



**Musculoskeletal Care  
Management (MSK) Program  
Interventional Pain Management (IPM)  
Frequently Asked Questions (FAQ's)  
For BlueCross BlueShield of South Carolina<sup>1</sup> and BlueChoice  
HealthPlan of South Carolina Providers**

Question	Answer
<b>GENERAL</b>	
<b>Why is BlueCross and BlueChoice<sup>®</sup> implementing an MSK Program focused on interventional pain management procedures?</b>	<p>To improve quality and manage the utilization of non-emergent MSK, including IPM procedures for our members. Magellan Healthcare is the vendor manager for the BlueCross and BlueChoice advanced imaging program and these new spine modalities are an extension of that management program. Magellan is an independent company that provides utilization management services on behalf of BlueCross and BlueChoice. BlueCross and BlueChoice providers will utilize the provider tools to request these studies as they do today for advanced imaging.</p> <p>Interventional Pain Procedures include:</p> <ul style="list-style-type: none"> <li>▪ Spinal Epidural Injections</li> <li>▪ Paravertebral Facet Joint Injections or Blocks</li> <li>▪ Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)</li> </ul>
<b>Why did BlueCross and BlueChoice select Magellan Healthcare?</b>	<p>An affiliate of Magellan Health Services, Magellan Healthcare was selected to partner with us because of its clinically driven program designed to effectively manage the quality, patient safety and ensure appropriate utilization of resources for BlueCross and BlueChoice membership.</p>
<b>Which BlueCross and BlueChoice members will be covered under</b>	<p>Effective <b>May 1, 2016</b>, Magellan Healthcare will manage non-emergent outpatient interventional pain management spine procedures through existing <b>BlueCross and</b></p>

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

<b>this relationship and what networks will be used?</b>	<b>BlueChoice</b> contractual relationships. BlueCross and BlueChoice plans not participating in the program include Federal Employees Program (FEP), State Health Plan, Self-funded plans, and Out-of-state members (BlueCard®).
<b>IMPLEMENTATION</b>	
<b>What is the implementation date for this MSK program for interventional pain management procedures?</b>	Implementation will be <b>May 1, 2016</b> . BlueCross, BlueChoice and Magellan Healthcare will be collaborating on a provider related activities prior to the start date including provider announcements, and provider education.
<b>PRIOR AUTHORIZATION</b>	
<b>What MSK services will require a provider to obtain a prior authorization?</b>	The following procedures require prior authorization through Magellan Healthcare: <ul style="list-style-type: none"> <li>• Spinal Epidural Injections</li> <li>• Paravertebral Facet Joint Injections or Blocks</li> <li>• Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)</li> </ul>
<b>When is prior authorization required?</b>	Prior authorization is required for outpatient, non-emergent interventional pain procedures. Ordering providers must obtain prior-authorization of these procedures prior to the service being performed.  <u>Note:</u> Only outpatient procedures are within the program scope. All interventional pain management procedures performed in the Emergency Room or as part of inpatient care do not require prior authorization.
<b>Is prior authorization required for members currently undergoing treatment?</b>	Yes, authorization is required for dates of service on or beyond <b>May 1, 2016</b> even if the member is continuing treatment.
<b>Who do we expect to order interventional pain management procedures</b>	Interventional pain procedures requiring medical necessity review are usually ordered by one of the following specialties. <ul style="list-style-type: none"> <li>• Anesthesiologists</li> <li>• Neurologists</li> <li>• Pain Specialist</li> <li>• Orthopedic Spine Surgeon</li> <li>• Neurosurgeon</li> <li>• Other physicians with appropriate pain procedure training and certification</li> </ul>
<b>Are inpatient IPM</b>	Inpatient IPM procedures are not included in this program.

