



BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

What You Need to Know About Medical Specialty Drug Prior Authorizations

2016 Edition

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OVERVIEW – SPECIALTY DRUG MEDICAL BENEFIT

Effective June 1, 2016, BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan introduced two new requirements for member medical and pharmacy benefits as stated:

1. Some medical specialty drugs will require prior authorization through the CVS/caremark online prior authorization tool, NovoLogix, an industry-leading software system that assists in managing drugs reimbursed under the medical benefit. CVS/caremark is a division of CVS Health, an independent company that provides pharmacy services on behalf of BlueCross and BlueChoice®. This tool is a web-based application available with single sign-on access through My Insurance Manager.

You can find a list of the medical specialty drugs that require prior authorization in the Provider Education sections of our websites, www.SouthCarolinaBlues.com and www.BlueChoiceSC.com.

2. Certain self-administered specialty drugs that were covered under the member's medical benefit will only be covered under their pharmacy benefit. Providers prescribing these specialty drugs billed under the member's pharmacy benefit will continue to request prior authorizations as usual through CVS/caremark.

These specialists can continue to bill self-administered drugs under the member's medical benefits:

- Hematologists
- Oncologists
- Nephrologists
- Rheumatologists

You can find a list of the self-administered specialty drugs that require prior authorization through CVS/caremark in the Provider Education sections of our websites, www.SouthCarolinaBlues.com and www.BlueChoiceSC.com.

BlueCross and BlueChoice plans not included in this benefit are the Federal Employee Program (FEP), State Health Plan and out-of-state members (BlueCard®).

Please note: This guide is for training purposes only. This is not a guarantee of payment. Non-payment of premiums and other contractual limitations may result in denial of benefits or refunds.

GETTING MEDICAL PHARMACY AUTHORIZATIONS

There are three ways to get prior authorizations for medical specialty drugs:

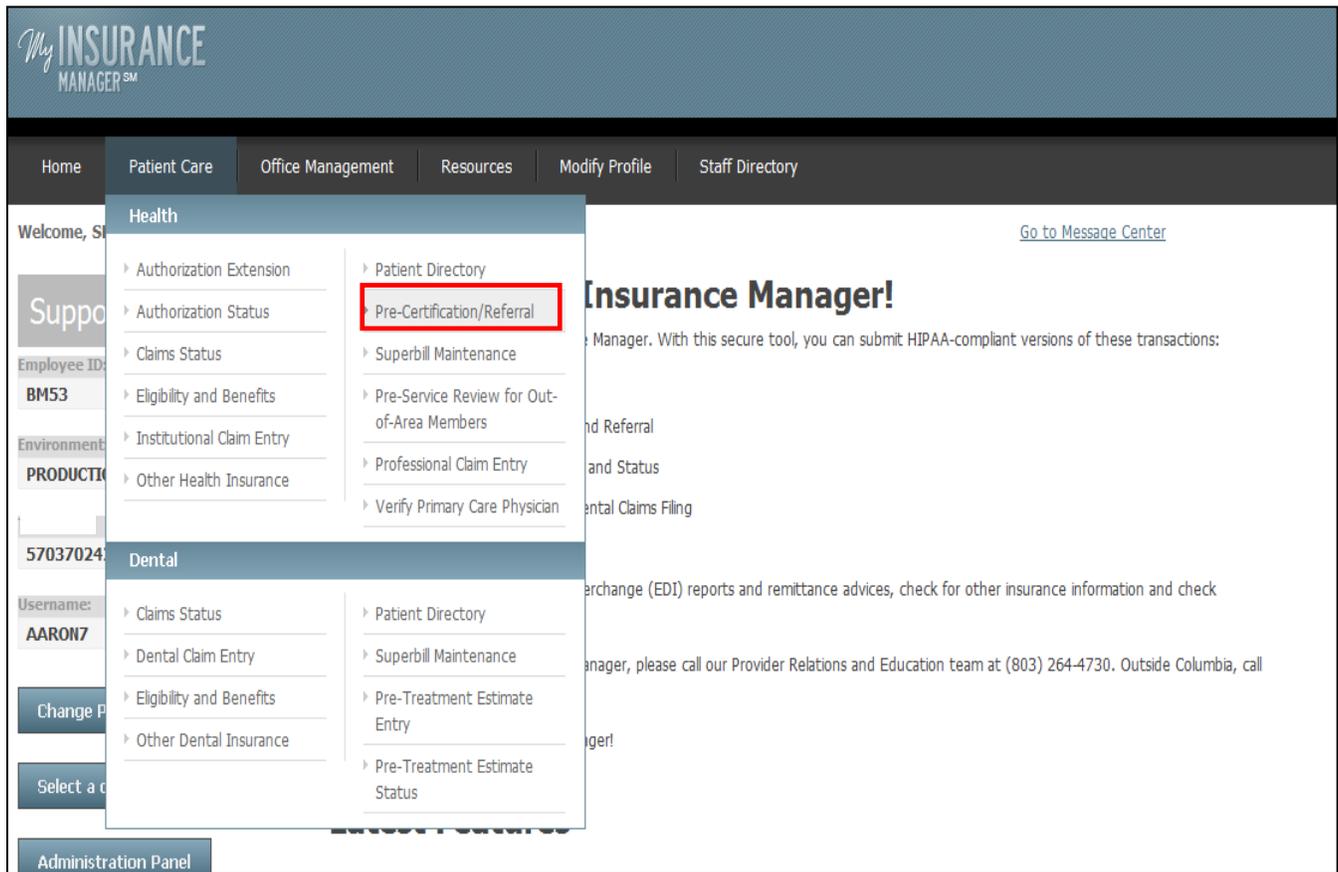
1. Call NovoLogix at 866-284-9229
2. Fax to NovoLogix at 844-851-0882
3. Online through My Insurance Manager

