



*BlueCross BlueShield of South Carolina¹ and
BlueChoice HealthPlan of South Carolina -
Musculoskeletal Care Management (MSK)
Program*

Provider Training Presented By:
Tony Salvati

Magellan is an independent company that
provides utilization management services
on behalf of BlueCross and BlueChoice[®].

¹ BlueCross[®] BlueShield[®] of South Carolina and BlueChoice[®] HealthPlan of South Carolina are independent licensees of the Blue Cross and Blue Shield Association.

Magellan Healthcare² Training Program



² National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

Magellan Healthcare Program Agenda

- Our Program
 1. Authorization Process
 2. Other Program Components
 3. Provider Tools and Contact Information
- RadMD Demo
- Questions and Answers



Magellan Today and Building for the Future

Behavioral Health Solutions

Magellan BH

- Behavioral Health
- Substance Abuse
- Integrated Medical & Behavioral Care
- EAP and Health and Wellness
- Psychotropic Drug Management

Pharmacy Solutions

Magellan Rx

- Total Drug Management
- Medical Pharmacy
- Specialty Pharmacy
- Pharmacy Benefits

Medical Specialty Solutions

Magellan Healthcare

- Advanced Diagnostic imaging
- Cardiac Solutions
- Radiation Oncology
- OB Ultrasound
- Genetic Testing
- Musculoskeletal Management (Spine Surgery/IPM)
(Chiropractic Care, Speech, Physical and Occupational Therapies)
- Sleep Management
- Emergency Department
- Provider Profiling & Practice Management Analysis

Multiple Solutions *One Magellan*

As the nation's leading specialty health care management company, we deliver comprehensive and innovative solutions to improve quality outcomes and optimize cost of care.

Magellan Healthcare Highlights



Magellan Healthcare Facts

- Providing Client Solutions since 1995
- Magellan Acquisition (2006)
- Columbia, MD with 700 National Magellan Healthcare Employees
- Business supported by two National Call Operational Centers



Industry Presence

- 79 Health Plan Clients serving 26.4M National Lives
- 16.1M Commercial; 1.2M Medicare
- 9.1M Medicaid
- 35 states
- Doing business in South Carolina since 2000, serving over 1.7M lives



Clinical Leadership

- Strong panel of internal Clinical leaders – client consultation; clinical framework
- Supplemented by broad panel of external clinical experts as consultants (for guidelines)



Product Portfolio

- Advanced Diagnostic Imaging
- Cardiac Solutions
- Radiation Oncology
- OB Ultrasound
- Genetic Testing
- Musculoskeletal Management (Spine Surgery/IPM)
- Chiropractic Care, Speech, Physical and Occupational Therapies
- Sleep Management
- Emergency Department, Provider Profiling & Practice Management Analysis

URAC Accreditation & NCQA Certified

Magellan Healthcare's Prior Authorization Program

Procedures Performed on or after May 1, 2016 Require Prior Authorization

Magellan Healthcare's Call Center & RadMD will be available starting on Monday,

April 25, 2016

Procedures Requiring Prior Authorization

Outpatient/Office Interventional Pain Management-Spine Services (Spinal Epidural Injections, Facet Joint Injections, Facet Joint Radiofrequency Neurolysis)

Inpatient and Outpatient Lumbar & Cervical Spine Surgery

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

Cervical Anterior Decompression (without fusion)

Excluded from Program:

Procedures Performed in the Following Settings:

Lumbar & Cervical Spine Surgery

Emergency Surgery – admitted via the Emergency Room

Interventional Pain Management

Hospital Inpatient

Observation Room

Emergency Room/Urgent Care Facility

Please note that CPT Codes 22800-22819 used for reconstructive spinal deformity surgery and the associated instrumentation do not require Magellan Healthcare or BlueCross/BlueChoice® prior authorization. Magellan Healthcare will monitor the use of these CPT codes, but prior authorization is not currently required. As long as the deformity surgery coded does not include CPT codes on Magellan Healthcare or BlueCross/BlueChoice prior authorization lists, these cases will process and claims adjudicated accordingly.

List of CPT Procedure Codes Requiring Prior Authorization

- Review Claims/Utilization Review Matrix to determine CPT codes managed by Magellan Healthcare
- CPT Codes and their Allowable Billable Groupings
- Located on RadMD
- Defer to BlueCross/BlueChoice Plan Policies for Procedures not on the Claims/Utilization Review Matrix

**Utilization Review Matrix 2016 - BlueCross BlueShield of South Carolina¹ and BlueChoice HealthPlan of South Carolina
Spine Management: Interventional Pain Management and Cervical & Lumbar Spine Surgery**

The matrix below contains all of the CPT-4 codes for which Magellan Healthcare² authorizes on behalf of its clients. Magellan is an independent company that provides utilization management services on behalf of BlueCross and BlueChoice HealthPlan. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those procedures authorized by Magellan Healthcare.

