

PROVIDER BULLETIN

PROVIDER INFORMATION

December 2, 2024

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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

New Reimbursement Policy, Effective February 3, 2025

Effective February 3, 2025, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will publish the following new reimbursement policy:

| Policy # | Policy Title/Service |
|---|---|
| Commercial Surgery/Interventional Procedure-025 | <p>Intraoperative Neurophysiological Monitoring (IONM)</p> <ul style="list-style-type: none">• This policy, which is based upon guidelines published by the American Academy of Neurology and CPT®, addresses the coding and reimbursement of IONM services reported on a professional claim.• Codes 95940, 95941 and G0453 are only reimbursable to the monitoring physician. The technician, surgeon, surgical assistant, and anesthesiologist are not eligible for reimbursement of IONM services.• Add-on and primary codes, appropriate place of service, and use of modifiers TC and 26 are addressed.• This policy does not apply to FEP. |

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 | P75-24

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-083 | Microprocessor-Controlled Prostheses for the Lower Limb |
| MP-124 | Myoelectric Prosthetic and Orthotic Components for the Upper Limb |
| MP-200 | Evaluation of Biomarkers for Alzheimer Disease |
| MP-202 | Vertebral Fracture Assessment with Densitometry or Biomechanical Computed Tomography |
| MP-575 | Powered Exoskeleton |
| MP-682 | Water Vapor Energy Ablation and Waterjet Tissue Ablation for Benign Prostatic Hypertrophy |
| MP-724 | Hydrogel Spacer use During Radiotherapy for Prostate Cancer |
| MP-743 | Adjunctive Techniques for Screening, Surveillance, and Risk Classification of Barrett Esophagus and Esophageal Dysplasia |

Draft Provider-Administered Drug Policies

Draft medical policies can be found at [Policies & Guidelines \(exploremyplan.com\)](#) and [Policies & Guidelines \(exploremyplan.com\)](#)

| Policy # | Policy Title |
|----------|---|
| PH-90770 | Ocrevus Zunovo™ (ocrelizumab and hyaluronidase-ocsq) |
| PH-90028 | Cimzia® (certolizumab pegol) |
| PH-90347 | Fasenra® (benralizumab) |
| PH-90260 | Nucala® (mepolizumab) |
| PH-90117 | Ustekinumab: Stelara®; Wezlana™; Selarsdi™; Pyzchiva® |
| PH-90146 | Xolair® (omalizumab) |
| PH-90273 | Cinqair® (reslizumab) |
| PH-90202 | Entyvio® (vedolizumab) |

| Policy # | Policy Title |
|----------|---|
| PH-90104 | Infliximab: Remicade®; Inflectra™; Renflexis™; Avsola™; Infliximab* |
| PH-90176 | Simponi ARIA® (golimumab) |
| PH-90310 | Tremfya® (guselkumab) |
| PH-90671 | Skyrizi® (risankizumab-rzaa) |
| PH-90002 | Tocilizumab: Actemra®; Tofidence™; Tyenne® |
| PH-90727 | Veopoz® (pozelimab-bbfg) |
| PH-90527 | Vyepti® (eptinezumab-jjmr) |
| PH-90708 | Elfabrio® (pegunigalsidase alfa-iwxj) |
| PH-90133 | Natalizumab: (Tysabri®; Tyruko®) |

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

UTILIZATION MANAGEMENT UPDATES

eviCore Healthcare Specialty Utilization Management (UM) Program: Laboratory Management Clinical Guideline | P73-24

eviCore has released clinical guideline updates for the Laboratory Management program. Guideline updates will become **effective February 1, 2025**.

Please review all guidelines when submitting a prior authorization request.