My Insurance Manager is our preferred method for you to get authorizations. Go to our websites, www.SouthCarolinaBlues.com or www.BlueChoiceSC.com, then to My Insurance Manager. Enter the required information to go to the NovoLogix system.

NovoLogix Client Support Services is available Monday – Friday from 7 a.m. to 6 p.m. Central Time. Contact Client Support Services by email at helpdesk@novologix.net or by phone at the number provided. Please do not include protected health information (PHI) when sending email messages to NovoLogix.

MY INSURANCE MANAGER

Providers will generate a prior authorization request as they do today using the **Pre-certification/Referral** option through My Insurance Manager.



After completing the **Patient Selection** and **Request Type** fields, proceed to either the **Fast Track Request** or submit a **Customized Precertification Request**.

You must specify **Specialty Drug** as the type of service you are requesting and where the service will take place in the **Request Type** section on the **Request** page, and then select **Continue**.

Pre-Certification/Referrals Printer-Friendly

Date of Service: 04/12/2016 * Required

Insurance
Plan Name: BlueCross BlueShield Plans
Member ID:

Patient
Patient's Name:
Date of Birth: 07/13/2000
[Change Patient](#)

Request

Request Type

In order to help us identify the required service, please answer these questions:

Which type of service are you requesting?

- Procedure
- Non-Procedure
- Laboratory Test
- Behavioral Health Treatment
- Maternity
- Specialty Drug

Where will this service take place?

- Specialty Drug

Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our [pre-certification requirements](#).

[Continue](#) [Ask Health Care Services](#) or [Back](#) [Start Over](#)

A pop-up box will appear telling you that pre-certification is required for the drug.

Request

Request Type

In order to help us identify the required service, please answer these questions:

⚠ This health plan requires pre-certification for this drug. Please call 866-284-9229 or [click here](#) to continue this authorization request. This link leads to a third party website for a company that handles pre-authorizations on behalf of this Health Plan. That company is solely responsible for the content and privacy policy on its site. You may also fax your request to 844-851-0882.