<p><b>procedures included in this program?</b></p>	
<p><b>Does the setting of the service affect the required prior authorization?</b></p>	<p>No, this medical necessity review and determination are for the authorization of the professional services. Any prior authorization requirements for the facility must still be obtained separately.</p>
<p><b>How does the ordering provider obtain a prior authorization from Magellan Healthcare for an outpatient IPM procedure?</b></p>	<p>Providers will be able to request prior authorization via the Magellan Healthcare website <a href="http://www.RadMD.com">www.RadMD.com</a> or by calling the Magellan Healthcare toll-free numbers:</p> <p><b>BlueCross BlueShield of South Carolina 866-500-7664</b>  <b>BlueChoice HealthPlan of South Carolina 888-642-9181</b></p>
<p><b>What information will Magellan Healthcare require in order to receive prior authorization?</b></p>	<p>To expedite the process, please have the following information ready before logging on to the website or calling the Magellan Healthcare call center staff (*denotes required information):</p> <p><b>Interventional Pain Management Procedures:</b></p> <ul style="list-style-type: none"> <li>• Name and office phone number of ordering physician*</li> <li>• Member name and ID number*</li> <li>• Requested procedure*</li> <li>• Name of provider office or facility where the service will be performed*</li> <li>• Anticipated date of service*</li> <li>• Details justifying the pain procedure*: <ul style="list-style-type: none"> <li>○ Date of onset of pain or exacerbation</li> <li>○ Physician exam findings and patient symptoms (including findings applicable to the requested services)</li> <li>○ Clinical Diagnosis</li> <li>○ Date and results of prior interventional pain management procedures.</li> <li>○ Diagnostic imaging results, <i>where available</i>. Conservative treatment modalities completed, duration, and results (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)</li> </ul> </li> </ul> <p>Please be prepared to fax the following information, if requested:</p> <ul style="list-style-type: none"> <li>• Clinical notes outlining onset of pain, conservative care modalities, outcomes and physical exam findings</li> <li>• Date and results of prior interventional pain</li> </ul>

	<p>management procedures</p> <ul style="list-style-type: none"> <li>• Effectiveness of prior procedures on reducing pain</li> <li>• Diagnostic Imaging results</li> <li>• Specialist reports/evaluation</li> </ul>
<b>Can a provider request more than one procedure at a time for a member (i.e., a series of epidural injections)?</b>	No. Magellan Healthcare requires prior authorization for each pain procedure being requested and will not authorize more than one procedure at a time.
<b>What kind of response time can ordering providers expect for prior authorization?</b>	<p>The best way to maximize the efficiency turnaround time of an authorization request on line through <a href="http://www.RadMD.com">www.RadMD.com</a> or through the toll-free numbers:</p> <p><b>BlueCross BlueShield of South Carolina 866-500-7664</b>  <b>BlueChoice HealthPlan of South Carolina 888-642-9181</b></p> <p>and to have knowledge of the case including:</p> <ul style="list-style-type: none"> <li>▪ The patient’s history and diagnosis</li> <li>▪ Onset of pain</li> <li>▪ Findings on physical examination</li> <li>▪ Response and type of non-operative management the patient has undergone</li> <li>▪ History of medical or surgical treatment</li> <li>▪ Rationale for the procedure</li> </ul> <p>A determination will be made within 2 business days after receipt of request with full clinical documentation; however NIA has up to 15 calendar days to process these requests.</p>
<b>What will the Magellan Healthcare authorization number look like?</b>	The Magellan Healthcare authorization number will consist of 8 or 9 alpha-numeric characters. In some cases, the ordering provider may instead receive a Magellan Healthcare tracking number (not the same as an authorization number) if the provider’s authorization request is not approved at the time of initial contact. Providers will be able to use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.
<b>If requesting an authorization through RadMD and the request pends, what happens next?</b>	You will receive a tracking number and Magellan Healthcare will contact you to complete the process.

<p><b>Can RadMD be used to request retrospective or expedited authorization request?</b></p>	<p>No, those requests will need to be called into Magellan Healthcare's Call Center through the toll free number for processing.</p> <p><b>BlueCross BlueShield of South Carolina 866-500-7664</b>  <b>BlueChoice HealthPlan of South Carolina 888-642-9181</b></p>
<p><b>How long is the prior authorization number valid?</b></p>	<p>The authorization number is valid for <b>15</b> days from the date of service.</p>
<p><b>Is prior authorization necessary for non-emergent MSK, including IPM procedures if BlueCross and BlueChoice is NOT the member's primary insurance?</b></p>	<p>Yes. Medical necessity review requirements apply when BlueCross or BlueChoice is the primary and secondary insurer.</p>
<p><b>If a provider obtains a prior authorization number does that guarantee payment?</b></p>	<p>An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.</p>
<p><b>Does Magellan Healthcare allow retro-authorizations?</b></p>	<p>It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for interventional pain management procedures, as outlined above, that have <u>not</u> been properly authorized will <u>not</u> be reimbursed. Physicians administering these procedures <u>should not</u> schedule or perform procedures without prior authorization. Retrospective review of completed procedures are evaluated for medical necessity and to determine whether there was an urgent or emergent situation that prohibited the provider from obtaining prior authorization for the service and to determine whether medical necessity guidelines were met.</p>
<p><b>What happens if I have a service scheduled for May 1, 2016?</b></p>	<p>The program start date is <b>May 1, 2016</b>. Magellan Healthcare, BlueCross and BlueChoice will be collaborating on provider related activities prior to the start date including announcements and education. The Magellan Healthcare Call Center will be available beginning Monday, April 25, 2016, for prior authorization for dates of service May 1, 2016, and beyond.</p>

