

PROVIDER BULLETIN

PROVIDER INFORMATION



November 1, 2024

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

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 autoleucl)
PH-90026	Aflibercept: Eylea®; Eylea® HD; Opuviz™; Yesafili™; Ahzantive™
PH-90497	Beovu® (brolocizumab-dbl)
PH-90299	Brineura (cerliponase alfa)
PH-90027	Cerezyme® (imiglucerase)
PH-90105	Ellyso™ (taliglucerase alfa)
PH-90078	Ranibizumab: Lucentis®; Byooviz™; Cimerli™
PH-90634	Susvimo™ (ranibizumab)
PH-90697	Syfovre™ (pegcetacoplan)
PH-90120	Synagis® (Palivizumab)
PH-90659	Vabysmo™ (faricimab-svoa)
PH-90141	VPRIV® (velaglucerase alfa)