



BlueChoice Health Plan of South Carolina Musculoskeletal Care Management (MSK) Program Quick Reference Guide for Ordering Physicians/Surgeons

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BlueChoice Health Plan of South Carolina entered into an agreement with National Imaging Associates, Inc. (NIA), to implement a Musculoskeletal Care Management (MSK) Program. This program includes prior authorization for non-emergent MSK procedures: outpatient interventional spine pain management services (IPM); 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.

The following procedures are included in the MSK Program for BlueChoice Health Plan of South Carolina members:

- Outpatient interventional spine pain management services
- Inpatient and outpatient lumbar and cervical spine surgeries

Prior Authorization Implementation

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 MSK surgery hospital admission, and the member cannot be balance-billed for such procedures.

Procedures Requiring Prior Authorization:*

Outpatient Interventional Spine Pain Management Services:

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

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

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 – Single & Two Levels
- Cervical Anterior Decompression (without fusion)

NIA manages non-emergent outpatient interventional spine pain management services, and inpatient and outpatient spine surgeries through the existing contractual relationships with BlueChoice Health Plan of South Carolina. If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact NIA immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is 1-888-642-9181 for BlueChoice Health Plan of South Carolina providers in South Carolina.

Please refer to NIA's website RadMD.com to obtain the BlueChoice Health Plan of South Carolina NIA Billable CPT® Codes Claim Resolution/Utilization Review Matrix for all of the CPT-4 codes that NIA authorizes on behalf of BlueChoice Health Plan of South Carolina.

Prior Authorization Information

To ensure that authorization numbers have been obtained, please adhere to the following guidelines.

Interventional Pain:

- Interventional pain management procedures performed in the emergency room or on an inpatient basis do not require prior authorization through NIA.
- All outpatient interventional pain management services require a prior authorization through NIA for each procedure performed.
- It is the responsibility of the ordering physician to obtain authorization for all interventional pain management procedures outlined. Failure to do so may result in non-payment of your claim.
- Authorizations are valid for 30 calendar days from the date of service.

Outpatient and Inpatient Musculoskeletal Surgeries:

- Emergency musculoskeletal surgery (admitted via the Emergency Room) does not require prior authorization through NIA.
- Non-emergent outpatient and inpatient spine surgery services require prior authorization through NIA.
- The ordering physician must obtain prior authorization with NIA prior to performing the surgery. Facility admissions do not require a separate prior authorization. However, the facility should ensure that an NIA prior authorization has been obtained prior to scheduling the surgery/procedure.

- NIA’s medical necessity review and determination is for the authorization of the surgeon’s professional services and type of surgery being performed. NIA will provide the BlueChoice Health Plan of South Carolina with the surgery type requested and authorization determination.
- Authorizations are valid for 30 calendar days from the date of service for outpatient spine surgeries and 3 days from the date of request for inpatient spine surgeries.

Checking Authorizations

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

Submitting Claims

Claims continue to go directly to BlueChoice Health Plan of South Carolina. Please send your claims for MSK procedures to the following address:

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

Providers are encouraged to use EDI claims submission.

The BlueChoice Health Plan of South Carolina payor ID number is 922.

Quick Contacts

- Website: RadMD.com
- Toll Free Phone Numbers:
1-888-642-9181

Frequently Asked Questions

In this section NIA addresses commonly asked questions received from providers.

Where can I find NIA’s Guidelines for these MSK procedures?

Guidelines can be found on NIA’s website at RadMD.com.

Is prior authorization necessary if BlueChoice Health Plan of South Carolina is not the member’s primary insurance?

- No.

What does the NIA authorization number look like?

The NIA authorization number consists of alpha/numeric characters (e.g., 1234X567). In some cases, the ordering physician may instead receive an NIA 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 via our Interactive Voice Response telephone system.

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

Please use the following NIA contacts by type of issue:

- To educate your staff on NIA procedures and to assist you with any provider issues or concerns, contact your NIA 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 NIA is?

BlueChoice Health Plan of South Carolina sends orientation materials to referring/ordering providers. BlueChoice Health Plan of South Carolina and NIA also coordinate outreach and orientation activities.

What does the member ID card look like? Does it have both NIA and BlueChoice Health Plan of South Carolina information on the card? Or is there be two cards?

The BlueChoice Health Plan of South Carolina member ID card does not have NIA identifying information on it.