PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

October 1, 2024

WHAT'S INSIDE:

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

Lab Pass-Through Billing for Medicare Lines of Business | P56-24

Blue Cross and Blue Shield of Minnesota (Blue Cross) will no longer allow pass-through billing of labs for Medicare lines of business for dates of service beginning December 1, 2024.

Blue Cross will not reimburse providers for lab tests that are ordered and sent to an outside lab. This is referred to as pass-through billing. Providers should not include lab services they did not perform on their claim.

Lab services must be billed by the performing laboratory. The only exception is the use of modifier -90 when an independent laboratory sends a specimen to another laboratory when they are unable to perform the requested service. Claims will be identified on a post pay basis and adjusted to recoup the reimbursement.

Products Impacted
Medicare Advantage and Platinum Blue (Medicare Cost)

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 | P59-24

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-053	Bariatric Surgery
MP-058	Panniculectomy/Excision of Redundant Skin or Tissue
MP-060	Hyperbaric Oxygen Therapy
MP-118	Dermabrasion
MP-123	Compression Devices in the Outpatient or Home Setting
MP-191	Bone Mineral Density Testing
MP-685	Gender Affirming Procedures
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-90763	Kisunla™ (donanemab-azbt)
PH-90762	Piasky ™ (crovalimab-akkz)
PH-90026	Aflibercept: Eylea®; Eylea® HD; Opuviz™; Yesafili™; Ahzantive™
PH-90018	Berinert® (C1 Esterase Inhibitor, Human)
PH-90168	Cinryze® (C1 Esterase Inhibitor, Human)
PH-90229	Cosentyx® (secukinumab)
PH-90114	Eculizumab: Soliris®; Bkemv™
PH-90061	Hyaluronic Acid Derivatives: Durolane®, Euflexxa™, Gel-One®, GelSyn-3™, GenVisc 850®, Hyalgan™, Hymovis®, Monovisc®, Orthovisc™, Synojoynt, Supartz/Supartz FX™, Synvisc™, Synvisc-One™, Triluron™, TriVisc™, VISCO-3™
PH-90177	Ilaris® (canakinumab)
PH-90358	Ilumya™ (tildrakizumab-asmn)

Policy #	Policy Title
PH-90167	Kalbitor® (ecallantide)
PH-90091	Orencia® (abatacept)
PH-90109	Rituximab: Rituxan®, Truxima®, Ruxience®, Riabni™
PH-90207	Ruconest® (C1 Esterase Inhibitor [recombinant])
PH-90059	SCIG (immune globulin SQ): Hizentra®, Gammagard Liquid®, Gamunex®-C, Gammaked™, HyQvia®, Cuvitru®, Cutaquig®, Xembify®
PH-90671	Skyrizi® (risankizumab-rzaa)
PH-90291	Spinraza™ (nusinersen)
PH-90481	Spravato (esketamine)
PH-90002	Tocilizumab: Actemra®; Tofidence™; Tyenne®
PH-90117	Ustekinumab: Stelara®; Wezlana™; Selarsdi™; Pyzchiva®
PH-90468	Zolgensma (onasemnogene abeparvovec-xioi)

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Requirements for Restricted Recipients | P62-24

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has updated the processes for Emergency Services provided to Restricted Recipients (RRP) enrolled in Minnesota Health Care Programs (MHCP) per instruction from the MN Department of Human Services (DHS).

DHS has published updated requirements for Managed Care Organizations (MCOs) to follow for RRP receiving emergency or urgent care. The new requirements are effective September 1, 2024.

Professional claims submitted for services provided in the emergency room with **Place of Service 23** or Urgent Care with **Place of Service 20** will be allowed regardless of whether the provider is the RRP's designated provider.

Emergency or Urgent Care that is performed by the RRP's designated provider is eligible for reimbursement. This includes both professional and facility charges from the designated provider.

Facility Claims for emergency or urgent care that is performed by a non-designated provider will be denied upon initial claims processing with **CO288 – referral absent**. Providers are required to submit an appeal with the medical records attached. DHS has advised the MCOs that medical records cannot be submitted as an attachment to the original claim for review. All medical record reviews must take place upon appeal.

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

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

Community First Services and Supports | P64-24

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is launching a new benefit for eligible Minnesota Health Care Programs (MHCP) members on October 1, 2024.

