PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

May 1, 2024

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L08R04 (12/13)

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 2024 Practitioner Credentialing Requirements Delayed Indefinitely | P2R1-24

Revision: Blue Cross and Blue Shield of Minnesota will not be implementing new practitioner credentialing requirements at this time. These were initially communicated in Provider Bulletin P2-24, *New Practitioner Credentialing Requirements Beginning in 2024,* published on January 2, 2024. Providers will receive 90-day notice of the implementation date once it has been determined.

Below is the information that was previously published on January 2, 2024.

Blue Cross and Blue Shield of Minnesota (Blue Cross) is implementing new credentialing processes and requirements. Specifically, Blue Cross will begin a multi-year project to credential all licensed practitioners that do not exclusively practice in a credentialed facility, hospital, or other inpatient setting, according to the two schedules below.

SCHEDULE 1: Practitioners *already enrolled* with Blue Cross as Participating

Licensed Practitioners *that don't solely practice in a hospital, credentialed facility, or other inpatient setting*		
Practitioner Type	**Time period for requesting credentialing applications**	**Latest date for providers to submit requested credentialing applications**
Audiologists	April 2024	July 31, 2024
Speech Therapists	May 2024	August 31, 2024

Occupational Therapists	June and July 2024	October 31, 2024
Dietitians	August through October 2024	January 31, 2025
Pathologists	November 2024	February 28, 2025
Radiologists	December 2024 through February 2025	May 31, 2025
Anesthesiologists (including CRNAs)	March 2025 through June 2025	September 30, 2025

Providers should not submit a credentialing application until specifically requested by the Blue Cross Credentialing team.

Once credentialing is requested, Blue Cross will send up to three monthly reminders to providers that have not yet submitted the requested credentialing application(s).

SCHEDULE 2: Practitioners ***NOT already enrolled*** with Blue Cross as Participating

Licensed Practitioners *that don't solely practice in a hospital, credentialed facility, or other inpatient setting*		
Practitioner Type	**Time period for requesting credentialing applications**	**Latest date for providers to submit requested credentialing applications**
Audiologists	April 2024	N/A for initial credentialing *Please allow Blue Cross up to 45 calendar days for initial credentialing applications to be processed.*
Speech Therapists	May 2024	
Occupational Therapists	June 2024	
Dietitians	August 2024	
Pathologists	November 2024	
Radiologists	December 2024	
Anesthesiologists (including CRNAs)	March 2025	

Delegated Providers

The schedules above do not apply to credentialing delegates (i.e., providers that hold a delegated credentialing agreement with Blue Cross). Rather, Blue Cross will meet with delegates separately throughout 2025 to determine the delegate's current credentialing status for these practitioner types along with developing an agreed upon implementation schedule as applicable.

Questions?

Please contact Provider Services at **651-662-5200** or **1-800-262-0820**.

2024 Renewal Changes Summary for Suppliers of Durable Medical Equipment (DME) | P29-24

Blue Cross and Blue Shield of Minnesota (Blue Cross) is updating the 2024 Provider Service Agreement with Suppliers of Durable Medical Equipment (Agreement) as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. **No material changes have been made to the Agreement effective July 1, 2024, only the following clarification**. Additionally, no material changes have been made to the Medicare Amendment.

Provider Service Agreement Clarification:

Article IV.A. Provider Payment has been amended to provide additional clarity regarding current Blue Cross reimbursement for DME, to reflect that Minnesota Health Care Programs payment is the same as commercial payment. Article IV.A. of the Agreement is replaced with the following:

A. Payment Amount. Blue Cross shall ensure prompt payment directly to Provider for DME covered under the Subscriber Contract and prompt response to Provider's claims and inquiries. Clean claims that are correctly submitted with all required information shall be paid or denied within 30 calendar days of receipt by Blue Cross if applicable under 62Q.75. Payment to Provider for DME, **including any Minnesota Health Care Programs payment,** shall be the lesser of 90% of Provider's Regular Billed Charge or the Blue Cross fee schedule allowance, as determined by Blue Cross (including consideration of Provider's and/or Health Care Professional's license and training), minus Subscriber or other party liabilities (e.g., deductible, coinsurance, non-covered Health Services, and coordination of benefits with other health plans, employer liability plans, Workers' Compensation, or automobile insurance plans) (collectively, "Other Party Liabilities") and Provider agrees to accept such payment amount as payment in full.

