# PROVIDER BULLETIN
## PROVIDER INFORMATION

BlueCross BlueShield Minnesota

**September 3, 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

## Updated Reimbursement Policies, Effective September 3, 2024 | P45R1-24

**Revision: Provider Bulletin P45-24 was originally published on July 1, 2024, with an incorrect policy number. The correct policy number appears below.**

Effective September 3, 2024, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will publish the following updated reimbursement policy:

| Policy # | Policy Title/Service |
|---|---|
| Commercial General Coding – 078 | Community Health Workers<br>• The policy has been revised to state that CHW's must bill using their National Provider Identifier (NPI) or their supervising provider's NPI.<br>• Codes G0019 and G0022 have been added and may be reported when applicable. |

**Products Impacted**
Commercial

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

---

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

## Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans Managed by Blue Cross and Blue Shield of Alabama | P55-24

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 |
|---|---|
| **Policy #** | **Policy Title** |
| MP-053 | Bariatric Surgery |
| MP-058 | Panniculectomy/Excision of Redundant Skin or Tissue |
| MP-118 | Dermabrasion |
| MP-123 | Compression Devices in the Outpatient or Home Setting |
| MP-191 | Bone Mineral Density Testing |
| MP-221 | Extracranial Carotid Angioplasty/Stenting |
| MP-301 | Phototherapy for the Treatment of Skin Disorders |
| 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-763 | High Intensity Laser Therapy for Chronic Musculoskeletal Pain Conditions and Bell's Palsy |

**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-90670 | Amvuttra (vutrisiran) |
| PH-90590 | Breyanzi® (lisocabtagene maraleucel) |
| PH-90362 | Crysvita® (burosumab-twza) |
| PH-90158 | Krystexxa® (pegloticase) |

| Policy # | Policy Title |
|---|---|
| PH-90735 | Loqtorzi™ (toripalimab-tpzi) |
| PH-90379 | Onpattro® (patisiran lipid complex) |
| PH-90305 | Radicava® (edaravone) |
| PH-90671 | Skyrizi® (risankizumab-rzaa) |
| PH-90712 | Vyvgart Hytrulo® (efgartigimod alfa-fcab and hyaluronidase-gvfc) |
| PH-90343 | Hemophilia Products - Factor Vlla: NovoSeven RT®; Sevenfact® |

## MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

## UTILIZATION MANAGEMENT UPDATES

### Changes to the Medication Therapy Management (MTM) Program, Effective January 1, 2025 | P54-24

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be removing the requirement that a CPT code 99605 needs to be submitted before a CPT code 99606 starting January 1, 2025, for MTM services, for all lines of business. The Provider Manual will also be updated to remove the association of CPT code 99605 with a comprehensive medication review (CMR) and CPT code 99606 with a targeted medication review (TMR). Only one CPT code 99605 can be submitted per member, per provider, per calendar year (1/1-12/31).

The first visit of the year, for a new member who is establishing care, should be a CMR. For Medicare Part D members, this should include the completed CMS Standardized Format (i.e. documents sent to members after a CMR, including the cover letter, to-do list, and updated medication list). Every CMR completed for a Part D member should have a CMS Standardized Summary letter submitted within 14 days of the visit. Continuity of Care (CCD) files submitted without a CMS Standardized Format date will not count towards a completed CMR.

For established members, or members who have a longitudinal relationship with the pharmacist, there may be situations where a follow-up visit (TMR) is scheduled before an initial CMR is completed in the calendar year.

**Products Impacted**

- Families and Children
- MinnesotaCare (MNCare)
- Minnesota Senior Care Plus (MSC+) members who do not have a standalone Part D plan
- Medicare Part D (MAPD, SecureBlue, Platinum Blue)
- Fully and Self-Insured Commercial lines of business

**Questions?**
Contact Provider Services at **651-662-5200** or **1-800-262-0820**, or email MTM.Pharmacy@bluecrossmn.com.