Service Request
Fast Track:
Fast Track Request: RESPIRATORY SYNCYTIAL VIRUS,
Date of Service: 04/12/2016

Procedure/Service Information:
Procedure: 1
Date of Service Begins: 04/12/2016
Date of Service Ends: 04/12/2016
Service Requested: 90378 RESPIRATORY SYNCYTIAL VIRUS,
Approved Service Range: 90378 RESPIRATORY SYNCYTIAL VIRUS, - 90378 RESPIRATORY SYNCYTIAL VIRUS,
Quantity: 1 Unit

Diagnosis Information:
Principal Diagnosis: Z79899 OTHER LONG TERM (CURRENT) DRUG THERAPY

This section will provide detail on how to navigate and use the NovoLogix Prior Authorization tool as provider user.

NOVOLOGIX

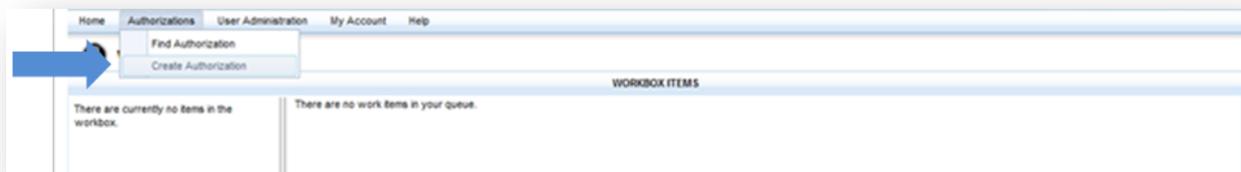
MINIMUM SYSTEM REQUIREMENTS

The NovoLogix claims system supports the use of Microsoft Internet Explorer browser versions 9, 10 and 11, Firefox and Chrome.

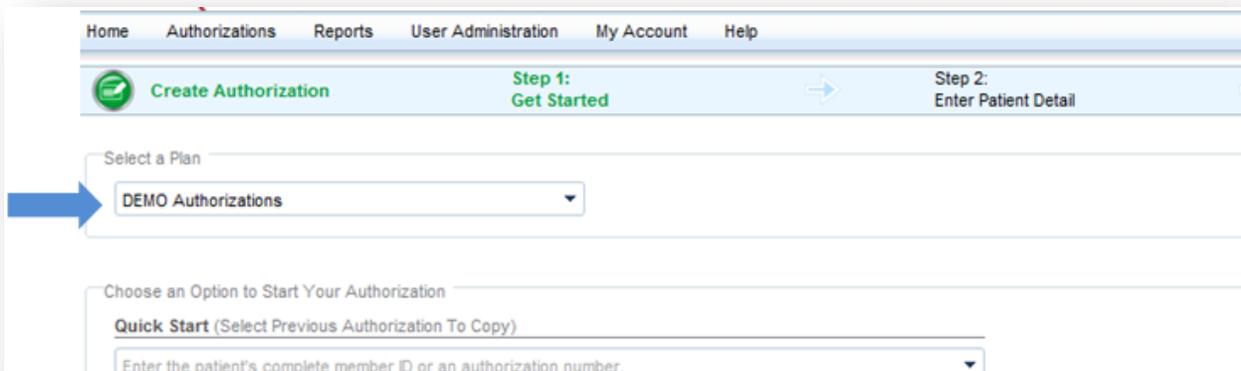
1. The standard browser options for cookies and JavaScript must be enabled.
2. While older versions of Internet Explorer, such as 8, are currently supported, we strongly recommend users upgrade to the most recent version, which will provide the best user experience.
3. To install the most recent version of Internet Explorer you can use this link:
<http://www.microsoft.com/ie>.
4. Add app.novologix.net to Internet Explorer's list of trusted sites
 - a. Open the new site in Internet Explorer
 - b. Go to Tools > Internet Options
 - c. Open the Security tab
 - d. Select Trusted sites
 - e. Select the Sites button
 - f. The site URL should be showing in the Add this website to the zone: box. Select Add
 - g. Select Close
 - h. Select OK

CREATING AN AUTHORIZATION

All authorizations that have been submitted will be available through the **Find Authorization** option. From the home page, hover over **Authorizations** and select **Create Authorization**.



Step 1 – Get Started



- a. Select the plan name from the **Select a Plan** drop down list. If you are only linked to one plan in the system, there is no need to complete this step.

