicare and Medicaid
Adcetris	J9042	Commercial, Medicare and Medicaid
Akynzeo	J1454	Commercial, Medicare and Medicaid
Adstiladrin	J9029	Commercial, Medicare and Medicaid
Aloxi	J2469	Commercial, Medicare and Medicaid
Alpha-1	J0256	Commercial, Medicare and Medicaid
Amondys 45	J1426	Commercial, Medicare and Medicaid
Aranesp	J0881	Commercial, Medicare and Medicaid
Bavencio	J9023	Commercial, Medicare and Medicaid
Benlysta IV	J0490	Commercial, Medicare and Medicaid
Bevacizumab	J9035	Commercial, Medicare and Medicaid
Breyanzi	Q2054	Commercial, Medicare and Medicaid
Cabazitaxel	J9043	Commercial, Medicare and Medicaid
Cinvanti	J0185	Commercial, Medicare and Medicaid
Drug Name	**Code(s)**	**Line(s) of Business that will require Prior Authorization**
Cosela	J1448	Commercial, Medicare and Medicaid
Darzalex _IV	J9145	Commercial, Medicare and Medicaid

Denosumab	J0897	Commercial, Medicare and Medicaid
Elzonris	J9269	Commercial, Medicare and Medicaid
Enhertu	J9358	Commercial, Medicare and Medicaid
Enjaymo	J1302	Commercial, Medicare and Medicaid
Entyvio IV	J3380	Commercial, Medicare and Medicaid
Epoetin _alfa	J0885	Commercial, Medicare and Medicaid
Erbitux	J9055	Commercial, Medicare and Medicaid
Evenity	J3111	Commercial, Medicare and Medicaid
Evkeeza	J1305	Commercial, Medicare and Medicaid
Exondys51	J1428	Commercial, Medicare and Medicaid
Fasenra	J0517	Commercial, Medicare and Medicaid
Feraheme	Q0138	Commercial, Medicare and Medicaid
Fulphila	Q5108	Commercial, Medicare and Medicaid
Fylentra	Q5130	Commercial, Medicare and Medicaid
Injectafer	J1439	Commercial, Medicare and Medicaid
Jelmyto	J9281	Commercial, Medicare and Medicaid
Kyprolis	J9047	Commercial, Medicare and Medicaid
Leqvio	J1306	Commercial, Medicare and Medicaid
Mircera	J0888	Commercial, Medicare and Medicaid
Monoferric	J1437	Commercial, Medicare and Medicaid
Neulasta	J2506	Commercial, Medicare and Medicaid
Nyvepria	Q5122	Commercial, Medicare and Medicaid
Opdivo	J9299	Commercial, Medicare and Medicaid
Provenge	Q2043	Commercial, Medicare and Medicaid
Reblozyl	J0896	Commercial, Medicare and Medicaid
Riabni	Q5123	Commercial, Medicare and Medicaid
Rituxan	J9312	Commercial, Medicare and Medicaid
Rolvedon	J1449	Commercial, Medicare and Medicaid
Ruxience	Q5119	Commercial, Medicare and Medicaid
Rybrevant	J9061	Commercial, Medicare and Medicaid
Saphnelo	J0491	Commercial, Medicare and Medicaid
Soliris	J1300	Commercial, Medicare and Medicaid
Spevigo	J1747	Commercial, Medicare and Medicaid
Stimufend	Q5127	Commercial, Medicare and Medicaid
Sustol	J1627	Commercial, Medicare and Medicaid
Tecvayli	J9380	Commercial, Medicare and Medicaid
Tofidence	Q5133	Commercial, Medicare and Medicaid
Truxima	Q5115	Commercial, Medicare and Medicaid
Udencya	Q5111	Commercial, Medicare and Medicaid
Ultomiris	J1303	Commercial, Medicare and Medicaid
Uplizna	J1823	Commercial, Medicare and Medicaid
Viltepso	J1427	Commercial, Medicare and Medicaid
Ziextenzo	Q5120	Commercial, Medicare and Medicaid
Zoledronic Acid	J3489	Commercial, Medicare and Medicaid
Zynteglo	J3393	Commercial, Medicare and Medicaid

To view the Medical Drug 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 "Prime/MRx Medical Drug clinical guidelines" link, located under Other evidence-based criteria and guidelines we use and how to access them
- Medical Drugs are listed in alphabet order. To search for a specific drug, Ctrl + F and type in the drug name.

- Select the drug to view the Medical Policy for the selected drug.
- All drugs in the list apply to Medicare members. Please refer to CMS for the clinical guidelines that apply for Medicare members.
- A reference will be placed behind the drug name to indicate if the policy applies to Commercial, Medicaid, or both.

Products Impacted
- Commercial
- Medicare Advantage
- Minnesota Health Care Programs

Prior Authorization Look Up Tool
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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 Prime/MRx
Providers submit Prime/MagellanRx 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 Prime/MRx Medical Policies, 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 a Prime/MRx representative call 800-424-1706, 8:00 a.m. to 8:00 p.m. CST, Monday – Friday.