Musculoskeletal Care Management Quick Reference Guide for Providers

Effective: July 1, 2015
Expanded Phase II: January 1, 2016 - MyBlue Product and Medicare Advantage HMO and PPO
Expanded Phase III: April 1, 2016 - Fully Insured, ACA-Compliant Blue Choice (PPO)

Florida Blue’s Musculoskeletal Care Management Program (MSK) is being managed on behalf of Florida Blue and Florida Blue HMO (Health Options, Inc.) by Magellan Healthcare1. This program includes prior authorization for two components of non-emergent spine care: Outpatient interventional spine pain management services and inpatient and outpatient lumbar and cervical spine surgeries.

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

A member should not request prior authorization directly from Magellan Healthcare. It is the responsibility of the provider to request the authorization. If Magellan Healthcare receives a call from a member regarding authorization, Magellan Healthcare will take the information, pend the request and contact the provider immediately for clinical information and review of the surgery.

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)

1National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.
• Cervical Artificial Disc Replacement
• Cervical Anterior Decompression (without fusion)

Outpatient Intervventional Pain Management Services*:

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

All requests for prior authorizations for musculoskeletal care services should be directed to NIA online at www.RadMD.com or telephonically at (866) 326-6302.

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

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 spine pain management procedures outlined above. Failure to do so may result in non-payment of your claim.
• Authorizations are valid for 90 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 and cervical spine surgery services require prior authorization through Magellan Healthcare.
• The provider 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 provider’s

Quick Contacts
• Website: www.RadMD.com
• Toll Free Phone Number: (866) 326-6302
professional services and type of surgery being performed. Magellan Healthcare will provide Florida Blue with the surgery type requested and authorization determination.

- Authorizations are valid for 90 days for outpatient surgeries and 5 days for inpatient surgeries from the date of service.

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

Submitting Claims
Claims will continue to be processed by Florida Blue.

Providers are encouraged to submit claims electronically through Availity.¹
¹Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity’s website at Availity.com.

You can send paper claims for the procedures above to the following address:

Florida Blue
P.O. Box 1798
Jacksonville, FL 32231-0014

Where can I find Magellan Healthcare’s Guidelines for applicable spine procedures?

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 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 website or through our Interactive Voice Response telephone system at (866) 326-6302.
Who can I contact at Magellan Healthcare for questions, complaints, or appeals?

Please use the following Magellan Healthcare contacts according to the 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 Provider Relations Manager.
- For preauthorization and claims payment complaints/appeals, follow the instructions on your authorization denial letter or Explanation of Benefit (EOB)/Explanation of Payment (EOP) notification.
- Providers should continue to check claims status with Florida Blue at either: [http://www.bcbsfl.com/wps/portal/bcbsfl/w/providers](http://www.bcbsfl.com/wps/portal/bcbsfl/w/providers)

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

Florida Blue sends orientation materials to referring/ordering providers. Florida Blue and Magellan Healthcare are also coordinating additional outreach and orientation activities.

Will the member ID card include Magellan Healthcare Information?

No.