

PROVIDER BULLETIN

PROVIDER INFORMATION

March 1, 2022

Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements

Effective May 1, 2022, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be updating its government programs medical policy and preauthorization/precertification/notification lists. The lists clarify medical policy, prior authorization, and notification requirements for the Minnesota Health Care Programs (Families and Children, MinnesotaCare and Minnesota Senior Care Plus) and Minnesota Senior Health Options (MSHO) products.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive appropriate, quality care while also maintaining overall costs. The prior authorization process ensures that the health service or drug being proposed is medically necessary, and reflective of evidence-based medicine and industry standards, prior to treatment. This process helps us manage the cost and quality of care appropriately for our members.

The following **new** policies and/or prior authorization requirements **will be applicable** to subscriber claims on or after **May 1, 2022**.

Policy #	Policy Name	New Policy	Prior Authorization Required	
			Medicaid	MSHO
MED.00138	Wearable Devices for Stress Relief and Management	Yes	No	No
ING-CC-0204	Tivdak (tisotumab vedotin-tftv)	Yes	Yes	Yes
ING-CC-0195	Abecma (idecabtagene vicleucel)	Yes	Yes	Yes

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **May 1, 2022**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-MED-53	Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing	No	No
CG-MED-81	Ultrasound Ablation for Oncologic Indications	Yes	Yes
CG-OR-PR-05	Myoelectric Upper Extremity Prosthetic Devices	Yes	Yes
CG-SURG-78	Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies	Yes	Yes

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
CG-SURG-106	Venous Angioplasty with or without Stent Placement or Venous Stenting Alone	No	No
GENE.00049	Circulating Tumor DNA Panel Testing (Liquid Biopsy)	No	No
GENE.00052	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Yes	Yes
MED.00099	Navigational Bronchoscopy	No	No
SURG.00010	Treatments for Urinary Incontinence	Yes	Yes
SURG.00011	Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting	Yes	Yes
SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	Yes	Yes
SURG.00026	Deep Brain, Cortical, and Cerebellar Stimulation	Yes	Yes
SURG.00037	Treatment of Varicose Veins (Lower Extremities)	Yes	Yes
SURG.00097	Scoliosis Surgery	No	No
CG-GENE-13	Genetic Testing for Inherited Diseases	Yes	Yes
ING-CC-0148	Agents for Hemophilia B	Yes	Yes
ING-CC-0149	Select Clotting Agents for Bleeding Disorders	Yes	Yes
ING-CC-0065	Agents for Hemophilia A and von Willebrand Disease	Yes	Yes
ING-CC-0168	Tecartus (brexucabtagene autoleucel)	Yes	Yes
ING-CC-0102	GnRH Analogs for Oncologic Indications	Yes	Yes
ING-CC-0001	Erythropoiesis Stimulating Agents	Yes	Yes
ING-CC-0170	Uplizna (inebilizumab-cdon)	Yes	Yes
ING-CC-0003	Immunoglobulins	Yes	Yes
ING-CC-0075	Rituximab Agents for Non-Oncologic Indications	Yes	Yes
ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Yes	Yes
ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Yes	Yes
ING-CC-0061	GnRH Analogs for the Treatment of Non-Oncologic Indications	Yes	Yes
ING-CC-0106	Erbitux (cetuximab)	Yes	Yes
ING-CC-0105	Vectibix (panitumumab)	Yes	Yes

The following policies and/or prior authorization requirements will be archived and **will not be applicable** under the medical benefit plan to subscriber claims on or after **May 1, 2022**.

Policy #	Policy Name	Prior Authorization Required	
		Medicaid	MSHO
MED.00085	Antineoplaston Therapy	No	No
CG-MED-32	Ancillary Services for Pregnancy Complications	No	No
CG-MED-77	SPECT/CT Fusion Imaging	Yes	Yes
CG-MED-87	Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications	Yes	Yes
GENE.00036	Genetic Testing for Hereditary Pancreatitis	Yes	Yes
GENE.00047	Methylenetetrahydrofolate Reductase Mutation Testing	No	No
MED.00095	Anterior Segment Optical Coherence Tomography	No	No
MED.00117	Autologous Cell Therapy for the Treatment of Damaged Myocardium	Yes	Yes

Medical prior authorization (pa) update

Blue Cross recently identified that certain codes should not have required a PA for medical services. The codes listed below have been removed from requiring PA effective **January 1, 2022**.

An update to the system is in progress.

CPT code	Code Description
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg
Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg

Where do I find the current government programs precertification/preauthorization/notification list?

- Go to <https://provider.publicprograms.bluecrossmn.com/minnesota-provider/resources/prior-authorization>
- Or go to <https://www.bluecrossmn.com/providers>
- Under *Tools & Resources*, select **Minnesota Health Care Programs site**
- Under *Resources*, select **Prior Authorization Requirements** and scroll down to **Related Information** to select **Prior Authorization Grid**

Where do I find the current government programs *Medical Policy Grid*?

- Go to <https://provider.publicprograms.bluecrossmn.com/minnesota-provider/resources/provider-manuals-and-guides>
- Select *Medical Policies and UM Guidelines* or

- Go to <https://www.bluecrossmn.com/providers>
- Under *Tools & Resources*, select Minnesota Health Care Programs site
- Under *Resources*, select **Manuals and Guides**
- Select **Medical Policies and UM Guidelines**

Where can I access medical policies?

- **MN DHS (MHCP) Policies:**
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionS electionMethod=LatestReleased&dDocName=dhs16_157386
- **Blue Cross Policies:**
<https://www.bluecrossmn.com/providers/medical-policy-and-utilization-management>
- **Amerigroup Policies:**
<https://provider.publicprograms.bluecrossmn.com/minnesota-provider/medical-policies-and-clinical-guidelines>
And
<https://www.anthem.com/pharmacyinformation/clinicalcriteria>

Please note that the Precertification Look-Up Tool (PLUTO) is not available for prior authorization look up.

Questions?

If you have questions, please contact provider services at **1-866-518-8448**.