<p><b>Can a provider verify an authorization number online?</b></p>	<p>Yes. Providers can check the status of member authorization quickly and easily by going to the website at <a href="http://www.RadMD.com">www.RadMD.com</a>.</p>
<p><b>Will the Magellan Healthcare authorization number be displayed on the BlueCross and BlueChoice Web site?</b></p>	<p>No.</p>
<p><b>What if I disagree with Magellan Healthcare’s determination?</b></p>	<p>In the event of a prior authorization or claims payment denial, providers may appeal the decision through BlueCross and BlueChoice. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.</p>
<p><b>SCHEDULING PROCEDURES</b></p>	
<p><b>Will Magellan Healthcare make a final determination based on the Anticipated Date of Service?</b></p>	<p>Magellan Healthcare does not guarantee final determination of the request by the anticipated date of service.</p> <p>The anticipated date of service (provided during request for authorization) is used to determine timing between procedures</p> <p>Please be advised that Magellan Healthcare needs 2 business days after the receipt of clinical information to review and render a decision on a request. Please do not schedule or perform the procedure until you have an approved authorization.</p>
<p><b>Do ordering physicians have to obtain an authorization before they call to schedule an appointment?</b></p>	<p>Magellan Healthcare asks where the non-emergent MSK, including IPM procedures are being performed and the anticipated date of service. Ordering physicians should obtain prior authorization before scheduling the patient and the facility or hospital admission.</p>
<p><b>WHICH MEDICAL PROVIDERS ARE AFFECTED?</b></p>	
<p><b>Which medical providers are affected by the MSK Program?</b></p>	<p>Specialized Providers who perform IPM spine procedures in an outpatient setting.</p> <p>BlueCross and BlueChoice providers will need to request a prior authorization from Magellan Healthcare in order to bill the service. Providers who perform IPM procedures are generally located at:</p> <ul style="list-style-type: none"> <li>▪ Ambulatory Surgical Centers</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Hospital outpatient facilities</li> <li>▪ Provider offices</li> </ul>
<b>CLAIMS RELATED</b>	
<b>Where do providers send their claims for outpatient, non-emergent pain management services?</b>	<p>BlueCross and BlueChoice network providers should continue to send claims directly to BlueCross and BlueChoice.</p> <p>Rendering providers/surgeons are strongly encouraged to file claims using EMC (Electronic Media Claims).</p>
<b>How can providers check claims status?</b>	You can check claim status through My Insurance Manager at <a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a> .
<b>Who should a provider contact if they want to appeal a prior authorization or claims payment denial?</b>	Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.
<b>MISCELLANEOUS</b>	
<b>How is medical necessity defined?</b>	<p>Magellan Healthcare defines medical necessity as services that:</p> <ul style="list-style-type: none"> <li>• Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards;</li> <li>• Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome;</li> <li>• Be appropriate to the intensity of service and level of setting;</li> <li>• Provide unique, essential, and appropriate information when used for diagnostic purposes;</li> <li>• Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and</li> <li>• Not furnished primarily for the convenience of the member, the attending physician, or other provider.</li> </ul>
<b>How will referring/ordering providers know who Magellan Healthcare</b>	BlueCross and BlueChoice will mail notification letters and educational materials to providers. BlueCross and BlueChoice and Magellan Healthcare are also conducting educational trainings for providers.

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<b>Will provider trainings be offered closer to the May 1, 2016 implementation date?</b>	Magellan Healthcare will conduct provider training sessions prior to the <b>May 1, 2016</b> implementation date.
<b>Where can a provider find Magellan Healthcare's Guidelines for Clinical Use of Pain Management Procedures?</b>	Magellan Healthcare's IPM Procedures Guidelines can be found on the website at <a href="http://www.RadMD.com">www.RadMD.com</a> . They are presented in a PDF file format that can easily be printed for future reference. Magellan Healthcare's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.
<b>What will the Member ID card look like? Will the ID card have both Magellan Healthcare and BlueCross and BlueChoice information on it? Or will there be two cards?</b>	The BlueCross and BlueChoice Member ID card will not change and will not contain any Magellan Healthcare identifying information on it.
<b>CONTACT INFORMATION</b>	
<b>Who can a provider contact at Magellan Healthcare for more information?</b>	Ordering Physicians can contact Anthony (Tony) Salvati, Provider Relations Manager, at 1-800-450-7281, ext. 75537.