The screenshot shows the 'Create Authorization' form. At the top, there are navigation tabs: Home, Authorizations, Reports, User Administration, My Account, and Help. Below the tabs, there are two steps: 'Step 1: Get Started' (active) and 'Step 2: Enter Patient D'. A 'Select a Plan' dropdown menu is set to 'DEMO Authorizations'. Below this, there is a section 'Choose an Option to Start Your Authorization' with a 'Quick Start (Select Previous Authorization To Copy)' dropdown menu. A search bar contains the text '042975'. Below the search bar is a table with the following data:

Member ID	Authorization #	Patient Name	NPI	Requesting Provider	Item Name
042975	10378	Sally Doe	1003000118	DEMO MedRx Precision Provider	Xeomin
042975	10379	Sally Doe	1003000118	DEMO MedRx Precision Provider	Botox
042975	10460	Sally Doe	1003000118	DEMO MedRx Precision Provider	Botox
042975	10516	Sally Doe	1003000118	DEMO MedRx Precision Provider	Botox
042975	10517	Sally Doe	1003000118	DEMO MedRx Precision Provider	Xeomin
042975	10996	Sally Doe	1003000118	DEMO MedRx Precision Provider	Botox
042975	11172	Sally Doe	1003000118	DEMO MedRx Precision Provider	Botox
042975	11173	Sally Doe	1003000118	DEMO MedRx Precision Provider	Botox

- b. To select your patient, enter the member ID under **Quick Start** to search for existing authorizations to copy, and select the selected line to make a quick copy of that authorization, **or** under the **Search for Existing Patient** section, enter the member ID in the **Member ID** field.

The screenshot shows the 'Create Authorization' form. At the top, there are navigation tabs: Home, Authorizations, Reports, User Administration, My Account, and Help. Below the tabs, there are two steps: 'Step 1: Get Started' (active) and 'Step 2: Enter Patient Detail'. A 'Select a Plan' dropdown menu is set to 'DEMO Authorizations'. Below this, there is a section 'Choose an Option to Start Your Authorization' with a 'Quick Start (Select Previous Authorization To Copy)' dropdown menu. Below the search bar, there is a 'Start With a New Patient' section with a 'NEW PATIENT' button. Below that, there is a 'Search for an Existing Patient' section with a 'Member ID' field containing '042975', an 'Authorization Start Date' field containing '2/16/2015', and a 'Date of Birth' field. A 'SEARCH' button is located below the fields.

- c. Select the member ID in blue to select your member from the results returned at the bottom of the screen.

Create an authorization by adding a new patient record. **NEW PATIENT**

Search for an Existing Patient

Member ID: *

Authorization Start Date: *

Date of Birth: *

SEARCH

Click on the Member ID to start an authorization for that Patient.

PATIENT SEARCH RESULTS

1 Page size: 25

Member ID	First Name	Last Name	Date of Birth	Plan
042975	Sally	Doe	1/1/1980	DEMO Authorizations

- d. If no results were returned when searching for your patient, select the **New Patient** button.

Home Authorizations Reports User Administration My Account Help

Create Authorization Step 1: Get Started → Step 2: Enter Patient De

Select a Plan

DEMO Authorizations

Choose an Option to Start Your Authorization

Quick Start (Select Previous Authorization To Copy)

Enter the patient's complete member ID or an authorization number.

Start With a New Patient

Create an authorization by adding a new patient record. **NEW PATIENT**

Search for an Existing Patient

Member ID: *

Authorization Start Date: *

Date of Birth: *

SEARCH

Step 2 – Enter Patient Detail

The screenshot shows the 'Enter Patient Detail' step of a four-step authorization process. The interface includes a navigation bar with 'Home', 'Authorizations', 'User Administration', 'My Account', and 'Help'. The progress bar indicates 'Step 2: Enter Patient Detail' is active. The form is divided into sections: 'Patient Detail' with fields for Last Name (Doe), Date of Birth (1/1/1980, 35 years), First Name (Sally), Gender (Female), Middle Initial, Weight, Patient Height, Last 4 SSN, Email, and Preferred Language (English); 'Addresses' with a single address (1414 15th Minneapolis MN 22222); 'Insurance Details' with Member ID (042975), Relationship to Insured (Self), and Plan (DEMO Authorizations); and 'Memberships' with Group # (11), Effective Date (1/1/2000), and Termination Date (Not Applicable). Navigation buttons for 'BACK', 'CANCEL', and 'NEXT' are at the bottom.

