

Blue Cross and Blue Shield of Minnesota Minnesota Senior Health Options (MSHO) Prior Authorization and Notification Requirements

Overview

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has a prior authorization process for various services, procedures, prescription drugs, and medical devices. The lists clarify medical policy, prior authorization, and notification requirements for the **Minnesota Senior Health Options (MSHO)** plan.

The full list of services, procedures, prescription drugs, and medical devices that require prior authorization can be found at the end of this document. The precertification process determines whether medical necessity exists based on *Clinical Criteria* and is not a reflection of a member's benefits or eligibility. Benefits and eligibility must be verified each time a member seeks services.

Submitting Notification

Pre-Admission notification is required for all medical and behavioral health admissions.

- Starting 1/1/2024 the acute medical and behavioral health acute admission notification and discharge requirements will become automated for MN providers (including bordering counties) that are participating in the MN Encounter Alert Service (MN EAS) service.
- **For providers that are not participating** with MN EAS, admission and discharge notification is required and can be completed through the **Availity Essentials** portal at [availity.com/essentials](https://www.availity.com/essentials)
- **Post-acute facilities that require precertification**, the provider can complete the precertification and concurrent review processes (including medical record submission) through the **Availity Essentials** Portal.
- **All admissions to a non-participating facility require a prior authorization**

Submitting Prior Authorizations

The Prior Authorization Look Up Tool is available on the Blue Cross website under Medical Management:

[Prior Authorization Lookup Tool | Blue Cross MN](#)

Providers can quickly determine if a service or item requires prior authorization from the health plan before care is provided by entering the member group number, date of service and procedure code. The PA Look Up tool response also includes details related to the medical policy or evidence-based criteria that may apply and any special instructions related to the prior authorization process.

MCG Care Guidelines

Blue Cross licenses and utilizes MCG Care Guidelines to guide utilization management decisions and has the right to customize MCG Care Guidelines, as applicable. MCG Care Guidelines criteria are available upon request.

Accessing the *Medical Policies*:

- [Centers for Medicare & Medicaid Services, Medicare Coverage Database](#)
- [Minnesota Department of Human Services — Minnesota Health Care Program \(MHCP\) Provider Manual](#)
- Substance Use Disorder (SUD) Services, American Society of Addiction Medicine (ASAM)
- [Blue Cross Prior Authorization](#)
 - [Medical Policies](#)
 - Enter a specific medical policy name or part of a policy, word, or phrase into the search bar to search.
 - [Clinical Criteria Pharmacy Policies](#)

Prior Authorization and Notification List

All services are subject to the member's benefits and medical necessity guidelines. Blue Cross may request a medical necessity review of a service even if precertification or PA is not required. Guidelines applied are based upon the member's product.

Retrospective PA Requests

Retrospective clinical review will be considered by Blue Cross **prior** to the claim being submitted in consideration of scenarios that make obtaining an approval prior to rendering the service difficult, such as after-hours urgent situations.

The following codes are included for informational purposes only and are subject to change without notice.
 Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

Blue Cross and Blue Shield of Minnesota and Blue Plus MSHO - Prior Authorization and Notification List		
Criteria	Service Category	CPT/HCPCS Codes
Notification Only		
Acute Medical and Acute Behavioral Health Inpatient Admissions		<p>Participating Provider responsibility:</p> <ul style="list-style-type: none"> • Admission notification is required for all Medical and Behavioral Health admissions • Non-Participating Providers must submit a Prior Authorization for all inpatient admissions. <p>Blue Cross responsibility:</p> <ul style="list-style-type: none"> • Utilization department may contact providers for select continued stay reviews and discharge planning
Ancillary Services		
Medicare	Non-Emergent Air Ambulance	A0430, A0431, A0435, A0436
Inpatient Subacute Facilities		
MCG	Inpatient Rehabilitation	No specific codes
MCG	Long Term Acute Care (LTAC)	No specific codes
Medicare	Skilled Nursing Facility Services (SNF) - Medicare Eligible Skilled Care Only	No specific codes
MCG	Mental Health Residential Services, Eating Disorder Residential Services	H0019
ASAM	Substance Use Disorder Residential Services	Residential 5-digit Value Codes for Billing Direct Access
Durable Medical Equipment		

