Quick Reference Guide for Ordering Providers
Florida Blue Musculoskeletal Hip and Knee UM Program

December 1, 2016

Magellan Healthcare¹ was selected by Florida Blue to manage a musculoskeletal utilization management program on their behalf. This program is consistent with industry-wide efforts to ensure clinically appropriate care, and manage the increasing utilization of these services.

Effective December 1, 2016, the program will expand prior authorization requirements to include non-emergent hip and knee surgeries in any setting for myBlue HMO.

The ordering physician is responsible for obtaining prior authorization for services. It is the responsibility of the rendering facility to ensure that prior authorization was obtained. As the ordering physician of services, it is important for you to develop a process to ensure that an appropriate authorization number(s) is obtained. Payment will be denied for procedures performed without a necessary authorization, and the member cannot be balance-billed.

**Procedures Requiring Prior Authorization According to Florida Blue Guidelines** *

- CT/CTA
- MRI/MRA
- PET Scan
- CCTA
- Myocardial Perfusion Imaging (MPI)
- Muga Scan

**Procedures Added Effective December 1, 2016:**

- Total Knee Arthroplasty (TKA)
- Partial-Unicompartmental Knee Arthroplasty (UKA)
- Knee Manipulation under Anesthesia (MUA)
- Knee Ligament Reconstruction/Repair*
- Knee Menisectomy/ Meniscal Repair/Meniscal Transplant
- Knee Surgery – other (includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration
- Total Hip Arthroplasty/Resurfacing
- Femoroacetabular Impingement (FAI) Hip Surgery (includes: CAM/pincher & labral repair)
- Hip Surgery – other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy and extra-articular arthroscopy)

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¹ National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.
The following services do not require authorization through Magellan Healthcare:

- Observation services
- Emergency room services

If an urgent/emergent clinical situation occurs outside a hospital emergency room setting, please contact Magellan Healthcare immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is 1-866-326-6302.

**How to Obtain Prior Authorization**

There are two ways to obtain authorizations: Magellan Healthcare’s website (www.RadMD.com) or by calling 1-866-326-6302.

**Information Needed to Obtain Prior Authorization**

To expedite the prior authorization process, please have the following information ready before logging into Magellan Healthcare’s website or calling the Magellan Healthcare Call Center.

(*Information is required.)

- Name and office phone number of ordering physician*
- Member name and ID number*
- Requested procedure*
- Name of provider office or facility where the service will be performed*
- Anticipated date of service (if known)
- Details justifying procedure*
  - Symptoms and their duration
  - Physical exam findings
  - Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)
  - Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)
  - Reason the study is being requested (e.g., further evaluation, rule out a disorder)

Please be prepared to fax the following information, if requested:

- Patient’s medical record
- Clinical notes
- Specialist reports/evaluation
- Previous CT/MRI reports
- X-ray reports
- Ultrasound reports

**Website Access**

- It is the responsibility of the **physician ordering the procedure** to access Magellan Healthcare’s website or call for prior authorization. Patient symptoms, past clinical history, and prior treatment information will be required, and should be available at the time of the contact.
- You can request prior authorization at www.RadMD.com. RadMD is available 24/7, except when maintenance is performed once every other week after business hours.
- To begin, you will need to obtain your own unique user name and password for each individual user in your office. Simply go to www.RadMD.com, click on the New User button and complete the application form.
- If you request authorizations through Magellan Healthcare’s website and your request is pended, you will receive a tracking number, and Magellan Healthcare will contact you to complete the process.
- The Magellan Healthcare website cannot be used for retrospective or expedited authorization requests. Those requests must be processed by calling 1-866-326-6302.

**Telephone Access**
Call center hours of operation are Monday through Friday, 8 a.m. to 8 p.m. EST. You may obtain a prior authorization by calling 1-866-326-6302.
- Magellan Healthcare can accept multiple requests during one phone call.

**Important Notes**
- Authorizations are valid for 90 days from the date of service for outpatient procedures, and 5 days for inpatient surgery.
- The Magellan Healthcare authorization number consists of 11 alpha/numeric characters. In some cases, you may receive a Magellan Healthcare tracking number instead (not the same as an authorization number) if your authorization request is not approved at the time of initial contact. You can use either number to track the status of the request on the RadMD website or via our Interactive Voice Response telephone system.
- For prior authorization complaints/appeals, please follow the instructions on your denial letter.
- Magellan Healthcare’s Clinical Guidelines can be found on Magellan Healthcare’s website, [www.RadMD.com](http://www.RadMD.com) under Online Tools/Clinical Guidelines. Magellan Healthcare’s guidelines for the use of imaging procedures have been developed from practice experience, literature reviews, specialty criteria sets, and empirical data.
- An authorization number is not a guarantee of payment. Whether the requested service is covered is subject to all the terms and conditions of the member's benefit plan, including but not limited to, member eligibility, benefit coverage at the time of the services are provided and any pre-existing condition exclusions referenced in the member's benefit plan.