



Musculoskeletal Care Management (MSK) Program Quick Reference Guide for Ordering Physicians/Surgeons

Effective May 1, 2016

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina¹ have entered into an agreement with Magellan Healthcare², to implement a MSK Program. Magellan is an independent company that provides utilization management services on behalf of BlueCross and BlueChoice HealthPlan. This program includes prior authorization for two components of non-emergent MSK: outpatient interventional spine pain management services; and inpatient and outpatient lumbar and cervical spine surgeries. This decision is consistent with industry-wide efforts to ensure clinically appropriate quality of care and to manage the increasing utilization of these services.

Prior Authorization Implementation Recommendations

As a provider of MSK services that require prior authorization, it is essential that you develop a process to ensure that the appropriate authorization number(s) has been obtained.

It is the responsibility of the ordering physician/surgeon and rendering facility to ensure that prior authorization was obtained, when necessary. Payment will be denied for procedures performed without a prior authorization, including the spine surgery hospital admission, and the member cannot be balance-billed for such procedures.

Procedures Requiring Prior Authorization

Outpatient and Inpatient Spine Surgery Services:

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy & Foraminotomy)
- Lumbar Spine Fusion (Arthrodesis) With or Without Decompression – Single & Multiple Levels
- Cervical Anterior Decompression with Fusion –Single & Multiple Levels
- Cervical Posterior Decompression with Fusion –Single & Multiple Levels
- Cervical Posterior Decompression (without fusion)
- Cervical Artificial Disc Replacement
- Cervical Anterior Decompression (without fusion)

*A separate prior authorization number is required for each procedure ordered.

Outpatient Interventional Pain Management Services*:

¹ BlueCross® BlueShield® of South Carolina and BlueChoice® HealthPlan of South Carolina are independent licensees of the Blue Cross and Blue Shield Association.

² National Imaging Associates, Inc. (NIA) is a subsidiary of Magellan Healthcare, Inc.

- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis)

Magellan Healthcare will manage non-emergent outpatient interventional MSK services, and inpatient and outpatient lumbar & cervical surgeries through the existing contractual relationships with BlueCross and BlueChoice®. If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact Magellan Healthcare immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is:

BlueCross BlueShield of South Carolina 866-500-7664

BlueChoice HealthPlan of South Carolina 888-642-9181

Please refer to Magellan Healthcare's website www.RadMD.com to obtain the BlueCross and BlueChoice/Magellan Healthcare Billable CPT® Codes Claim Resolution/Utilization Review Matrix for all of the CPT-4 codes that Magellan Healthcare authorizes on behalf of BlueCross and BlueChoice.

Prior Authorization Recommendations

To ensure that authorization numbers have been obtained, the following recommendations should be considered.

Interventional Pain:

- Interventional pain management procedures performed in the emergency room or on an inpatient basis do not require prior authorization through Magellan Healthcare.
- All outpatient interventional pain management services require a prior authorization through Magellan Healthcare for each procedure performed.
- It is the responsibility of the ordering physician to obtain authorization for all interventional MSK procedures outlined above. Failure to do so may result in non-payment of your claim.
- Authorizations are valid for 15 days from the date of service.

Outpatient and Inpatient Spine Surgeries:

- Emergency spine surgery (admitted via the Emergency Room) does not require prior authorization through Magellan Healthcare.
- Non-emergent outpatient and inpatient lumbar & cervical spine surgery services require prior authorization through Magellan Healthcare.
- The ordering physician/surgeon must obtain prior authorization with Magellan Healthcare prior to performing the above procedures.
- Magellan Healthcare's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed. Magellan Healthcare will provide BlueCross and BlueChoice with the surgery type requested and authorization determination.

- Authorizations are valid for 15 days from the date of service for outpatient surgeries and 3 days from the date of service for inpatient surgeries.

Checking Authorizations

You can check on the status of patients' authorizations quickly and easily by going to the Magellan Healthcare website, www.RadMD.com . After obtaining a secure password sign-in to select, the **My Exam Requests** tab to **view all** outstanding authorizations.

Submitting Claims

Claims will continue to go directly to BlueCross and BlueChoice. Please send your claims for the procedures to the following address:

BlueCross BlueShield of South Carolina
Columbia Service Center
P.O. Box 100300
Columbia, SC 29202

Or

BlueChoice HealthPlan of South Carolina
P.O. Box 6170
Columbia, SC 29260

Providers are strongly encouraged to file claims using EMC (Electronic Media Claims)

Frequently Asked Questions

In this section Magellan Healthcare addresses commonly asked questions received from providers.

Where can I find Magellan Healthcare's Guidelines for these spine procedures?

Guidelines can be found on Magellan Healthcare's website at www.RadMD.com.

Is prior authorization necessary if BlueCross and BlueChoice is not the member's primary insurance?

Yes.

What does the Magellan Healthcare authorization number look like?

The Magellan Healthcare authorization number consists of 8 or 9 alpha/numeric characters (e.g., 1234X567). In some cases, the ordering physician may instead receive a Magellan Healthcare tracking number (not the same as an authorization number) if the physician's authorization request is not approved at the time of initial contact. Physicians can use either number to track the status of their request on the RadMD Web site or via our Interactive Voice Response telephone system.

Who can I contact at Magellan Healthcare for questions, complaints, and appeals, etc.?

Please use the following Magellan Healthcare contacts by type of issue:

- To educate your staff on Magellan Healthcare procedures and to assist you with any provider issues or concerns, contact your Magellan Healthcare Area Provider Relations Manager.
- Preauthorization and claims payment complaints/appeals: Follow the instructions on your non-authorization letter or Explanation of Benefit (EOB)/Explanation of Payment (EOP) notification.

How will referring/ordering physicians know who Magellan Healthcare is?

BlueCross and BlueChoice send orientation materials to referring/ordering providers. BlueCross and BlueChoice and Magellan Healthcare are also coordinating additional outreach and orientation activities.

What will the member ID card look like? Will it have both Magellan Healthcare and BlueCross and BlueChoice information on the card? Or will there be two cards?

The BlueCross and BlueChoice member ID card will not have Magellan Healthcare identifying information on it. There will not be two cards.