If you would like to receive a comprehensive copy of the July 1, 2024 renewal Agreement, please email your request with Blue Shield ID, NPI and TIN to: Request.Contract.Renewal@bluecrossmn.com.

Disclosure of Ownership
A Disclosure of Ownership form must be submitted **once annually** to Blue Cross, per Minnesota Department of Human Services requirements. The form is located at https://www.bluecrossmn.com/providers/forms-and-publications (search and select the "Disclosure of Ownership and Management Information Form.") Email the completed form and any questions to: DisclosureStatement@bluecrossmn.com

Questions?
If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**.

2024 Renewal Changes Summary for Aware Professional Providers | P30-24

Blue Cross and Blue Shield of Minnesota (Blue Cross) is updating the 2024 Aware Provider Service Agreement (Agreement) as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. **No material changes to the Agreement have been made effective July 1, 2024.**

Provider Service Agreement Changes:

No material changes have been made to the Aware Provider Service Agreement.

No material changes have been made to the Medicare Amendment.

If you would like to receive a comprehensive copy of the July 1, 2024 renewal Agreement, please email your request with Blue Shield ID, NPI and TIN to: Request.Contract.Renewal@bluecrossmn.com. Blue Cross provides Agreements to individuals employed directly by a provider. Consultants working on behalf of a provider should request from the provider with whom they are working.

Disclosure of Ownership
A Disclosure of Ownership form must be submitted **once annually** to Blue Cross, per Minnesota Department of Human Services requirements. The form is located at https://www.bluecrossmn.com/providers/forms-and-publications (search and select "Disclosure of Ownership and Management Information Form."). Email the completed form and any questions to: DisclosureStatement@bluecrossmn.com

Questions?
If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**.

2024 Renewal Changes Summary for Blue Plus Referral Health Professional Providers | P31-24

Blue Cross and Blue Shield of Minnesota (Blue Cross) is updating the 2024 Blue Plus Referral Health Professional Provider Service Agreement (Agreement) as part of the annual renewal process. The Agreement is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. **No material changes have been made to the Agreement effective July 1, 2024.**

Provider Service Agreement Changes:

No material changes have been made to the Blue Plus Referral Health Professional Provider Service Agreement.

No material changes have been made to the Medicare Amendment.

If you would like to receive a comprehensive copy of the July 1, 2024 renewal Agreement, please email your request with Blue Shield ID, NPI and TIN to: Request.Contract.Renewal@bluecrossmn.com. Blue Cross provides Agreements to individuals employed directly by a provider. Consultants working on behalf of a provider should request from the provider with whom they are working.

Disclosure of Ownership
A Disclosure of Ownership form must be submitted **once annually** to Blue Cross, per Minnesota Department of Human Services requirements. The form is located at https://www.bluecrossmn.com/providers/forms-and-publications (search and select "Disclosure of Ownership and Management Information Form.") Email the completed form and any questions to: DisclosureStatement@bluecrossmn.com

Questions?
If you have any questions about the Agreement, please call Provider Services at **651-662-5200** or **1-800-262-0820**.

Updated Reimbursement Policies, Effective July 1, 2024 | P34-24

Effective July 1, 2024, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will publish the following updated reimbursement policies:

Policy #	Policy Title/Service
Commercial General Coding - 007	Telehealth and Virtual Care Services • The code list for this policy is being updated to align with the Centers for Medicare and Medicaid Services (CMS) and Current Procedural Terminology (CPT) code lists. Certain BCBSMN specific codes will be removed from the code list in the Appendix.
Commercial General Coding – 011	Urgent Care/After Hours Care/Extended Hours • Policy clarified to state that Blue Cross considers codes S9083 and S9088 to be informational only and not eligible for reimbursement.