Community First Services and Supports (CFSS) is a new self-directed home and community-based service that will replace personal care assistance (PCA) and consumer support grant (CSG) services beginning October 1, 2024. CFSS is a program that offers flexible options to meet the unique needs of people and allows eligible subscribers greater independence in their homes and communities. Blue Cross will begin to transition eligible subscribers at their yearly reassessment to ensure there is no disruption of services.

Blue Cross will be using the Bridgeview platform for managing the CFSS program. Bridgeview is a wholly owned subsidiary of Blue Cross currently responsible for managing the Elderly Waiver, BlueRide, and some MSHO supplemental benefit claims and provider service.

CFSS services include Consultation Services for all subscribers. Blue Cross will allow services to be provided by all Consultation Services provider actively enrolled with the MN Department of Human Services (DHS). Blue Cross will not require the providers to contract. All Consultation Services providers will receive an email or phone call from Blue Cross regarding enrollment on the Bridgeview system.

All CFSS services will require prior authorization. The subscriber's Consultation Services provider will assist the member in developing the Service Delivery Plan and the authorization will be created based on the approved services. Authorizations for CFSS services will be entered into the Bridgeview Web Tool by the member's Care Coordinator. The service agreement authorization will be created and available in the Availity Essentials portal the next business day.

Claims for CFSS services will be processed on the Bridgeview platform and must be submitted using Payer ID FS802. Providers must ensure that the 835 Electronic Remittance files are accurately updated in Availity Essentials under Payer ID FS802. Providers should use the Transaction Enrollment application to update their Tax ID or NPI for routing. Providers will also need to complete the Manage Access process in Remittance Viewer after receiving the first payment through Bridgeview using Payer ID FS802.

Blue Cross will publish additional documentation as it becomes available.

Products Impacted
- Minnesota Senior Care +
- SecureBlue MSHO

Questions?
Please contact Bridgeview at **1-800-584-9488** or send an email to EWProviders@bluecrossmn.com.

UTILIZATION MANAGEMENT UPDATES

eviCore Healthcare Specialty Utilization Management (UM) Program: Musculoskeletal Clinical Guideline Updates | P60-24

eviCore has released clinical guideline updates for the Musculoskeletal program. Guideline updates will become **effective December 1, 2024**

Please review all guidelines when submitting a prior authorization request.

Discography
- CMM-401: Discography Guidelines

Spine Surgery
- CMM-601.9: Non-Indications

- CMM-603.4: Non-Indications
- CMM-605.4: Non-Indications
- CMM-607.1: General Guidelines
- CMM-607: Procedure (CPT®) Codes
- CMM-609.2: Osteotomy
- CMM-611.2: Minimally Invasive Sacroiliac Joint Fusion or Stabilization Indications

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.

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eviCore Healthcare Specialty Utilization Management (UM) Program: Cardiology and Radiology Clinical Guideline Updates | P61-24

eviCore has released clinical guideline updates for the Musculoskeletal program. Guideline updates will become **effective December 1, 2024**.

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General Head Imaging
- Imaging Related to Alzheimer's Treatment with Amyloid Reduction Medications

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Prime Therapeutics Management (UM) Program: Medical Drug Updates | P63-24

In December of 2022, Magellan Rx Management was acquired by Prime Therapeutics. Effective October 1, 2024, the new brand entity for the medical pharmacy solutions program will be "Prime Therapeutics Management."

Prime Therapeutics Management 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 **December 1, 2024**.

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Ahzantive	J3590	Commercial, Medicare and Medicaid
Beqvez	J3590/C9172	Commercial
Enzeevu	J3590	Commercial, Medicare and Medicaid
Hercessi	J9999/C9399	Commercial
Lymphir	J9999	Commercial, Medicare and Medicaid
Niktimvo	J3590	Commercial, Medicare and Medicaid
Nypozi	J3590	Commercial
Opuviz	J3590	Commercial, Medicare and Medicaid
Pavblu	J3590	Commercial, Medicare and Medicaid
PiaSky	J3590/ C9399	Commercial
Tremfya IV	J3590	Commercial, Medicare and Medicaid
Yesafili	J3590	Commercial, Medicare and Medicaid

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 **December 1, 2024**. (Note: Medicare follows NCD/LCD/Chapter 15 policies)