- Enter, confirm or edit the patient information in the **Patient Detail** fields, then select **Next** (Select arrows next to each heading to expand/collapse each section. If the fields in the patient detail screen are not editable, this is because the eligibility is provided by the payer. Any changes to this data will be handled by payer eligibility services).

Step 3 – Enter Authorization Detail

The screenshot shows the 'Enter Authorization Detail' step of the authorization process. The progress bar indicates 'Step 3: Enter Authorization Detail' is active. The form displays patient information (Member ID: 042975, First Name: Sally, Last Name: Doe, Primary Address: 1414 15th Minneapolis, MN 22222, DOB: 1/1/1980 (35 years), Gender: F) and provider information (Type: Requesting, NPI: 1003000118, Name: DEMO MedRx Precision Provider, Address: 123 Main St City, AL 12345). It includes fields for MD Office Contact Name, MD Office Contact Phone Number, MD Office Contact Fax Number, State License #, DEA #, and Group or Hospital. There is an 'ADD PROVIDER' link. The 'Diagnoses' section shows a Primary Diagnosis of '001.0 CHOLERA DUE TO VIBRIO CHOLERAE' with a 'REMOVE' link and an 'ADD DIAGNOSIS' link. The 'Authorization Requested Date' is 5/5/2015 and the 'Authorization Priority' is Normal. The 'Authorization Detail' section includes fields for Needs by Date, Ship to, Visit Date, Next Clinic Visit, Allergies, IGF-q, and BPQ. Navigation buttons for 'BACK', 'CANCEL', and 'NEXT' are at the bottom. Blue arrows point to the 'NEXT' button and the 'ADD PROVIDER' link.

- a. Complete all required fields and applicable authorization detail fields, then select **Next** (Please note: Required fields are denoted by a red asterisk).

Step 4 – Enter Authorization Lines

Home Authorizations Reports User Administration My Account Help

Create Authorization Add SSO User Find User Step 2: Enter Patient Detail Step 3: Enter Authorization Detail Step 4: Enter Authorization Lines

Patient
 Member ID: 042975 First Name: Sally Last Name: Doe Primary Address: 1414 15th Minneapolis, MN 22222
 DOB: 1/1/1980 (35 years) Gender: F

Line 1
 Place of Service: Office *
 Date(s) of Service: 2/16/2015 to 8/15/2015
 NDC Code: 60574411301 * Drug Name: Synage Quantity (Doses): 4.00
 Strength/Measure: 100 MG/ML Dosage Form: SOLN Route: M
 Pkg. Size: 1.000 ML
 For Diagnosis: 001.0 CHOLERA DUE TO VIBRIO CHOLERAEE *
 Sig:
 Refills:

« BACK CANCEL SAVE NEXT »

- a. Enter the applicable start and end dates under **Date(s) of Service**.
- b. Enter the requested drug name or NDC in the **NDC Code** field.
- c. Enter the quantity, if applicable. If not applicable, the field will not appear upon drug selection.
- d. Enter any additional information in the applicable fields.
- e. Select **Next**.

Home Authorizations Reports My Account Help

Authorization Number: Status: Incomplete Assigned User:

AUTHORIZATION DETAIL TRANSACTION HISTORY

Member Details Member Name: Nathan Doe Member ID: 12091975 Plan: CV5C BlueCrossBlueShield of IL Gender: Male Date of Birth: 1/1/1980 (34 years)

Authorization Details

Providers Provider Name: Intake Provider

Diagnosis

Authorization Requested Date: 5/30/2014 2:53 PM Authorization Start Date: 5/30/2014 Authorization End Date: 5/30/2014
 Authorization Priority: Normal *