MHCP	Cochlear Implants	L8614, L8619, L8627, L8691
MHCP, Medicare	Power Wheelchairs	E1230, E1239, K0013, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
MHCP	Unlisted DME if billed amount per item is over \$1500	E1399, K0108, K0669
Genetic Testing		
VI-16	Genetic Testing for Hereditary Breast and Ovarian Cancer	0102U, 0103U, 0129U, 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 81307, 81308, 81432, 81433, 81479
MHCP	Gene Expression Profiling for Managing Breast Cancer Treatment	81518, 81599, 84999
Home Health Care		
MCG	Home Care Nursing (HCN) — Private Duty Nursing	T1002, T1003
MHCP	Home Health Care (skilled nursing visit and home health aide) MSHO and MSC+ members: Precertification/PA is not required for Medicare PPS episodes. Home care agencies should coordinate visits and need for PA with the member's care coordinator. All home care requests must come from the care coordinator.	T1021, T1030, T1031

MHCP	<p>Personal Care Assistant (PCA)</p> <p>MSHO and MSC+ members: PCA agencies should coordinate visits and need for PA with the member's care coordinator. All PCA requests must come from the care coordinator.</p>	T1019
<i>Housing Stabilization (PA obtained through DHS)</i>		
MHCP	Housing Consultation, Sustaining and Transitioning	T2024 (U8), H2015 (U8/TS)
MHCP	Moving Expenses for Housing Stabilization	T2038 (UA)
<i>Medical</i>		
II-144	Cellular Immunotherapy for Prostate Cancer	Q2043
<i>Surgical</i>		
IV-145	Amniotic Membrane and Amniotic Fluid	<p>A4100, Q4100, Q4132, Q4133, Q4137, Q4138, Q4139, Q4140, Q4145, Q4148, Q4150, Q4151, Q4153, Q4154, Q4155, Q4156, Q4157, Q4159, Q4160, Q4162, Q4163, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4178, Q4180, Q4181, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4194, Q4198, Q4199, Q4201, Q4204, Q4205, Q4206, Q4208, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4221, Q4224, Q4225, Q4227, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264, V2790, 20550, 20999, 65778, 65779, 65780, 96372, Q4209, Q4210, Q4211, Q4212, Q4213</p>
IV-01	Balloon Ostial Dilation	31295, 31296, 31297, 31298, 31299

Medicare, IV-19	Bariatric Surgery: All types including revisions	43644, 43645, 43774, 43775, 43848, 43290, 43291, 43659, 43770, 43771, 43772, 43773, 43774, 43842, 43843, 43845, 43846, 43847, 43860, 43865, 43886, 43887, 43888, 43999
IV-137	Bioengineered Skin & Soft Tissue Substitutes	A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2017, A2018, A4100, C1763, C1832, C9354, C9356, C9358, C9360, C9363, C9364, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4134, Q4135, Q4136, Q4141, Q4142, Q4143, Q4146, Q4147, Q4149, Q4152, Q4158, Q4164, Q4165, Q4166, Q4167, Q4179, Q4182, Q4195, Q4196, Q4197, Q4200, Q4202, Q4203, Q4220, Q4222, Q4226, Q4238, 15150, 15151, 15152, 15155, 15156, 15157, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 15777, C5271, C5272, C5273, C5274, C5275, C5276, C5277, C5278
Medicare	Blepharoplasty and Brow Ptosis Repair	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908
Medicare, IV-14	Breast Implant, Removal or Replacement (No PA required for breast reduction due to breast cancer)	19328, 19330, 11970, 19325, 19340, 19342, 19396, C1789, L8600
Medicare	Reduction Mammoplasty	19316, 19318
Medicare	Deep Brain Stimulation for Essential Tremor and Parkinson's Disease	61885, 61886, 61888
Medicare	Extracorporeal Photopheresis	36522
IV-123	Gender Affirming Procedures	55970, 55980, 56805, 57291, 57292, 57335
IV-71	Gynecomastia Surgery	19300

