

PROVIDER BULLETIN

PROVIDER INFORMATION



January 2, 2023

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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 (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://npes.cms.hhs.gov/webhelp/npeshelp/HOME%20PAGE-SIGN%20IN%20PAGE.html>

Questions?

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

CONTRACT UPDATES

Inflation Reduction Act (IRA) of 2022 | P1-23

The Inflation Reduction Act of 2022, signed into law on August 16, 2022, is set to lower the cost of prescription drugs for millions of Medicare beneficiaries. Under the new law, the U.S. government is now able to negotiate prices on the costliest prescription drugs, cap costs at \$2,000 per year for people on Medicare, limit the monthly cost of insulin to \$35/month for seniors, and extend subsidies for people buying their own health coverage through the Affordable Care Act. The law also provides free vaccines for seniors.

Capped Insulin Product Cost Sharing

According to the new law, formulary-covered insulin is capped at \$35/month for Medicare beneficiaries that have a Prescription Drug Plan (PDP) or a plan that includes Part D for 2023 and 2024. The IRA proposes additional future changes for 2025 not addressed at this time.

Beginning January 1, 2023, insulin products covered under Part D will be limited to a copay of \$35 for a month's supply. Beginning July 1, 2023, insulin products covered under Part B Durable Medical Equipment (DME) benefits will also be limited to a copay of \$35 for a month's supply. Starting in plan year 2023, covered insulin products will not be subject to plan deductibles.

Members must be enrolled in a Medicare Advantage or Cost plan with Part D coverage or a standalone Medicare Part D plan and have an active prescription for insulin to be eligible for \$35/month insulin.

The cost share is capped at \$35 per 31-day supply of each insulin medication. The cost share is not prorated for less than a one-month supply. The cost share is the plan's cost share if less than \$35 or \$35. CMS has

confirmed that for extended-day supplies (i.e., more than a one-month supply), cost sharing must not exceed \$70 for up to a two-month supply or \$105 for up to a three-month supply per insulin.

The Center for Medicare and Medicaid Services (CMS) has confirmed that the \$35 monthly cap applies to coverage exception/transition insulins. Insulin administered via a pump, when covered under Part D, will be included in the IRA cap effective January 1, 2023. Insulin administered via a pump, when covered under Part B, will be included in the IRA cap effective July 1, 2023. For a list of all insulins included in the formulary-covered drugs, refer to the Insulin List attachment or check the formulary at [Medicines \(myprime.com\)](https://www.myprime.com).

Part D Vaccines

Blue Cross and Blue Shield of Minnesota (Blue Cross) will begin offering \$0 Part D immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) for its adult Medicare members. Members must be enrolled in a Medicare Advantage (MAPD) or Cost plans with Part D coverage on 1/1/2023.

Common Part D vaccines include Zoster (shingles), TDAP (tetanus, diphtheria, pertussis), Varicella (chicken pox), and Hepatitis B (for low-risk members).

Part D vaccines that *do not* meet criteria under the IRA include BCG Vaccine (Tuberculosis), Rotateq (Rotavirus) and Dengvaxia (Dengue). These will continue to be processed based on their formulary status. For complete coverage, check the formulary at [Medicines \(myprime.com\)](https://www.myprime.com).

Part D vaccines will continue to appear on Tier 3 at [Medicines \(myprime.com\)](https://www.myprime.com) for 2023, but will be covered with a \$0 copay and \$0 cost share regardless of diagnosis on the claim. Members receiving Part D vaccines at a clinic instead of a pharmacy must submit a Part D claim form to Prime for reimbursement.

Medicare products impacted

- Medicare Advantage plans w/Rx: Core, Comfort, and Choice
- Platinum Blue Cost w/Rx: Core, Choice and Complete
- MedicareBlue Rx stand-alone PDP plans: Select, Standard and Premier
- Medicare Advantage Complete will continue to have insulin at \$0 through the deductible, initial coverage, and gap stages.
- Group Medicare Advantage (Employee Group Waiver Plans (EGWP))

Questions?

If you have questions for a member enrolled in a Minnesota Health Care Programs (MHCP) plan, please contact provider services at **1-866-518-8448**. For all other questions, contact provider services at **(651) 662-5200** or **1-800-262-0820**.