New Guidelines

- Laboratory Billing and Reimbursement
- ColoSense for Colorectal Cancer
- Inflammatory Bowel Disease Biomarker Testing

Retired Guidelines

- Bloom Syndrome Genetic Testing
- Canavan Disease Genetic Testing
- Gaucher Disease Genetic Testing
- Niemann-Pick Disease Types A and B Genetic Testing
- Niemann-Pick Disease Type C Genetic Testing
- Tay-Sachs Disease Genetic Testing
- Laboratory Claim Reimbursement
- Genetic Presymptomatic and Predictive Testing for Adult-Onset Conditions in Minors
- Laboratory Procedure Code Requirements

Guidelines with substantive changes

- Flow Cytometry
- Immunohistochemistry (IHC)
- Sexually Transmitted and Other Reproductive Tract Infection Testing
- Experimental, Investigational, or Unproven Laboratory Testing
- Dentatorubral-Pallidoluysian Atrophy Genetic Testing
- Expanded Carrier Screening Panels
- Somatic Mutation Testing
- Von Hippel-Lindau Disease Genetic Testing

- BRCA Analysis
- Epilepsy Genetic Testing
- Gastrointestinal Pathogen Panel (GIPP) Molecular Testing
- Myotonic Dystrophy Type 1 Genetic Testing
- Microsatellite Instability and Immunohistochemistry Testing in Cancer
- Human Platelet and Red Blood Cell Antigen Genotyping

Guidelines with substantive changes, continued

- Pathology Testing with Mohs Micrographic Surgery
- Special Circumstances Influencing Coverage Determinations
- Urinary Tract Infection Molecular Testing
- Genetic Testing to Predict Disease Risk
- Whole Genome Sequencing
- Exome Sequencing

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. Laboratory Management)
- 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., Laboratory Management (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](https://www.bluecrossmn.com/providers/medical-management/medical-and-behavioral-health-policies) 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.

Prime Therapeutics Management (UM) Program: Medical Drug Updates | P74-24

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.

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 **February 1, 2025**.

| Drug Name | Code(s) | Line(s) of Business that will require Prior Authorization |
|-----------|--------------|---|
| Aucatzyl | J9999 | Commercial, Medicare and Medicaid |
| Enzeevu | J3590, C9399 | Commercial |

| Drug Name | Code(s) | Line(s) of Business that will require Prior Authorization |
|-------------|--------------|---|
| Imuldosa IV | J3590, C9399 | Commercial, Medicare and Medicaid |
| Imuldosa SC | J3590, C9399 | Commercial and Medicaid |
| Otulfu IV | J3590, C9399 | Commercial, Medicare and Medicaid |
| Otulfu SC | J3590, C9399 | Commercial and Medicaid |
| Pavblu | J3590, C9399 | Commercial |
| Selardsi IV | Q9998 | Commercial, Medicare and Medicaid |
| Vyloy | J9999 | 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 **February 1, 2025**.

| Drug Name | Code(s) | Line(s) of Business that have policy updates |
|-----------------|--------------|--|
| Abecma | Q2055 | Commercial and Medicaid |
| Abraxane | J9264 | Commercial and Medicaid |
| Actemra IV | J3262 | Commercial and Medicaid |
| Adcetris | J9042 | Commercial and Medicaid |
| Aduhelm | J0172 | Commercial and Medicaid |
| Adzynma | J7171 | Commercial and Medicaid |
| Ahzantive | J3590 | Commercial, Medicare and Medicaid |
| Aliqopa | J9057 | Commercial and Medicaid |
| Alymsys | Q5126 | Commercial and Medicaid |
| Aphexda | J2277 | Commercial and Medicaid |
| Avastin | J9035 | Commercial and Medicaid |
| Avsola | Q5121 | Commercial and Medicaid |
| Avzivi | J9999, C9399 | Commercial and Medicaid |
| Bavencio | J9023 | Commercial and Medicaid |
| Beovu | J0179 | Commercial, Medicare and Medicaid |
| Breyanzi | Q2054 | Commercial and Medicaid |
| Byooviz | Q5124 | Commercial, Medicare and Medicaid |
| Carvykti | Q2056 | Commercial and Medicaid |
| Cerezyme | J1786 | Commercial and Medicaid |
| Cimerli | Q5128 | Commercial, Medicare and Medicaid |
| Cimzia | J0717 | Commercial and Medicaid |
| Cinqair | J2786 | Commercial and Medicaid |
| Darzalex Faspro | J9144 | Commercial and Medicaid |
| Darzalex IV | J9145 | Commercial and Medicaid |
| ElELYso | J3060 | Commercial and Medicaid |
| Entyvio IV | J3380 | Commercial and Medicaid |
| Enzeevu | J3590 | Medicaid |
| Erbitux | J9055 | Commercial and Medicaid |
| Eylea | J0178 | Commercial, Medicare and Medicaid |
| Eylea HD | J0177 | Commercial, Medicare and Medicaid |
| Fasenra | J0517 | Commercial and Medicaid |
| Fyarro | J9331 | Commercial and Medicaid |
| Granix | J1447 | Commercial and Medicaid |
| Herceptin | J9355 | Commercial and Medicaid |

