

# PROVIDER BULLETIN

## PROVIDER INFORMATION

November 1, 2024

### WHAT'S INSIDE:

#### ADMINISTRATIVE UPDATES

**Reminder: Medicare Requirements for Reporting Demographic Changes** **Page 2**  
(published in every summary of monthly bulletins)

#### CONTRACT UPDATES

**2025 Renewal Changes Summary for Institutional Providers (P66-24)** **Page 2**

**2025 Renewal Changes Summary for Blue Plus Primary Care Clinic Providers (P67-24)** **Page 3**

**Continuous Glucose Monitor Billing for Medicare Products (P70-24)** **Page 3**

#### 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 (P68-24)** **Page 4**

**New Medical and Behavioral Health Policy Management Updates, Effective January 6, 2025 (P69-24)** **Page 5**

#### MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

#### UTILIZATION MANAGEMENT UPDATES

**Change to Management of Specific Specialty Utilization Management (UM) Programs (P71-24)** **Page 6**

**Prime Therapeutics Management (UM) Program: Medical Drug Updates (P72-24)** **Page 7**

## 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](https://bluecrossmn.com/providers/provider-demographic-updates)

Providers are obligated, per federal requirements, to update provider information contained in the National Plan & Provider Enumeration System (NPES). Updating provider information in NPES 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 NPES may reference NPES 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

### 2025 Renewal Changes Summary for Institutional Providers | P66-24

Blue Cross and Blue Shield of Minnesota (Blue Cross) is updating the 2025 Institutional Provider Service Agreement (Agreement) as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. **No material changes to the Agreement have been made effective January 1, 2025.**

#### **Provider Services Agreement Changes:**

**No material changes have been made to the Institutional Provider Service Agreement.**

**No material changes have been made to the Medicare Amendment.**

If you would like to receive a comprehensive copy of the January 1, 2025 renewal Agreement, please email your request with Blue Shield ID, NPI Number and TIN to: [Request.Contract.Renewal@bluecrossmn.com](mailto:Request.Contract.Renewal@bluecrossmn.com). Blue Cross provides Agreements to individuals employed directly by a provider. Consultants working on behalf of a provider should request a copy from the provider with whom they are working.

#### **Disclosure of Ownership**

A Disclosure of Ownership form must be submitted once annually to Blue Cross, per Minnesota Department of Human Services requirements. The form is located at <https://www.bluecrossmn.com/providers/forms-and-publications> (search and select "Disclosure of Ownership and Management Information Form."). Email the completed form and any questions to: [DisclosureStatement@bluecrossmn.com](mailto:DisclosureStatement@bluecrossmn.com)

#### Questions?

If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**.

---

## 2025 Renewal Changes Summary for Blue Plus Primary Care Clinic Providers | P67-24

Blue Cross and Blue Shield of Minnesota (Blue Cross) is updating the 2025 Blue Plus Primary Care Clinic Provider Service Agreement (Agreement) as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. **No material changes to the Agreement have been made effective January 1, 2025.**

### **Provider Services Agreement Changes:**

**No material changes have been made to the Blue Plus Primary Care Clinic Provider Service Agreement.**

**No material changes have been made to the Medicare Amendment.**

If you would like to receive a comprehensive copy of the January 1, 2025 renewal Agreement, please email your request with Blue Shield ID, NPI Number and TIN to: [Request.Contract.Renewal@bluecrossmn.com](mailto:Request.Contract.Renewal@bluecrossmn.com). Blue Cross provides Agreements to individuals employed directly by a provider. Consultants working on behalf of a provider should request a copy from the provider with whom they are working.

### **Disclosure of Ownership**

A Disclosure of Ownership form must be submitted once annually to Blue Cross, per Minnesota Department of Human Services requirements. The form is located at <https://www.bluecrossmn.com/providers/forms-and-publications> (search and select "Disclosure of Ownership and Management Information Form."). Email the completed form and any questions to: [DisclosureStatement@bluecrossmn.com](mailto:DisclosureStatement@bluecrossmn.com)

### **Questions?**

If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**.

---

## Continuous Glucose Monitor Billing for Medicare Products | P70-24

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is updating the billing requirements for Continuous Glucose Monitors (CGMs) effective with dates of service January 1, 2025.