Interventional Pain Management: Outpatient

If a procedure is billed under any one of the given codes for that allowable billed groupings and a valid authorization number has been issued within the date of service validity period, the charge for any of the allowable billed grouping codes should be allowed. If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

*Please note: Interventional Pain Management Spine Services rendered in an Emergency Room, Observation Room, or Hospital Inpatient setting are not managed by Magellan Healthcare.

Authorized CPT Code	Description	Allowable Billed Groupings
62310	Cervical/Thoracic Interlaminar Epidural	62310*, 64479, +64480
62311	Lumbar/Sacral Interlaminar Epidural	62311*, 64483, +64484
64479	Cervical/Thoracic Transforaminal Epidural	62310*, 64479, +64480
64483	Lumbar/Sacral Transforaminal Epidural	62311*, 64483, +64484
64490	Cervical/Thoracic Facet Joint Block	64490, + 64491, +64492
64493	Lumbar/Sacral Facet Joint Block	64493, +64494, +64495
64633	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	64633, +64634
64635	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635, +64636

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

² National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

Responsibility for Authorization

Ordering Providers

Responsible for obtaining prior authorization

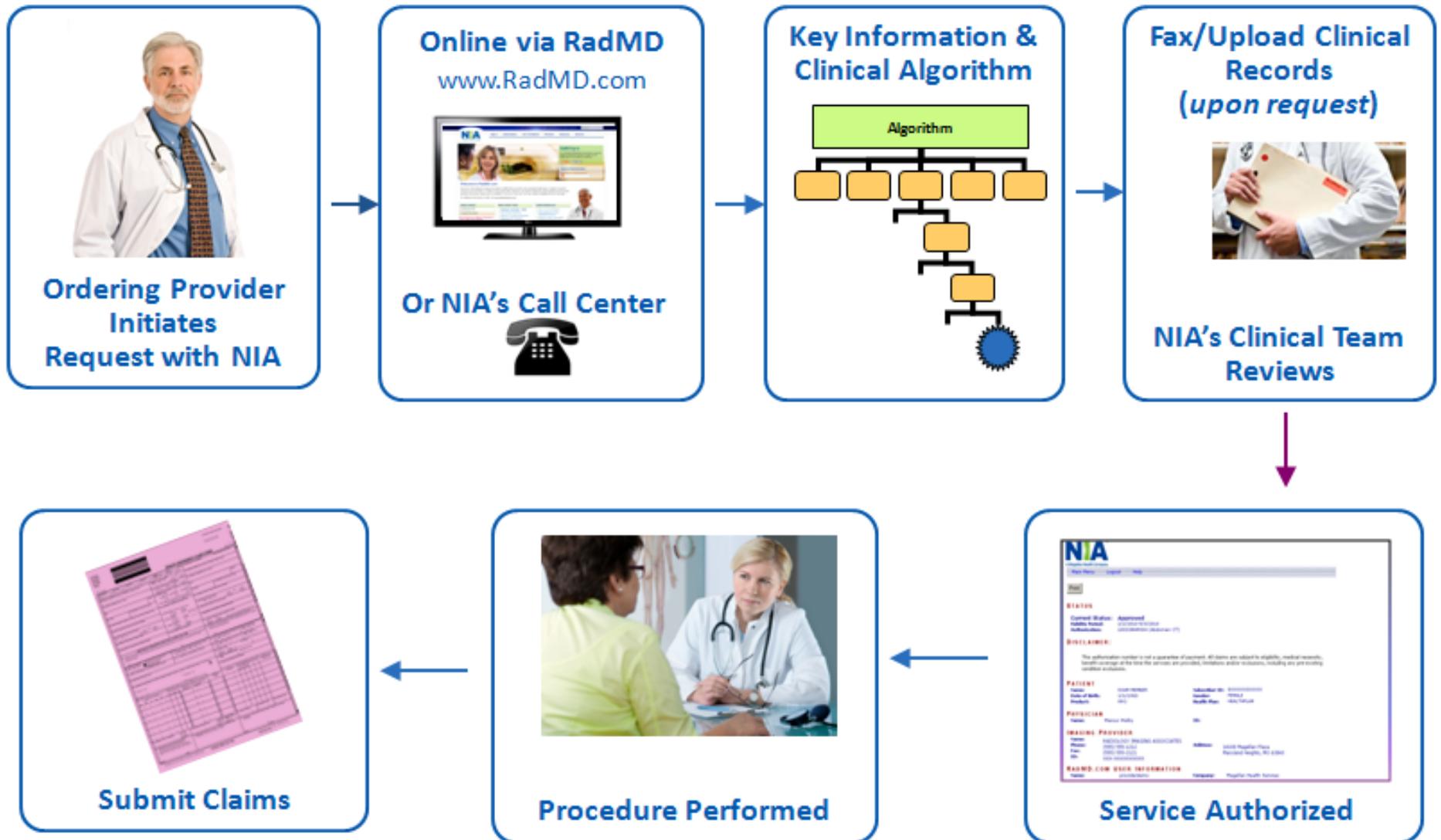


Facility/Place of Service

Ensuring that prior authorization has been obtained prior to providing service



Prior Authorization Process Overview



Patient and Clinical Information Required Information for Authorization

GENERAL

Includes things like ordering physician information, member information, place of service, clinical information, requested procedure, etc.

SPECIAL INFORMATION

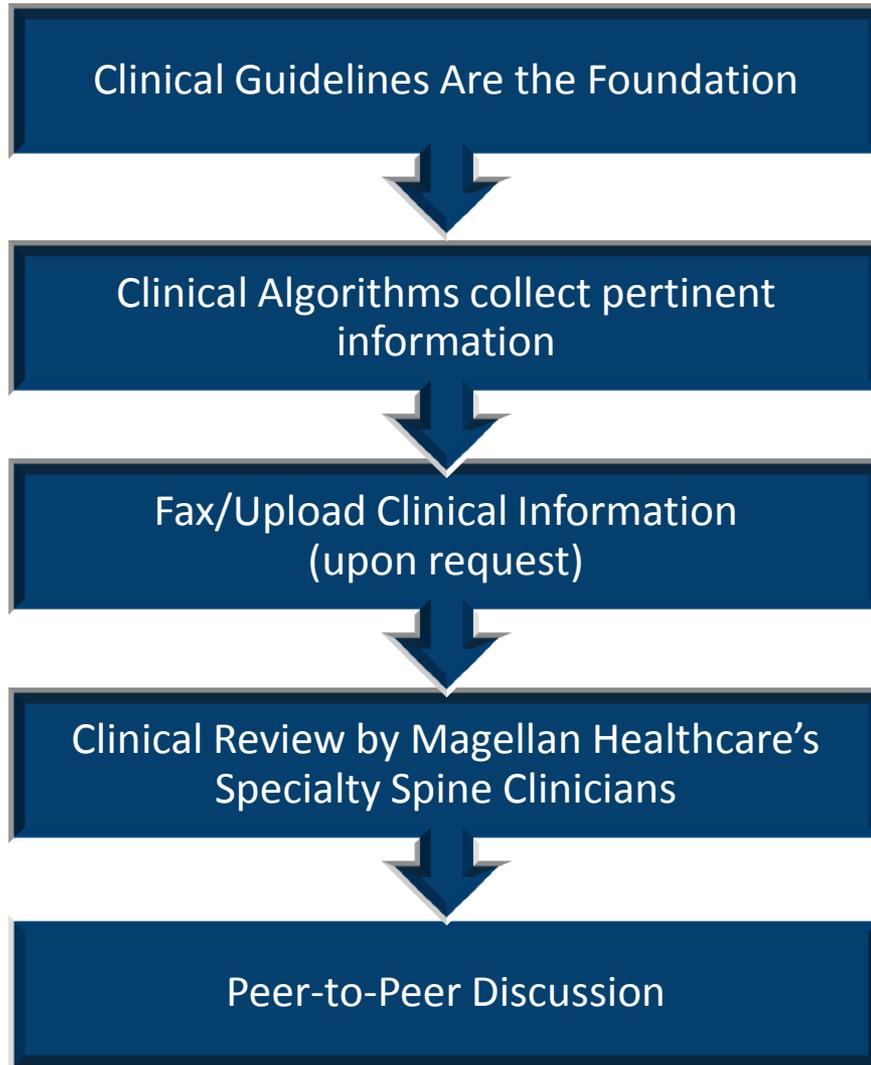
Only one authorization request per spine surgery. Surgeon selects from one of four surgical procedure options. A Lumbar fusion authorization includes decompression procedures.

Every interventional pain management procedure performed requires a prior authorization; Magellan Healthcare does not pre-approve a series of epidural injections.