Products Impacted

Commercial, Medicare Advantage

Questions?
For questions regarding MHCP subscribers, please contact MHCP Provider Services at **1-866-518-8448** or send an email to MHCPProviders@bluecrossmn.com. For all other lines of business, please contact Provider Services at **651-662-5200** or **1-800-262-0820**.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

eviCore Healthcare Specialty Utilization Management (UM) Program: Laboratory Management Clinical Guideline Updates | P28-24

eviCore has released clinical guideline updates for the Laboratory Management program. Guideline updates will become **effective July 1, 2024.**

Please review all guidelines when submitting a prior authorization request.

New Guidelines
- Cardiomyopathy and Arrhythmia Genetic Testing [New: MOL.TS.410.A]

Guidelines with substantive changes:
- Pharmacogenomic Testing for Drug Toxicity and Response
- Amyotrophic Lateral Sclerosis (ALS) Genetic Testing
- Chromosomal Microarray Testing for Developmental Disorders
- Prader-Willi Syndrome Testing
- Somatic Mutation Testing-Solid Tumors
- Gastrointestinal Pathogen Panel (GIPP) Molecular Testing
- Molecular Respiratory Infection Pathogen Panel (RIPP) Molecular Testing
- Whole Genome Sequencing
- Human Immunodeficiency Virus Laboratory Testing
- Investigational and Experimental Laboratory Testing

Retired Guidelines
- Somatic Mutation Testing - Hematological Malignancies
- Chromosomal Microarray for Prenatal Diagnosis
- Long QT Syndrome Genetic Testing
- Arrhythmogenic Right Ventricular Cardiomyopathy Genetic Testing
- Hypertrophic Cardiomyopathy Genetic Testing
- Dilated Cardiomyopathy Genetic Testing
- Brugada Syndrome Genetic Testing
- Genesight

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 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.

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eviCore Healthcare Specialty Utilization Management (UM) Program: Medical Oncology Drug Prior Authorization Updates | P32-24

The eviCore Healthcare Utilization Management Program will be making updates to the Medical Oncology Current Procedural Terminology (CPT) Prior Authorization (PA) Code List.

The following drug(s) have been added to the Medical Oncology program and will require prior authorization for oncologic reasons beginning **July 1, 2024.**

Drug Name	Code(s)
Cyclophosphamide – inj (ingenus)	J9073
Cyclophosphamide - inj (sandoz)	J9074
Cyclophosphamide Inj, not otherwise specified	J9075
Fosaprepitant (focinvez)	J1434
Melphalan (apotex)	J9249
Melphalan (hepzato)	J9248

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 **providers.bluecrossmn.com**

- 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 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.

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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.

Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans Managed by Blue Cross and Blue Shield of Alabama | P33-24

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-004	Minimally Invasive Approaches to Vertebral Fractures
MP-081	Allergy Immunotherapy
MP-513	Genetic Testing for Hereditary Breast and/or Ovarian Cancer
MP-527	Bio-Engineered Skin and Soft Tissue Substitutes
MP-597	Amniotic Membrane and Amniotic Fluid
MP-758	Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis

Draft Provider-Administered Drug Policies

Draft provider-administered drug policies can be found at Policies & Guidelines (exploremyplan.com) and Policies & Guidelines (exploremyplan.com)

Policy #	Policy Title
PH-90349	Hemophilia Products –Anti-Inhibitor Antibody: Hemlibra (emicizumab-kxwh)
PH-90696	Lamzede (velmanase-alfa-tycv)
PH-90183	Levoleucovorin: Fusilev; Khapzory
PH-90146	Xolair (omalizumab)
PH-90748	Amtagvi (lifileucel)