Blue Cross will require claims for CGMs and related supplies submitted with HCPCS codes E2102, E2103, A4238, A4239 to be submitted with a National Drug Code (NDC), Health Related Item (HRI) code, or Universal Product Code (UPC).

Claims that are submitted without the required information will not be accepted. Rejected claims will be on the 277CA (Claims Acknowledgement) electronic transaction with the following error message: "The claim is missing the required drug information and has been rejected. Please include the needed information and resubmit the claim"

The NDC, HRI or UPC must be submitted in loop 2410 and LIN03 on the 837P claims transaction. Consult the Implementation Companion Guide for NDC Submissions.

### **Products Impacted**

- Medicare Advantage: Core, Choice, Complete, Comfort, and Freedom Blue
- Platinum Blue (Cost): Core, Choice, and Complete
- Group Medicare Advantage
- Group Platinum Blue (Cost)
- Minnesota Senior Health Options (MSHO)

## 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 | P68-24

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](https://mn-policies.exploremyplan.com/portal/web/mn-policies/feedback) 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 \(exploremyplan.com\)](https://mn-policies.exploremyplan.com)

Policy #	Policy Title
MP-058	Panniculectomy/Excision of Redundant Skin or Tissue
MP-060	Hyperbaric Oxygen Therapy
MP-200	Evaluation of Biomarkers for Alzheimer Disease
MP-202	Vertebral Fracture Assessment with Densitometry or Biomechanical Computed Tomography
MP-215	Amino Acid-Based Elemental Formulas
MP-743	Adjunctive Techniques for Screening, Surveillance, and Risk Classification of Barrett Esophagus and Esophageal Dysplasia

#### Draft Provider-Administered Drug Policies

Draft provider-administered drug policies can be found at [Policies & Guidelines \(exploremyplan.com\)](https://mn-policies.exploremyplan.com) and [Policies & Guidelines \(exploremyplan.com\)](https://mn-policies.exploremyplan.com)

Policy #	Policy Title
PH-0767	Niktimvo™ (axatilimab-csfr)
PH-0765	Tecelra® (afamitresgene autoleucel)
PH-90026	Aflibercept: Eylea®, Eylea® HD; Opuviz™; Yesafili™; Ahzantive™
PH-90497	Beovu® (brolucizumab-dbli)
PH-90299	Brineura (cerliponase alfa)
PH-90027	Cerezyme® (imiglucerase)
PH-90105	Elelyso™ (taliglucerase alfa)
PH-90078	Ranibizumab: Lucentis®; Byooviz™; Cimerli™

Policy #	Policy Title
PH-90634	Susvimo™ (ranibizumab)
PH-90697	Syfovre™ (pegcetacoplan)
PH-90120	Synagis® (Palivizumab)
PH-90659	Vabysmo™ (faricimab-svoa)
PH-90141	VPRIV® (velaglucerase alfa)

## New Medical and Behavioral Health Policy Management Updates, Effective January 6, 2025 | P69-24

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 January 6, 2025:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
IX-01	Extended Hours Skilled Nursing in the Home for Patients with Medically Complex Conditions	MCG	Continued	Commercial
IV-150	Endothelial Keratoplasty	No	Removed	Medicare Advantage
IV-166	Penile Prosthesis Implantation	No	Removed	Medicare Advantage

### Products Impacted

- The information in this bulletin applies only to subscribers who have coverage through Commercial or Medicare Advantage

### Submitting a PA Request when Applicable

- Providers may submit PA requests for any treatment in the above table starting December 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](http://www.bluecrossmn.com/providers/medical-management)
  - Select "See Medical and Behavioral Health Policies" then click "Search Medical and Behavioral Health Policies" to access policy criteria.