Cancer Type: Ann Arbor Stage: Nodal Status:
 Clinical/Pathologic: B Symptoms: Radiation Adjunct:
 T Stage: E/SX Modifiers: Radiation Adjunct Timing: *
 N Stage: FIGO Stage: Surgery Adjunct:
 M Stage: Pth+Pth: Surgery Adjunct Timing: *
 Grade: MSTS Stage: Karnofsky Performance Scale:
 Final Stage: ISS Stage: WHO performance scale:
 Limited/Extensive: Serum Tumor Markers:
 NCCN Risk Category: Masoka Stage: Recurrent:

Authorization Lines REQUESTED: NDC Code: 56468035701 Drug Name: Campath Qty: Not Applicable

« BACK CANCEL SAVE SUBMIT »

- f. Review information entered under the **Authorization Detail Screen**.
- g. If no changes are needed, select **Submit**.

Step 5 – Completing the Protocols and Submitting the Request

Upon clicking **Submit**, if your request falls under the medical benefit, you will be brought through a series of protocol questions that will display on the screen.

- a. Answer clinical questions as they are displayed in the pop up screen and click **Next** to move to the next question.

SGM_Botox (v1.0.2)

Question: SGM_Botox.Question1

Is therapy prescribed for cosmetic purposes (eg, treatment of wrinkles)?

Yes

No

SAVE AND CLOSE NEXT

- b. Once the protocol questions have been completed, your authorization will be auto approved, canceled or released to the next party for review. Once the outcome is displayed on the last pop-up, select **Done**.

SGM_Botox (v1.0.2)

Question: SGM_Botox.Pend

Thank you, your authorization has been pended for further review.

BACK DONE

- c. The outcome or status of the authorization will be displayed at the top of the screen along with the authorization number assigned.

Home Authorizations Reports User Administration My Account Help

Find Authorization

Create Authorization

Status: Pharm Review Assigned User:

Your authorization is currently being reviewed. Please check your home page daily to confirm that no additional information is required to process your authorization.

AUTHORIZATION DETAIL TRANSACTION HISTORY

Member Details Member Name: Sally Doe Member ID: 042975 Plan: DEMO Authorizations Gender: Female Date of Birth: 1/1/1980 (35 years)

Authorization Details

Providers Provider Name: DEMO MedRx Precision Provider

Diagnosis Primary ICD9: 001.0 Description: CHOLERA DUE TO VIBRIO CHOLERAE

Authorization Requested Date: 2/16/2015 Authorization Start Date: 2/16/2015 Authorization End Date: 8/15/2015

Authorization Priority: Normal

Notes & Documents

Notes: (No notes found) ADD NOTE ADD CONTACT ATTEMPT Documents: (No documents found)

Authorization Lines REQUESTED: NDC Code: 55513073001 Drug Name: Xgeva Qty: Pending

Line 1 Status: Pending

Place of Service: Office

Date(s) of Service: 2/16/2015 to 8/15/2015

NDC Code: 55513073001 Drug Name: Xgeva

Strength/Measure: 120 MG/1.7ML Dosage Form: SOLN Route: SC

Pkg. Size: 1.700 ML

For Diagnosis: 001.9 CHOLERA DUE TO VIBRIO CHOLERAE

Sig: (none)

*See individual line detail for status of the line.

Home Authorizations Reports User Administration My Account Help

Authorization Number: 27416 Status: Pending Questionset Assigned User:

AUTHORIZATION DETAIL TRANSACTION HISTORY

Member Details Member Name: FIRSTNAME_1 LASTNAME_1 Member ID: PATIENTIDNO_1 Plan: Blue Cross and Blue Shield of South Carolina Business: 001PCLMNC

Authorization Details

Providers Provider Name: ; LLC

Diagnosis Primary ICD10: A02.9 Description: Salmonella infection, unspecified (ICD-10)

Authorization Requested Date: 05/09/2016 04:54:21 PM * Authorization Start Date: 5/9/2016 Authorization End Date: 5/9/2016

Authorization Priority: Normal * BenefitType: Pharmacy Authorization DateType: Unspecified

Complete Clinical:

- d. If your request falls under the Pharmacy benefit, upon clicking **Submit**, your request will be sent to the Caremark PBM Systems and the authorization request status will display as **Pending Questionset**.