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Abecma	Q2055	Commercial and Medicaid
Abraxane	J9264	Commercial and Medicaid
Actemra IV	J3262	Commercial and Medicaid
Adcetris (brentuximab vedotin)	J9042	Commercial and Medicaid
Aloxi	J2469	Commercial and Medicaid
Alyglo	J1599	Commercial and Medicaid
Alymsys	Q5126	Commercial and Medicaid
Amvuttra (vutrisiran)	J0225	Commercial and Medicaid
Asceniv	J1554	Commercial and Medicaid
Avastin	J9035	Commercial and Medicaid
Avzivi (bevacizumab)	J9999, C9399	Commercial and Medicaid
Bavencio (avelumab)	J9023	Commercial and Medicaid
Beqvez (fidanacogene elaparavovec-dzkt) IV	J3590/C9172	Commercial and Medicaid
Berinert (C1 Esterase Inhibitor, human)	J0597	Commercial and Medicaid
Bivigam	J1556	Commercial and Medicaid

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Blincyto (blinatumomab)	J9039	Commercial and Medicaid
Bkemv (Eculizumab)	J3590	Commercial and Medicaid
Breyanzi (lisocabtagene maraleucel)	Q2054	Commercial and Medicaid
Cinryze (C1 Esterase Inhibitor, human)	J0598	Commercial and Medicaid
Crysvita (burosumab-twza)	J0584	Commercial and Medicaid
Cosentyx IV (secukinumab)	J3247	Commercial and Medicaid
Cutaquig	J1551	Commercial and Medicaid
Cuvitru	J1555	Commercial and Medicaid
Durolane	J7318	Commercial and Medicaid
Elevidys (delandistrogene moxeparvovec-rokl)	J1413	Medicaid
Enhertu (fam-trastuzumab deruxtecan-nxki)	J9358	Commercial and Medicaid
Epkinly (epcoritamab-bysp)	J9321	Commercial and Medicaid
Erbitux (cetuximab)	J9055	Commercial and Medicaid
Epysqli	J3590	Commercial and Medicaid
Euflexxa	J7323	Commercial and Medicaid
Eylea	J0178	Commercial and Medicaid
Eylea HD	J0177	Commercial and Medicaid
Firazyr (icatibant)	J1744	Commercial and Medicaid
Filgrastim (Neupogen)	J1442	Commercial and Medicaid
Filgrastim-aafi (Nivestym)	Q5110	Commercial and Medicaid
Filgrastim-sndz (Zarxio)	Q5101	Commercial and Medicaid
Filgrastim-ayow (Releuko)	Q5125	Commercial and Medicaid
Flebogamma	J1572	Commercial and Medicaid
Gammagard Liquid	J1569	Commercial and Medicaid
Gammagard S/D	J1566	Commercial and Medicaid
Gammaked	J1561	Commercial and Medicaid
Gammaplex	J1557	Commercial and Medicaid
Gamunex-C	J1561	Commercial and Medicaid
Gel-One	J7326	Commercial and Medicaid
GelSyn-3	J7328	Commercial and Medicaid
GenVisc 850	J7320	Commercial and Medicaid
Haegarda (C1 Esterase Inhibitor Subcutaneous, human) SQ	J0599	Commercial and Medicaid
Hemgenix (etranacogene dezaparvovec-drlb)	J1411	Commercial and Medicaid
Herceptin	J9355	Commercial and Medicaid
Hercessi (trastuzumab)	J9999/C9399	Commercial and Medicaid
Herzuma	Q5113	Commercial and Medicaid
Hizentra	J1559	Commercial and Medicaid
Hyalgan	J7321	Commercial and Medicaid
Hygvia	J1575	Commercial and Medicaid
Hymovis	J7322	Commercial and Medicaid
Ilaris (canakinumab)	J0638	Commercial and Medicaid
Ilumya (tildrakizumab-asmn)	J3245	Commercial and Medicaid
Iluvien (fluocinonide acetonide implant)	J7313	Commercial and Medicaid
Imdelltra (tarlatamab-dlle)	J9999/C9170	Commercial and Medicaid
Imfinzi (durvalumab)	J9173	Commercial and Medicaid
Imjudo (tremelimumab-actl)	J9347	Commercial and Medicaid
Jemperli (dostarlimab-gxly)	J9272	Commercial and Medicaid
Kalbitor (ecallantide)	J1290	Commercial and Medicaid
Kanjinti	Q5117	Commercial and Medicaid
Keytruda (pembrolizumab)	J9271	Commercial and Medicaid