- Current and future PA requirements and related clinical coverage criteria can be found using *the Is Authorization Required* tool at [www.availity.com/essentials](http://www.availity.com/essentials) or at [www.bluecrossmn.com/providers/medical-management](http://www.bluecrossmn.com/providers/medical-management) prior to submitting a PA request.
- Prior authorization lists are also updated to reflect additional PA requirements on the effective date of the management change and include applicable codes. To access the PDF prior authorization lists for all lines of business go to [www.bluecrossmn.com/providers/medical-management](http://www.bluecrossmn.com/providers/medical-management)

### Prior Authorization Requests

- For information on how to submit a prior authorization please go to: [bluecrossmn.com/providers/medical-management](http://bluecrossmn.com/providers/medical-management)
- Note: An approved PA does not guarantee coverage under a subscriber’s benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

### Reminder Regarding Medical Policy Updates & Changes:

Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective at minimum 45 days from the date they were posted. To access the website:

- Go to <https://www.bluecrossmn.com/providers/medical-management>
- Select “See Medical and Behavioral Health Policies” then click “See Upcoming Medical and Behavioral Health Policy Notifications.”

### Questions?

Please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

## MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

### UTILIZATION MANAGEMENT UPDATES

#### Change to Management of Specific Specialty Utilization Management (UM) Programs | P71-24

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is committed to providing our members with access to high-quality health care that is consistent with evidence-based, nationally recognized clinical criteria and guidelines. Blue Cross will be implementing changes to the following specialty UM programs:

- Musculoskeletal Management (Spine, Joint, Interventional Pain Management)
- Cardiology and Radiology (Advanced Imaging)

Effective January 6, 2025, Blue Cross will manage these specialty UM programs internally for Commercial Fully-Insured and Self-Insured (buy-up), along with Medicare Advantage products. eviCore Healthcare will no longer be managing these specific programs. Authorizations that have been approved by eviCore prior to January 6, 2025, will be valid until the end date of the authorization. No further action is required by the provider.

eviCore Healthcare will continue to manage Lab (molecular and genetic testing), Radiation Therapy, and Sleep Management. For Medicare Advantage ONLY, eviCore will also continue to manage Post Acute Care and DME.

**Musculoskeletal, Cardiology and Radiology (Advanced Imaging) and specialty UM programs will be expanded to Minnesota Health Care Program (MHCP) products, including PMAP, MinnesotaCare, MSC+, and MSHO for dates of service beginning February 1, 2025. Providers will be able to start submitting authorizations for MHCP members beginning January 15, 2025.**



The specific services requiring prior authorization and the corresponding evidence-based guidelines for each service can be found at <https://www.bluecrossmn.com/sites/default/files/DAM/2024-10/imaging-msk-availability-auth-code-list-103024.pdf>. Providers should continue to use Availity Essentials to determine if an authorization is required, review related clinical guidelines, and submit prior authorization requests.

Blue Cross will be hosting web-based training sessions in December to demonstrate the enhanced prior authorization submission process on Availity Essentials. A recorded online seminar (post-live training), documented process, and FAQ will be added to Availity Essentials to view at your convenience. Please watch the provider resources page at [bluecrossmn.com/providers](https://www.bluecrossmn.com/providers) for updates.

**Products Impacted**

- Commercial – Fully Insured
- Commercial – Self-Insured (buy-up available to groups as of January 2025)
- Medicare Advantage
- Minnesota Health Care Programs (Children & Families, MNCare, MSC+, MSHO) **Effective February 1, 2025**

**Questions?**

For questions regarding MHCP subscribers, please contact MHCP Provider Services at **1-866-518-8448**. For all other lines of business, please contact Provider Services at **651-662-5200** or **1-800-262-0820**.

**Prime Therapeutics Management (UM) Program: Medical Drug Updates | P72-24**

*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 **January 1, 2025**.

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Tecelra	J9999	Commercial
Tecentriq Hybreza	J9999	Commercial, Medicare and Medicaid
Ocrevus Zunovo	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 **January 1, 2025**.

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
PiaSky	J3590	Commercial and Medicaid
Actemra IV	J3262	Commercial
Tofidence	Q5133	Commercial
Tyenne IV	Q5135	Commercial
Vyvgart Hytrulo	J9334	Commercial and Medicaid

**To view the Medical Drug Lists:**

- Access the ‘Provider Section’ of the Blue Cross website at [bluecrossmn.com/providers](https://www.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 alphabetical 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](https://www.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](https://www.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 Therapeutics Management**

Providers submit Prime Therapeutics Management requests at [Availity.com/Essentials](https://www.availity.com/essentials). There is no cost to the provider.

Instructions on how to utilize this portal are found at [Availity.com/Essentials](https://www.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.