New Medical, Medical Drug and Behavioral Health Policy Management Updates, Effective July 1, 2024 | P35-24

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding utilization management requirements, including prior authorization (PA) requirements.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through expanded development of medical policies and through management of these policies to include the PA process. The primary purpose of the PA process is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

The following prior authorization changes will be effective July 1, 2024:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: • ADAMTS13, recombinant-krhn (Adzynma) • Atidarsagene autotemcel (Lenmeldy) • Crovalimab* • Fidanacogene eleparvovec (Beqvez) • Tislelizumab (Tevimbra)	No	New	Medicaid
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: • ADAMTS13, recombinant-krhn (Adzynma) • Tislelizumab (Tevimbra)	No	New	Commercial
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: • ADAMTS13, recombinant-krhn (Adzynma) • Atidarsagene autotemcel (Lenmeldy) • Crovalimab* • Fidanacogene eleparvovec (Beqvez) • Tislelizumab (Tevimbra)	No	New	Medicare Advantage MSHO
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: • Voretigene Neparvovec (Luxturna)	No	New	MSHO
IV-19 (remove MHCP)	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	No	No change	Medicaid
Medicare (remove MCG)	Inpatient Rehabilitation	No	No change	Medicaid MSHO

*PA will be required upon FDA approval.

Products Impacted

- The information in this bulletin applies only to subscribers who have coverage through Commercial, Medicare Advantage, or Minnesota Health Care Programs products including Families & Children, MinnesotaCare, MSC+ and MSHO.

Submitting a PA Request when Applicable

- **Providers may submit PA requests for any treatment in the above table starting June 27, 2024.**
- Providers must check applicable Blue Cross policy and attach all required clinical documentation with the PA request. PA requests will be reviewed when patient-specific, relevant medical documentation has been submitted supporting the medical necessity of the service. Failure to submit required information may result in review delays or a denial of the request due to insufficient information to support medical necessity. If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.

- PA approval will be based on the Blue Cross policy criteria. To review Blue Cross criteria:
  - Go to www.bluecrossmn.com/providers/medical-management
  - Select “See Medical and Behavioral Health Policies” then click “Search Medical and Behavioral Health Policies” to access policy criteria.
- Current and future PA requirements and related clinical coverage criteria can be found using *the Is Authorization Required* tool at www.availity.com/essentials or at www.bluecrossmn.com/providers/medical- management prior to submitting a PA request.
- Prior authorization lists are also updated to reflect additional PA requirements on the effective date of the management change and include applicable codes. To access the PDF prior authorization lists for all lines of business go to www.bluecrossmn.com/providers/medical-management

Prior Authorization Requests

- For information on how to submit a prior authorization please go to bluecrossmn.com/providers/medical-management
- 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.

Reminder Regarding Medical Policy Updates & Changes:
Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective at minimum 45 days from the date they were posted. To access the website:

- Go to https://www.bluecrossmn.com/providers/medical-management
- Select “See Medical and Behavioral Health Policies” then click “See Upcoming Medical and Behavioral Health Policy Notifications.”

Questions?
For questions regarding MHCP subscribers, please contact MHCP Provider Services at **1-866-518-8448** or send an email to MHCPProviders@bluecrossmn.com. For all other lines of business, please contact Provider Services at **651-662-5200** or **1-800-262-0820**.

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Anesthesia Calculation for Minnesota Health Care Programs | P36-24

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has identified a system limitation with anesthesia rounding. Anesthesia time will be calculated by truncating to the hundredths. Time Units equal the number of minutes from preparation of the patient to the time when the anesthetist is no longer in personal attendance or continues to be required. Time Units / 15 is truncated at two decimal places.

Products Impacted

- Families and Children
- MinnesotaCare (MNCare)
- Minnesota Senior Care Plus (MSC+)

Questions?
Please contact MHCP Provider Services at **1-866-518-8448**.

UTILIZATION MANAGEMENT UPDATES