CLINICAL INFORMATION

- Clinical Diagnosis
- Physical exam findings and patient symptoms (including findings applicable to the requested procedure)
- Date of onset of pain or exacerbation. Duration of patient's symptoms.
- Conservative treatment modalities completed, duration, and results (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and/or medication)
- Date and results of prior interventional pain management procedures, *where applicable*.
- Diagnostic imaging results, *where applicable*.
- Preliminary procedures already completed (e.g., lab work, scoped procedures, referrals to specialist, specialist evaluation)

Magellan Healthcare's Clinical Foundation & Review



Clinical guidelines and algorithms were developed by practicing specialty physicians, literature reviews, and evidence base. Guidelines are reviewed and mutually approved by BlueCross/BlueChoice and Magellan Healthcare's Chief Medical Officers and Clinical Spine Experts.

When requested, validation of clinical criteria within the patient's medical record is required before an approval can be made.

Magellan Healthcare reviews key clinical information to ensure that BlueCross/BlueChoice members are receiving appropriate care prior to more invasive procedures being performed.

Magellan Healthcare has a specialized clinical team focused on spine care. Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.

Reconsiderations can be initiated when new or additional clinical information is available. No change in current appeals process.

Our goal – ensure that BlueCross/BlueChoice members are receiving appropriate spine care.

Clinical Guidelines available on www.RadMD.com

Magellan Healthcare to Physician: Request for Clinical Information



CC_TRACKING_NUMBER FAXC



 National Imaging Associates, Inc.
 PO Box #7590
 Phoenix, AZ 85002-7590

PAIN MANAGEMENT PROCEDURE
PLEASE FAX THIS FORM TO: 1-800-784-6864
 Date: TODAY

ORDERING PHYSICIAN:	REQ_PROVIDER		
FAX NUMBER:	FAX_RECIP_PHONE	TRACKING NUMBER:	CC_TRACKING_NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER_ID
PATIENT NAME:	MEMBER_NAME		
HEALTH PLAN:	HEALTH_PLAN_DESC		
We have received your request for PROC_DESC. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.			

URGENT REPLY REQUIRED FOR CASE REVIEW

Study Requested was: PROC_DESC
 For documentation **ALWAYS PROVIDE:**

1. Office visit note and physical exam findings related to back pain, intensity, and any neurological deficits
2. Office visit note indicating the date of onset of back-related pain
3. Supporting documentation of conservative therapy tried within the most recent 3 months
4. Supporting documentation on any interventional pain management procedure(s) including the date of the procedure, spinal region, and the effectiveness in reducing pain and improving functional ability

Important Note- Clinical information must be documented in Office Visit Notes or other documents, such as xray or diagnostic testing reports. Handwritten notes on cover sheets, telephone calls, or other fax pages that are not reflected in office visit notes or other objective documents will be noted as such- "handwritten note on cover sheet (telephone call, etc.) without confirmation in Office Visit note"- but will not constitute actionable information for clinical decision making.

- A fax is sent to the provider detailing what clinical information that is needed, along with a Fax Coversheet
- We stress the need to provide the clinical information as quickly as possible so we can make a determination
- Determination timeframe begins after receipt of clinical information
- Failure to receive requested clinical information may result in non certification

Submitting Clinical Information/Medical Records to Magellan Healthcare

- Two ways to submit clinical information to Magellan Healthcare
- Via Fax
- Via RadMD Upload
- Coversheets are sent with all requests for clinical information
- Coversheets can also be printed from RadMD or requested via the Call Center



CC_TRACKING_NUMBER

Ordering Physician: **REQ_PROVIDER**
Fax number: **FAX_RECIP_PHONE**
Member ID: **MEMBER_ID**
Patient Name: **MEMBER_NAME**
Request: **PROC_DESC**
Health Plan: **HEALTH_PLAN_DESC**

Please use this form as the cover sheet for any information that you fax to us regarding the above patient's request. The numeric code allows the fax to be attached immediately upon receipt to the preauthorization request.

If you have other patients with existing requests and you would like to fax information you can obtain a fax cover sheet by calling FAXCoversheetNBR or go to RadMD and follow the link "Request a fax cover sheet"

If you are faxing information for more than one patient please separate each patient's information with the cover sheet specific for each patient's request.

Fax form and information to RadOncRadiologyFaxNbr

In order for our clinical reviewers to follow up on this information please include a contact name and phone number.