| Drug Name | Code(s) | Line(s) of Business that have policy updates |
|--|----------------|---|
| Hercessi | J9999 | Commercial and Medicaid |
| Herzuma | Q5113 | Commercial and Medicaid |
| Imfinzi | J9173 | Commercial and Medicaid |
| Imjudo | J9347 | Commercial and Medicaid |
| Inflectra | Q5103 | Commercial and Medicaid |
| Infliximab unbranded | J1745 | Commercial and Medicaid |
| Infugem | J9198 | Commercial and Medicaid |
| Istodax | J9319 | Commercial and Medicaid |
| Jemperli | J9272 | Commercial and Medicaid |
| Kanjinti | Q5117 | Commercial and Medicaid |
| Keytruda | J9271 | Commercial and Medicaid |
| Kimmtrak | J9274 | Commercial and Medicaid |
| Kisunla | J3590 | Commercial and Medicaid |
| Kymriah | Q2042 | Commercial and Medicaid |
| Leqembi | J0174 | Commercial and Medicaid |
| Libtayo | J9119 | Commercial and Medicaid |
| Loqtorzi | J3263 | Commercial and Medicaid |
| Lucentis | J2778 | Commercial, Medicare and Medicaid |
| Lymphir | J3590, C9399 | Commercial and Medicaid |
| Mozobil | J2562 | Commercial and Medicaid |
| Mvasi | Q5107 | Commercial and Medicaid |
| Mylotarg | J9203 | Commercial and Medicaid |
| Neupogen | J1442 | Commercial and Medicaid |
| Niktimvo | J3590, C9399 | Commercial and Medicaid |
| Nivestym | Q5110 | Commercial and Medicaid |
| Nucala | J2182 | Commercial and Medicaid |
| Nypozi | J3590 | Commercial and Medicaid |
| Ocrevus Zunovo | J3590, C9399 | Commercial and Medicaid |
| Ogivri | Q5114 | Commercial and Medicaid |
| Ontruzant | Q5112 | Commercial and Medicaid |
| Opdivo | J9299 | Commercial and Medicaid |
| Opuviz | J3590 | Commercial, Medicare and Medicaid |
| Paclitaxel albumin-bound (American Regent) | J9264 | Commercial and Medicaid |
| Paclitaxel albumin-bound (Teva) | J9264 | Commercial and Medicaid |
| Pavblu | J3590, C9399 | Medicare and Medicaid |
| Pemfexy | J9304 | Commercial and Medicaid |
| Pemrydi RTU (505b2) | J9324 | Commercial and Medicaid |
| Poteligeo | J9204 | Commercial and Medicaid |
| Pyzchiva IV | Q9997 | Commercial, Medicare and Medicaid |
| Pyzchiva SC | Q9996 | Commercial and Medicaid |
| Releuko | Q5125 | Commercial and Medicaid |
| Remicade | J1745 | Commercial and Medicaid |
| Renflexis | Q5104 | Commercial and Medicaid |
| Riabni | Q5123 | Commercial and Medicaid |
| Rituxan | J9312 | Commercial and Medicaid |
| Romidepsin | J9318 | Commercial and Medicaid |
| Rolvedon | J1449 | Medicare |