### MagellanRx Management, a Prime Therapeutics Company (UM) Program: Medical Drug Updates | P57-24

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 **November 1, 2024**.

| Drug Name | Code(s) | Line(s) of Business that will require Prior Authorization |
|---|---|---|
| Bkemv | J3590 | Commercial, Medicare and Medicaid |
| Cosentyx IV | J3247 | Commercial, Medicare and Medicaid |
| Epysqli | J3590 | Commercial, Medicare and Medicaid |
| Kisunla | J3590 | Commercial |
| Posfrea | J2468 | Commercial, Medicare and Medicaid |
| Pemetrexed (Apotex) | J9999 | Commercial, Medicare and Medicaid |
| Pyzchiva IV | J3590 | Commercial, Medicare and Medicaid |
| Pyzchiva SC | J3590 | Commercial and Medicaid |
| Rytelo | J9999 | Commercial, Medicare and Medicaid |
| Selarsdi | J3590 | Commercial and Medicaid |
| Yimmugo | J1599 | Commercial, Medicare and Medicaid |
| Tecelra | J9999 | Commercial, Medicare and Medicaid |

*****PA will be required upon FDA approval

**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 **November 1, 2024**

| Drug Name | Code(s) | Line(s) of Business that will require Prior Authorization |
|---|---|---|
| Briumvi (ublituximab-xiiy) | J2329 | Commercial, Medicare and Medicaid |
| Erbitux (cetuximab) | J9055 | Commercial, Medicare and Medicaid |
| Fulphila | Q5108 | Commercial, Medicare and Medicaid |
| Fylnetra | Q5130 | Commercial, Medicare and Medicaid |
| Granix | J1447 | Commercial, Medicare and Medicaid |
| Herceptin | J9355 | Commercial, Medicare and Medicaid |
| Hercessi | J9999 | Commercial, Medicare and Medicaid |
| Herzuma | Q5113 | Commercial, Medicare and Medicaid |
| Imfinzi (durvalumab) | J9173 | Commercial, Medicare and Medicaid |
| Imjudo (tremelimumab-actl) | J9347 | Commercial, Medicare and Medicaid |
| Kanjinti | Q5117 | Commercial, Medicare and Medicaid |
| Keytruda (pembrolizumab) | J9271 | Commercial, Medicare and Medicaid |
| Lemtrada (alemtuzumab) | J0202 | Commercial, Medicare and Medicaid |
| Libtayo (cemiplimab-rwlc) | J9119 | Commercial, Medicare and Medicaid |
| Loqtorzi (toripalimab-tpzi) | J9999 | Commercial, Medicare and Medicaid |
| Neupogen | J1442 | Commercial, Medicare and Medicaid |
| Neulasta | J2506 | Commercial, Medicare and Medicaid |
| Nivestym | Q5110 | Commercial, Medicare and Medicaid |
| Nyvepria | Q5122 | Commercial, Medicare and Medicaid |
| Ocrevus (ocrelizumab) | J2350 | Commercial, Medicare and Medicaid |
| Ogivri | Q5114 | Commercial, Medicare and Medicaid |
| Opdivo (nivolumab) | J9299 | Commercial, Medicare and Medicaid |
| Ontruzant | Q5112 | Commercial, Medicare and Medicaid |
| Paclitaxel Albumin-Bound: (Abraxane; Paclitaxel Albumin-Bound) | J9264, J9259, J9258, J9999 | Commercial, Medicare and Medicaid |
| Rolvedo | J1449 | Commercial, Medicare and Medicaid |
| Releuko | Q5125 | Commercial, Medicare and Medicaid |
| Rituximab | J9312 | Commercial, Medicare and Medicaid |
| Rituxan | J9312 | Commercial, Medicare and Medicaid |
| Riabni | Q5123 | Commercial, Medicare and Medicaid |
| Ruxience | Q5119 | Commercial, Medicare and Medicaid |
| Ryzneuta | J3590 | Commercial, Medicare and Medicaid |

| Drug Name | Code(s) | Line(s) of Business that will require Prior Authorization |
|---|---|---|
| Soliris | J1300 | Commercial, Medicare and Medicaid |
| Stimufend | Q5127 | Commercial, Medicare and Medicaid |
| Tecentriq (atezolizumab) | J9022 | Commercial, Medicare and Medicaid |
| Trazimera | Q5116 | Commercial, Medicare and Medicaid |
| Truxima | Q5115 | Commercial, Medicare and Medicaid |
| Tyruko | J3590 | Commercial, Medicare and Medicaid |
| Tysabri | J2323 | Commercial, Medicare and Medicaid |
| Udenyca | Q5111 | Commercial, Medicare and Medicaid |
| Yervoy | J9228 | Commercial, Medicare and Medicaid |
| Zarxio | Q5101 | Commercial, Medicare and Medicaid |
| Ziextenzo | Q5120 | Commercial, Medicare and Medicaid |
| Zynyz (retifanlimab-dlwr) | J9345 | Commercial, Medicare and Medicaid |

**The step therapy mandate policy will have a mid-year update effective 11/01/2024.**

**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**

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 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.