Name: _____
Telephone: _____

CONFIDENTIALITY NOTICE

If you received this facsimile in error, please reply immediately to the sender that you have received this message in error and destroy the original. This fax and any files transmitted with it contain information that may be legally confidential and/or privileged. The information is intended solely for the individual or entity named and access by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this information is prohibited and may be unlawful.

CC_TRACKING_NUMBER

Be sure to use the Magellan Healthcare Coversheet for all transmissions of clinical information including uploads through RadMD!

Clinical Specialty Team: Focused on Spine

IPM Reviews

Initial Clinical Review
Performed by Magellan
Healthcare Neurology
Team Nurses

The clinical specialties
supporting our IPM
program include
anesthesiology,
orthopedic spine surgeon,
neurology, neurosurgeon,
and pain specialists

Spine Surgery Reviews

Surgery concierge
team will
proactively
outreach for
additional
information,
reconsiderations
and to schedule
peer-to-peer
session

Nurses will
assemble surgery
cases and reach out
for clinical
information as
needed prior to
sending to Surgeon
Reviewers

Only Orthopedic
Spine Surgeons or
Neurosurgeons
conduct clinical
reviews and peer-
to-peer discussion
on surgery requests

Notification of Determination

• Authorization Notification

• Authorizations

Validity Period

- Authorizations for Spine Surgery are valid for:
 - ❖ Inpatient – 3 days from DOS*
 - ❖ SDC/Ambulatory Surgical Setting- 15 day DOS*

*The date of service that is selected at the time of the prior authorization request, will be used to determine the validity period. If the DOS changes please contact Magellan Healthcare to update.

• Denial Notification

• Denials

- You may ask Magellan Healthcare for a reconsideration of our decision with additional information. You may also follow the appeal process as defined in the notice of denial provided to you.

Magellan Healthcare's Urgent/Expedited Authorization Process

Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room), please call Magellan Healthcare immediately. The number to call to obtain a prior authorization is :

BlueChoice HealthPlan of South Carolina	888-642-9181
---	--------------

BlueCross BlueShield of South Carolina	866-500-7664
--	--------------

Summary Points

Interventional Pain Management (IPM)

- Date of Service is required**
- No series of epidural injections**
- Each procedure must be prior authorized**
- Specialty Nurses & Physicians will review IPM requests**
- All regions**

Lumbar and Cervical Spine Surgery

- Inpatient and outpatient non-emergent spine surgeries**
- Only one authorization per surgery (most complex performed). For example, prior authorization for fusion includes decompression procedures.**
- Date of service is required. Magellan Healthcare must be notified of any changes to the date of service.**
- Spine Surgeons will review surgery requests**
- Lumbar and cervical spine surgery only**

Please note that CPT Codes 22800-22819 used for reconstructive spinal deformity surgery and the associated instrumentation do not require Magellan Healthcare or BlueCross/BlueChoice prior authorization. Magellan Healthcare will monitor the use of these CPT codes, but prior authorization is not currently required. As long as the deformity surgery coded does not include CPT codes on Magellan Healthcare or BlueCross/BlueChoice prior authorization list, these cases will process and claims adjudicated accordingly.

Provider Tools



Provider Tools that Make it Easy for Providers to Partner with Magellan Healthcare

- ***Toll free authorization and information number:***
 - BlueChoice HealthPlan of South Carolina* **888-642-9181**
 - BlueCross BlueShield of South Carolina* **866-500-7664**

- ***Available 8am – 8pm EST***
 - Interactive Voice Response (IVR) System

- ***RadMD Website – Available 24/7 (except during maintenance)***
 - Different functionality for ordering and rendering providers
 - Request authorization and view authorization status
 - Upload additional clinical information
 - View Clinical Guidelines, Frequently Asked Questions (FAQs), and other educational documents



Magellan Healthcare Website www.RadMD.com

RadMD Functionality varies by user:

Rendering Provider – Views approved authorizations for their facility.

Ordering Provider's Office – View and submit requests for authorization.

Online Tools Accessed through www.RadMD.com:

Magellan Healthcare's Clinical Guidelines

Frequently Asked Questions

Quick Reference Guides

RadMD Quick Start Guide

Claims/Utilization Matrices



Dedicated Provider Relations Contact Information

Magellan Healthcare Provider Relations Manager

Name: Tony Salvati

Phone: 1-800-450-7281 x75537 or 1-314-387-5537

Email: alsalvati@magellanhealth.com

Confidentiality Statement for Educational Presentations

By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.

The information contained in this presentation is intended for educational purposes only and is not intended to define a standard of care or exclusive course of treatment, nor be a substitute for treatment.

The information contained in this presentation is intended for educational purposes only and should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.

Thanks