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Krystexxa (pegoticase)	J2507	Commercial and Medicaid
Libtayo (cemiplimab-rwlc)	J9119	Commercial and Medicaid
Lutathera (lutetium Lu 177 dotatate)	A9513	Commercial and Medicaid
Mircera (methoxy polyethylene glycol-epoetin beta)	J0888	Commercial and Medicaid
Monovisc	J7327	Commercial and Medicaid
Mvasi	Q5107	Commercial and Medicaid
Octagam	J1568	Commercial and Medicaid
Ogivri	Q5114	Commercial and Medicaid
Omvoh IV(mirikizumab-mrkz)	J2267	Commercial and Medicaid
Onpattro (patisiran lipid complex)	J0222	Commercial and Medicaid
Orthovisc	J7324	Commercial and Medicaid
Ontruzant	Q5112	Commercial and Medicaid
Opdivo (nivolumab)	J9299	Commercial and Medicaid
Orencia IV (abatacept)	J0129	Commercial and Medicaid
Paclitaxel Albumin-Bound (Paclitaxel Albumin-Bound)	J9259/J9264	Commercial and Medicaid
Panzyga	J1576	Commercial and Medicaid
Piasky (crovalimab-akkz)	J3590/C9399	Commercial and Medicaid
Polivy (polatuzumab vedotin-piiq)	J9309	Commercial and Medicaid
Posfrea IV	J2468	Commercial and Medicaid
Privigen	J1459	Commercial and Medicaid
Pyzchiva	J3590	Commercial and Medicaid
Qalsody (tofersen)	J1304	Medicaid
Radicava (edaravone)	J1301	Commercial and Medicaid
Riabni	Q5123	Commercial and Medicaid
Rituxan	J9312	Commercial and Medicaid
Roctavian (valoctocogene roxaparvovec-rvox)	J1412	Commercial and Medicaid
Ruconest (C1 Esterase Inhibitor, recombinant) IV	J0596	Commercial and Medicaid
Ruxience	Q5119	Commercial and Medicaid
Selarsdi	J3590	Commercial and Medicaid
Skyrizi IV (risankizumab-rzaa)	J2327	Commercial and Medicaid
Soliris	J1300	Commercial and Medicaid
Spinraza (nusinersen)	J2326	Commercial and Medicaid
Spravato (esketamine)	G2082, G2083, S0013	Commercial and Medicaid
Stelara IV	J3358	Commercial and Medicaid
Stelara SC	J3357	Commercial and Medicaid
Supartz/Supartz FX	J7321	Commercial and Medicaid
Synojoynt	J7331	Commercial and Medicaid
Synvisc	J7325	Commercial and Medicaid
Synvisc-One	J7325	Commercial and Medicaid
Takhzyro (lanadelumab-flyo)	J0593	Commercial and Medicaid
Tbo-Filgras tim (Granix)	J1447	Commercial and Medicaid
Tecentriq (atezolizumab) IV	J9022	Commercial and Medicaid
Tofidence IV	Q5133	Commercial and Medicaid
Trazimera	Q5116	Commercial and Medicaid
Triluron	J7332	Commercial and Medicaid
TriVisc	J7329	Commercial and Medicaid
Truxima	Q5115	Commercial and Medicaid
Tyenne IV	Q5135	Commercial and Medicaid
Vegzelma	Q5129	Commercial and Medicaid

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
VISCO-3 (Intra-articular)	J7321	Commercial and Medicaid
Vyvgart Hytrulo (efgartigimod alfa-fcab and hyaluronidase-qvfc) SQ	J9334	Commercial and Medicaid
Wezlana IV	Q5138	Commercial and Medicaid
Wezlana SC	Q5138	Commercial and Medicaid
Xembify SQ	J1558	Commercial and Medicaid
Yervoy (ipilimumab)	J9228	Commercial and Medicaid
Yimmugo	J1599	Commercial and Medicaid
Zirabev	Q5118	Commercial and Medicaid
Zolgensma (onasemnogene abeparvovec-xioi) IV	J3399	Commercial 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 Therapeutics Management 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.

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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 Therapeutics Management
Providers submit Prime Therapeutics Management 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 Therapeutics Management 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 Therapeutics Management representative call 800-424-1706, 8:00 a.m. to 8:00 p.m. CST, Monday – Friday.