Medicare	Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea	64582, 64583
IV-82	Liposuction	15876, 15877, 15878, 15879
Medicare	Mastopexy	19316
IV-24	Panniculectomy/Excision of Redundant Skin or Tissue	15819, 15825, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15830, 15839, 15847, 56620, 56625
Medicare, IV-166	Penile Prosthesis Implantation	C1813, C2622, 54400, 54405, 54410, 54416
Medicare	Percutaneous Left Atrial Appendage Closure (LAAC)	33340
Medicare	Prostate Rectal Spacers	55874
Medicare, II-192	Plasma Exchange	36514
IV-73	Rhinoplasty, Septorhinoplasty, and Septoplasty	30400, 30410, 30420, 30430, 30435, 30450
MCG	Spine – Cervical Fusion	22548, 22551, 22552, 22554, 22585, 22590, 22595, 22600, 22614
MCG	Spine – Lumbar Fusion	22533 22534, 22558, 22585, 22612, 22630, 22632, 22633, 22634
IV-158	Surgical Treatments of Lymphedema	38308, 38999
Medicare	Transcatheter Aortic Valve Implantation/Replacement (TAVI/TAVR) for Aortic Stenosis	33361, 33362, 33363, 33364, 33365, 33366
Medicare	Transcatheter Mitral Valve Repair (TMVR)	0345T, 33418, 33419
Medicare	Vein Treatment: Endoluminal Ablation Therapy, Spider Vein Treatment & Sclerotherapy	36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780
Transplant		
MHCP	Pancreas Transplantation and Pancreas Kidney Transplantation	48550, 48551, 48552, 48554, 48556, 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50547
MHCP	Small Bowel, Small Bowel/Liver and Multivisceral Transplantation	44132, 44133, 44135, 44136, 44715, 44720, 44721, 47143, 47144, 47145, 47146, 47147, 48551, 48552
MHCP	Heart Transplant	33940, 33944, 33945
MHCP	Heart/Lung Transplant	33930, 33933, 33935

MHCP	Hematopoietic Stem Cell Transplant	38205, 38206, 38210, 38211, 38212, 38213, 38214, 38215, 38230, 38232, 38240, 38241, 38243
MHCP	Intestinal Transplant	44132, 44133, 44135, 44136, 44715, 44720, 44721
MHCP	Liver Transplant	47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147
MHCP	Lung Transplant	32850, 32851, 32852, 32853, 32854, 32855, 32856
MHCP	Pancreatic Islet Cell Transplant	48160, G0341, G0342, G0343
<i>Drugs and Injectables Under the Medical Benefit</i>		
Medicare	Abecma (idecabtagene vicleucel)	Q2055
II-181	Actemra (tocilizumab): Non-oncologic indications only	J3262
II-227	Adagen (Pegademase bovine)	J2504, C9399, J3590
II-235	Adakveo (crizanlizumab)	J0791
Medicare	Aduhelm (aducanumab)	J0172
Medicare	Adstiladrin (Nadofaragene Firadenovec)	C9399, J3490, J3590
Medicare	Agents for Pompe Disease (Nexviazyme)	J0219
II-186	Agents for Pompe Disease (Lumizyme)	J0221
II-216	Aldurazyme (laronidase)	J1931
Medicare	Amvuttra (vutrisiran)	J0225
Medicare	Alpha-1 Proteinase Inhibitor Therapy	J0256, J0257
Medicare	Amondys 45 (casimersen)	J1426
Medicare	Aphexda™ (Motixafortide)	C9399, J3490, J3590
Medicare	Aranesp (Darbepoetin alfa)	J0882
II-152	Benlysta (belimumab)	J0490
II-102	Berinert (C1 Esterase Inhibitor (Human))	J0597
Medicare	Beovu - Selective Vascular Endothelial Growth Factor (VEGF) Inhibitors	J0179