MinnesotaCare Tax Change Effective January 1, 2023 | P4-23

The Minnesota Department of Revenue has recently published a change to the MinnesotaCare Tax Law for provider tax. The tax rate will be reduced from 1.8% to 1.6% of gross revenue beginning January 1, 2023.

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is working to configure the adjustment to operating systems to accommodate for this change.

For additional information please refer to Chapter 9 of the [Blue Cross and Blue Shield of Minnesota Provider Policy & Procedure Manual](#).

Questions?

If you have questions for a member enrolled in a Minnesota Health Care Programs (MHCP) plan, please contact provider services at **1-866-518-8448**. For all other questions, contact provider services at **(651) 662-5200** or **1-800-262-0820**.

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs (MHCP) & Minnesota Senior Health Options (MSHO) Prior Authorization & Medical Policy Requirements (P2-23)

Effective March 1, 2023, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be updating its government programs *Medical Policy* and pre-authorization/pre-certification/notification lists. The lists clarify *Medical Policy*, prior authorization, and notification requirements for MHCP (Families and Children, MinnesotaCare, and Minnesota Senior Care Plus) and 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 March 1, 2023.

Policy #	Policy name	New policy	Prior authorization required	
			MHCP	MSHO
MHCP	Skyrizi (risankizumab-rzaa) (Intravenous only)	No	Yes	Yes

The following policies have transitioned to new policy numbers, with changes in *Clinical Criteria*, and **will be applicable** to subscriber claims on or after March 1, 2023.

New policy #	Prior policy #	Policy name	Prior authorization required	
			MHCP	MSHO
MHCP	ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Inhibitors (Beovu, Byooviz, Cimerli, Eylea, and Lucentis only)	Yes	Yes

The following policies have changes in *Clinical Criteria* and **will be applicable** to subscriber claims on or after March 1, 2023.

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
ING-CC-0018	Agents for Pompe Disease (Lumizyme, Nexviazyme)	Yes	Yes
ING-CC-0017	Xiaflex (collagenase clostridium histolyticum)	Yes	Yes

ING-CC-0025	Aldurazyme (laronidase)	Yes	Yes
ING-CC-0175	Proleukin (aldesleukin)	Yes	Yes
ING-CC-0182	Iron Agents (Feraheme, Injectafer, Monoferric) (Medicaid only)	Yes	Yes
ING-CC-0130	Imfinzi (durvalumab)	Yes	Yes
ING-CC-0097	Vidaza (azacitidine)	Yes	Yes
ING-CC-0002	Colony Stimulating Factor Agents	Yes	Yes
ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications (Alymsys, Avastin, Mvasi, Zirabev)	Yes	Yes

Where do I find the current government programs *Precertification/Preauthorization/Notification List*?

- Go to https://provider.publicprograms.bluecrossmn.com/docs/inline/MNMN_CAID_PriorAuthorizationList.pdf?v=202203311948 or
- Go to bluecrossmn.com/providers > Tools & Resources > Minnesota Health Care Programs site > Prior Authorization > *Prior Authorization List*.

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

- Go to https://provider.publicprograms.bluecrossmn.com/docs/gpp/MNMN_CAID_MedicalPolicyGrid.pdf?v=202203311949 or
- Go to bluecrossmn.com/providers > Tools & Resources > Minnesota Health Care Programs site > Resources > Manuals and Guidelines > Medical Policies and Clinical UM Guidelines > *Medical Policy Grid*.

Where can I access *Medical Policies*?

- MN DHS (MHCP) policies: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=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** is not available for prior authorization look up.

Questions?

If you have questions, please contact Blue Cross Provider Services at **1-866-518-8448**.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) effective January 1, 2023 | P5-23

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross), in collaboration with the Minnesota Department of Human Services (DHS), is implementing a new SUD screening called **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** effective January 1, 2023.

SBIRT is an early intervention approach used to identify members with substance use disorders as well as those who are at risk of developing these disorders. SBIRT is used to reduce and prevent substance use disorder through the use of screening tools, brief interventions, and, if needed, a referral to treatment.