| Drug Name | Code(s) | Line(s) of Business that have policy updates |
|-------------------|--------------|--|
| Ruxience | Q5119 | Commercial and Medicaid |
| Rybrevant | J9061 | Commercial and Medicaid |
| Ryzneuta | J9361 | Medicare |
| Sarclisa | J9227 | Commercial and Medicaid |
| Selarsdi SC | Q9998 | Commercial and Medicaid |
| Simponi Aria | J1602 | Commercial and Medicaid |
| Skyrizi | J2327 | Commercial and Medicaid |
| Stelara IV | J3358 | Commercial, Medicare and Medicaid |
| Stelara SC | J3357 | Commercial and Medicaid |
| Susvimo | J2779 | Commercial, Medicare and Medicaid |
| Syfovre | J2781 | Commercial and Medicaid |
| Synagis | 90378, S9562 | Commercial and Medicaid |
| Tecartus | Q2053 | Commercial and Medicaid |
| Tecentriq | J9022 | Commercial and Medicaid |
| Tecentriq Hybreza | J9999 | Commercial and Medicaid |
| Tecelra | J9999 | Commercial and Medicaid |
| Tevimbra | J9329 | Commercial and Medicaid |
| Tezspire | J2356 | Commercial and Medicaid |
| Tofidence | Q5133 | Commercial and Medicaid |
| Trazimera | Q5116 | Commercial and Medicaid |
| Truxima | Q5115 | Commercial and Medicaid |
| Tremfya IV | J9999 | Commercial and Medicaid |
| Tyenne IV | Q5135 | Commercial and Medicaid |
| Vabysmo | J2777 | Commercial, Medicare and Medicaid |
| Vegzelma | Q5129 | Commercial and Medicaid |
| VPRIV | J3385 | Commercial and Medicaid |
| Vyepti | J3032 | Commercial and Medicaid |
| Wezlana IV | Q5138 | Commercial, Medicare and Medicaid |
| Wezlana SQ | Q5137 | Commercial and Medicaid |
| Xolair | J2357 | Commercial and Medicaid |
| Yervoy | J9228 | Commercial and Medicaid |
| Yesafili | J3590 | Commercial, Medicare and Medicaid |
| Yescarta | Q2041 | Commercial and Medicaid |
| Zarxio | Q5101 | Commercial and Medicaid |
| Zilretta | J3304 | Commercial and Medicaid |
| Zirabev | Q5118 | Commercial and Medicaid |

The following drug(s), which are currently on the drug list, have updates to Medical Pharmacy Policies for Post Service Claim edits effective **February 1, 2025**.

| Drug Name | Code(s) | Line(s) of Business that have policy updates |
|------------|----------------------------|--|
| Alimta | J9305 | Commercial, Medicare and Medicaid |
| Azedra | A9590 | Medicaid |
| Bortezomib | J9046, J9048, J9049, J9051 | Commercial, Medicare and Medicaid |
| Brineura | J0567 | Commercial, Medicare and Medicaid |
| Ixemptra | J9207 | Commercial, Medicare and Medicaid |
| Lanreotide | J1932 | Commercial, Medicare and Medicaid |

| Drug Name | Code(s) | Line(s) of Business that have policy updates |
|------------------|---|--|
| Lutathera | A9513 | Medicaid |
| Pemetrexed | J9294, J9305, J9322, J9297, J9296, J9294, J9296, J9314, J9323 | Commercial, Medicare and Medicaid |
| Signifor LAR | J2502 | Commercial, Medicare and Medicaid |
| Somatuline Depot | J1930 | Commercial, Medicare and Medicaid |
| Torisel | J9330 | Commercial, Medicare and Medicaid |
| Velcade | J9041 | Commercial, Medicare and Medicaid |
| Veopoz | J9376 | Commercial, Medicare and Medicaid |
| Xiaflex | J0775 | Commercial, Medicare and Medicaid |
| Xofigo | A9606 | Medicaid |
| Zevalin | A9543 | 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 Avality.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 Avality.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 Avality.com/Essentials. There is no cost to the provider.

Instructions on how to utilize this portal are found at Avality.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.