Medicare	Botox (onabotulinumtoxinA)	J0585
Medicare	Breyanzi (lisocabtagene maraleucel)	Q2054
II-176	Brineura (cerliponase alfa)	J0567
Medicare	Briumvi (Ublituximab)	C9399, J3490, J3590
Medicare	Byooviz - Selective Vascular Endothelial Growth Factor (VEGF) Inhibitors	Q5124
Medicare, II-229, II-247	<p>C5 Inhibitors and Neonatal Fc receptor blocker (gMG only):</p> <ul style="list-style-type: none"> • Eculizumab (Soliris®): J1300 • Ravulizumab (Ultomiris™): J1303 • Efgartigimod alfa (Vyvgart™): J9332 • Rozanolixizumab (Rystiggo): J9333 • Efgartigimod alfa and hyaluronidase (Vyvgart Hytrulo®): J9334 <p>Note: Preferred drugs are Ravulizumab (Ultomiris™), Efgartigimod alfa (Vyvgart™), Rozanolixizumab (Rystiggo) & Efgartigimod alfa and hyaluronidase (Vyvgart Hytrulo®).</p> <p>See the Medicare Advantage (PPO) Part B Step Therapy Program – Preferred Drug List for guidelines.</p>	J1300, J1303, J9332, J9333, J9334
Medicare	Carvykti (ciltacabtagene autoleucel)	Q2056
Medicare	Casgevvy (Exagamglogene autotemcel)	C9399, J3490, J3590
Medicare	Cimerli - Selective Vascular Endothelial Growth Factor (VEGF) Inhibitors	Q5128
II-179	Cimzia (certolizumab pegol) (when drug administered under the direct supervision of a physician, not when drug is self-administered)	J0717

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II-202	Cinqair (reslizumab)	J2786
II-102	Cinryze (C-1 esterase inhibitor (human))	J0598
II-212	Crysvita (burosumab-twza)	J0584
Medicare	Daxxify (DaxibotulinumtoxinA-lamn)	C9160, J3490, J3590
Medicare	Dysport (abobotulinumtoxinA)	J0586
II-215	Elaprase (idurasufase)	J1743
Medicare	Elevidys (Delandistrogene moxeparvovec)	C9399, J3490, J3590
Medicare	Elfabrio (pegunigalsidase alfa-iwxj)	C9399, J3490, J3590
Medicare	Enjaymo (sutimlimab-jome)	J1302
II-182	Entyvio (vedolizumab)	J3380
Medicare	Enzyme Replacement Therapy for Gaucher Disease: Cerezyme (Iimiglucerase), Elelyso (Taliglucerase alfa), Vpriv (Velaglucerase alfa)	J1786, J3060, J3385
II-236	Evenity (romosozumab-aqqg)	J3111
II-250	Evkeeza (evinacumab)	J1305
Medicare	Exondys 51 (eteplirsen)	J1428
Medicare	Eyelea - Selective Vascular Endothelial Growth Factor (VEGF) Inhibitors	J0178
II-26	Fabrazyme (agalsidase beta)	J0180
II-203	Fasenra (Benralizumab)	J0517
II-204	Gamifant (emapalumab-lzsg)	J9210
Medicare	Gene Therapy for Hemophilia (Hemgenix)	J1411
II-234	Givlaari (givosiran)	J0223
II-222	Ilumya (tildrakizumab)	J3245
Medicare	Immunoglobulins	J1459, J1554, J1556, J1557, J1561, J1566, J1568, J1569, J1572, J1573, J1576, J1599, J2791
Medicare	Infliximab (Remicade®, Inflectra®, Renflexis®, Ixifi®, Avsola™, Zymfentra™, Unbranded Infliximab)	C9399, J1745, J3490, J3590, Q5103, Q5104, Q5109 Q5121