Clinics performing SBIRT assessments are required to utilize valid and reliable tools and resources to provide immediate treatment options, which may include pharmacotherapy options and/or referral to specialized treatment. Recommended tools include:

- ASSIST (Alcohol, Smoking, and Substance Involvement Screening Test)
- AUDIT (Alcohol Use Disorders Identification Test)
- AUDIT-C
- CAGE (Cut Down, Annoyed, Guilty, Eye-opener)
- CRAFFT (Car, Relax, Alone, Forget, Family or Friends, Trouble)
- DAST (Drug Abuse Screening Test)
- DAST-A
- MAST (Michigan Alcohol Screening Test)
- NIDA Drug Use Screening Tool
- POSIT (Problem-Oriented Screening Instrument for Teenagers)
- TWEAK (Tolerance, Worried, Eye-openers, Amnesia, Cut Down (K))

The SBIRT Screening/Assessment codes are as follows:

Procedure Code	Brief Description	Unit
G2011	Alcohol and/or substance abuse screening and brief intervention	5-14 mins
G0396	Alcohol and/or substance abuse screening and brief intervention	15-30 mins
G0397	Alcohol and/or substance abuse screening and brief intervention	Greater than 30 mins

Upon completion of the SBIRT assessment, eligible members may receive six hours of SUD services without a comprehensive assessment, depending on the results of the screening.

The six hours of SUD services include:

- 4 hours of individual or group treatment; and
- 2 hours of treatment coordination or peer support

The six hours of SUD services must be completed within 90 days of the SBIRT or the services will deny as not covered. Providers may repeat the SBIRT once the member has exhausted their SUD services benefit. Each time that a provider completes the SBIRT, the benefit renews for an additional six hours for eligible members as described above.

SUD Billing Codes

Service	Procedure Code/Modifiers	Required SBIRT Modifier
Individual Treatment	H2035	U1
Group Treatment	H2035 HQ	U1
Treatment Coordination	T1016 U8 HN	U1
Peer Support	H0038 U8	U1

Products Impacted

- Blue Advantage Prepaid Medical Assistance Program (PMAP)
- Minnesota Senior Care Plus (MSC+)
- MinnesotaCare
- SecureBlue (MSHO)

Questions?

Please contact provider services at **1-866-518-8448**.

Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans managed by Blue Cross and Blue Shield of Alabama | P3-23

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. At the conclusion of the 45 days, policies will go into effect. 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/portal/web/mn-policies/feedback)

Policy #	Policy Title
MP-215	Amino Acid-Based Elemental Formulas
MP-681	Biofeedback

Draft Provider-Administered Drug Policies

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

Policy #	Policy Title
PH-403	Immunoglobulin Therapy
PH-90677	Skysona® (elivaldogene autotemcel)
PH-90674	Spevigo® (spesolimab)
PH-90673	Xenpozyme™ (olipudase alfa)
PH-90018	Berinert® (C1 Esterase Inhibitor, Human)
PH-90028	Cimzia® (certolizumab pegol)
PH-90347	Fasenra® (benralizumab)
PH-90260	Nucala® (mepolizumab)
PH-90207	Ruconest® (C1 Esterase Inhibitor [recombinant])
PH-90146	Xolair® (omalizumab)
PH-90002	Actemra® (tocilizumab)
PH-90497	Beovu® (brolocizumab-dbll)
PH-90273	Cinqair® (reslizumab)
PH-90660	Enjaymo™ (sutimlimab-jome)
PH-90026	Eylea® (aflibercept)

PH-90061	Hyaluronic Acid Derivatives: Durolane®, Euflexxa™, Gel-One®, GelSyn-3™, GenVisc 850®, Hyalgan™, Hymovis®, Monovisc®, Orthovisc™, Supartz/Supartz FX™, Synvisc™, Synvisc-One™, Triluron™, TriVisc™, VISCO-3™, & sodium hyaluronate 1%
PH-90104	Infliximab: Remicade®; Inflectra™; Renflexis™; Avsola™, Infliximab*
PH-90167	Kalbitor® (ecallantide)
PH-90223	Lemtrada® (alemtuzumab)
PH-90080	Leuprolide Suspension: Lupron Depot®, Lupron Depot-Ped®, Eligard®, Fensolvi®, Camcevi™
PH-90081	Macugen® (pegaptanib)
PH-90298	Ocrevus™ (ocrelizumab)
PH-90176	Simponi Aria® (golimumab)
PH-90634	Susvimo™ (ranibizumab)
PH-90131	Trelstar® (triptorelin)