

BlueCross BlueShield of South Carolina

Quick Reference Guide

For Providers

Effective: January 1, 2010

BlueCross BlueShield of South Carolina has an agreement with Magellan Healthcare¹, to manage a suite of Medical Specialty Solutions. The program is consistent with industry-wide efforts to manage the increasing utilization of these services and to ensure quality of care.

The program requires prior authorization from Magellan Healthcare for non-emergent outpatient:

- Diagnostic Imaging (CT/CTA, MRI/MRA, PET Scan, CCTA, MUGA Scan)
- Interventional Pain Management-Spine (Spinal Epidural Injections, Paravertebral Facet Joint Injections or Blocks, Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)
Radiation Oncology Management (All Radiation Therapy for Breast, Prostate, Lung, Rectal & Colon Cancers)
- Spine Surgery (**Both Inpatient and Outpatient**) – Lumbar Microdiscectomy, Lumbar Decompression, Lumbar Spine Fusion (Arthrodesis), Cervical Anterior Decompression with/without Fusion, Cervical Posterior Decompression with/without Fusion, Cervical Artificial Disc Replacement

Please refer to Magellan Healthcare's website to obtain the BlueCross BlueShield of South Carolina / 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 BlueShield of South Carolina.

Magellan Healthcare manages the Medical Specialty Solutions Services through BlueCross BlueShield of South Carolina's contractual relationships with providers.

Obtaining Authorizations

The ordering physician is responsible for obtaining prior authorizations for the Medical Specialty Solutions Services listed above.

It is the responsibility of the provider rendering these services to ensure that an authorization was obtained. Payment will be denied for procedures performed without a necessary authorization, and the member cannot be balance-billed for these procedures.

¹National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

The following services do not require prior authorization through Magellan Healthcare:

Medical Specialty Solutions Services performed in the following settings do not require authorization through Magellan Healthcare:

- Inpatient (excluding spine surgery)
- Observation
- Emergency room/urgent care facility

If a patient began **inpatient** radiation therapy and continues **subsequent outpatient** treatment, **outpatient** radiation therapy will not require prior-authorization for medical necessity review. Providers should fax a completed Radiation Therapy Treatment Notification Form for each patient to BlueCross BlueShield of South Carolina at 1-803-264-0258.

Urgent/Emergent Care

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 1-866-500-7664.

Prior Authorization Process

There are two ways to obtain authorizations -- either through Magellan Healthcare's Web site at www.RadMD.com or by calling 1-866-500-7664.

Information Needed to Obtain Prior Authorization

To expedite the prior authorization process, please refer to the specific required documentation for each Medical Specialty Solutions Service*. Please have the appropriate information ready before logging into Magellan Healthcare's Web site or calling Magellan Healthcare's 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
- 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 provide the following information, if requested
 - Clinical notes
 - X-ray reports
 - Specialist reports/evaluation
 - Ultrasound reports
 - Previous related test results

***To assist in collecting information for the authorization process, you may access the specific Medical Specialty Solutions Clinical Checklists on www.RadMD.com.**

Website Access

- It is the provider’s responsibility when **ordering Medical Specialty Solutions Services** to access Magellan Healthcare’s Web site or call for prior authorization. Information regarding 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.
- You can check on the status of patients’ authorizations quickly and easily by going to the Magellan Healthcare website, www.RadMD.com. After sign-in, visit the My Exam Requests tab to view all outstanding authorizations.
- To get started, go to www.RadMD.com click the New User button and submit a “RadMD Application for New Account.” If you are a rendering provider or hospital that performs these services, an administrator must accept responsibility for creating and managing logins. Your RadMD login information should not be shared.
- If requesting authorizations through Magellan Healthcare’s Web site and your request is pended, you will receive a tracking number and Magellan Healthcare will contact you to complete the process.
- The Magellan Healthcare Web site cannot be used for retrospective or expedited authorization requests. Those requests must be processed by calling 1-866-500-7664.

Access Provider Self-service at:
www.RadMD.com

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 1-866-500-7664.

- Magellan Healthcare can accept multiple requests during one phone call.

Submitting Claims

Claims go directly to BlueCross BlueShield of South Carolina. Please send your claims for services to the following address:

BlueCross BlueShield of South Carolina
Columbia Service Center
P.O. Box 100300
Columbia, SC 29260

For electronic submission, the BlueCross BlueShield of South Carolina payor ID number is 401.

Important Notes

- The authorization validity period for all Diagnostic Imaging procedures is 30 days from the date of request. The authorization validity period for all Interventional Pain Management procedures and **Outpatient** Spine Surgeries is 30 days from the date of service. The authorization validity period for **Inpatient** Spine Surgeries is 3 days from the date of request. The Radiation Oncology validity period is 180 days from the date of request. Magellan Healthcare will use the date of request as the starting point for the 180-day period in which the treatment must be completed. If the Radiation Oncologist needs to perform the initial stimulation prior to the date of request, the validity period will be dated from the date of the initial stimulation.
- The Magellan Healthcare authorization number consists of eight or nine alpha/numeric characters. In some cases, you may instead receive a Magellan Healthcare tracking number (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 Web site 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 Web site, www.RadMD.com under Online Tools/Clinical Guidelines. Magellan Healthcare's guidelines for Medical Specialty Solutions Services 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 of 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.
- 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.
- Prior authorization and claims payment complaints/appeals: Follow the instructions on your denial letter or Explanation of Payment (EOP).