Medicare	Intra-articular Hyaluronan Injections for Osteoarthritis	J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7331, J7332
II-102	Kalbitor (ecallantide)	J1290
II-200	Kanuma (sebelipase alfa)	J2840
II-147	Krystexxa (pegloticase)	J2507
Medicare	Kymriah (tisagenlecleucel)	Q2042
Medicare	Lamzede (Velmanase alfa)	C9399, J3490, J3590
II-184	Lemtrada (alemtuzumab)	J0202
Medicare	Leqembi (Lecanemab)	J0174
Medicare	Leqvio (inclisiran)	J1306
Medicare	Lucentis - Selective Vascular Endothelial Growth Factor (VEGF) Inhibitors	J2778
Medicare	Lyfgenia (Lovotibeglogene autotemcel)	C9399, J3490, J3590
II-219	Mepsevii (vestronidase alfa)	J3397
Medicare	Myobloc (rimabotulinumtoxinB)	J0587
II-217	Naglzyme (galsulfase)	J1458
II-211	Nplate (romiplostim)	J2796
II-201	Nucala (mepolizumab)	J2182
II-185	Ocrevus (ocrelizumab)	J2350
II-220	Onpattro (patisiran)	J0222
II-161	Orencia (abatacept)	J0129
II-248	Oxlumo (lumasiran)	J0224
Medicare	Qalsody (tofersen)	C9399, J3490, J3590
II-178	Radicava (edaravone)	J1301
II-237	Reblozyl (lispatercept)	J0896
Medicare	Revatio (sildenafil) injection	J3490
II-227	Revcovi (Elapegamase)	C9399, J3590

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Medicare	Rituximab Agents for Non-Oncologic Indications	J9312, Q5115, Q5119, Q5123
Medicare	Roctavian (valoctocogene roxaparvovec)	C9399, J3490, J3590
II-102	Ruconest (C1 esterase inhibitor (recombinant))	J0596
Medicare	Saphnelo (anifrolumab-fnia)	J0491
II-238	Scenesse (afamelanotide)	J7352
II-180	Simponi (golimumab)	J1602
Medicare	Skyrizi (risankizumab-rzaa) (Intravenous only)	J2327
Medicare	Spevigo (spesolimab-sbzo)	J1747
II-171	Spinraza (nusinersen)	J2326
II-226	Spravato (esketamine) Nasal Spray	S0013, C9399, J3490
II-168	Stelara (ustekinumab)	J3357, J3358
Medicare	Syfovre (Pegcetacoplan)	C9399, J3490, J3590
Medicare	Tecartus (brexucabtagene autoleucel)	Q2053
II-239	Tepezza (teprotumumab-trbw)	J3241
Medicare	Tezspire (tezepelumab-ekko)	J2356
II-49	Tysabri (natalizumab)	J2323
Medicare	Tzield (Teplizumab)	C9399, J3490, J3590
Medicare	Unclassified drugs	J3490, J3590, J9999, C9399
Medicare	Uplizna (inebilizumab)	J1823
Medicare	Uptravi (Selexipag)	C9399, J3490, J3590
Medicare	Viltepso (viltolarsen)	J1427
II-218	Vimizim (elosulfase alfa)	J1322
II-240	Vyepti (eptinezumab)	J3032
Medicare	Vyondys 53 (golodirsen)	J1429
Medicare	Xenpozyme (olipudase alfa)	J0218
Medicare	Xeomin (incobotulinumtoxinA)	J0588

II-145	Xiaflex (clostridial collagenase histolyticum)	J0775
Medicare	Xipere (triamcinolone acetonide) for Suprachoroidal Use	J3299
Medicare	Xolair (omalizumab)	J2357
Medicare	Yescarta (axicabtagene ciloleucel)	Q2041
II-199	Zinplava (bezlotoxumab)	J0565
II-230	Zolgensma (onasemnogene abeparvovec)	J3399
Medicare	Zynteglo (Betibeglogene autotemcel)	C9399, J3490, J3590