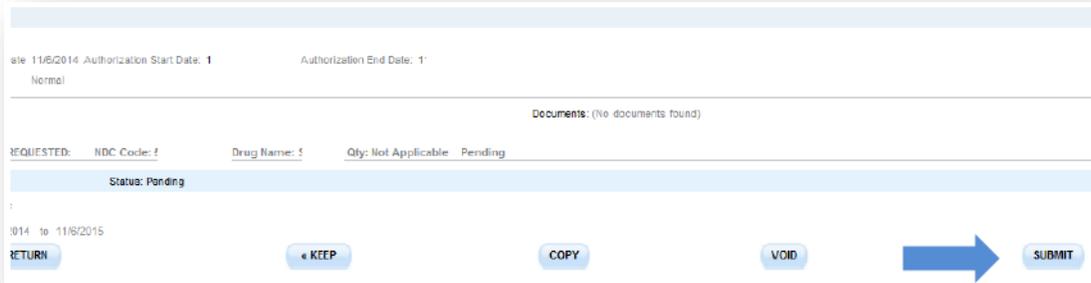
The Caremark PBM will send back your authorization request with the applicable clinical questions for your completion, if the requested drug requires prior authorization. It will appear on your home page in the **Workbox** under the **Questionset Received** queue.

Shared Work Items - (58)

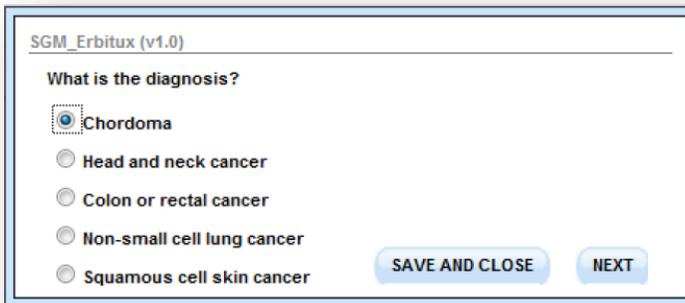
- Incomplete - (11)
- Pending Decision - (8)
- Pending Questionset - (31)
- Provider Notification - (4)
- Questionset Received - (4)**

Task	ID
Questionset Re	<input type="checkbox"/> Y
Questionset Received	13797
Questionset Received	13798
Questionset Received	13801
Questionset Received	13835

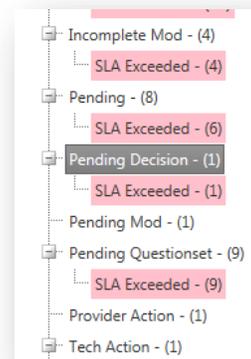
- e. To complete the clinical question set, click **Questionset Received** in the menu for the list of authorizations in that category.
- f. Select your authorization request by clicking on the description on the **Task** screen. You will then be brought to the detail of the authorization request.
- g. Click **Submit** to complete the clinical questions.



- h. Answer clinical questions as they are presented in the pop up screen that displays, and click Next to move on to the next question.
- i. Click **Submit** to complete the clinical questions.

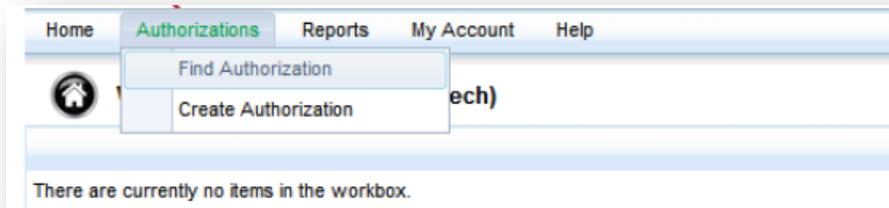


- j. Once clinical questions have been completed, click **Done**. The clinical questions screen will then close and the authorization request will be sent back to the Caremark PBM System for a determination and the Authorization will be placed in a **Pending Decision** status.



- k. Once a determination is made, the Authorization will be sent back to your homepage under the **Provider Notification** queue. You will then be able to open the authorization to review the determination of your Authorization request.

FINDING AN AUTHORIZATION



- a. From the Homepage select **Find Authorization** from the **Authorizations** from the top navigation menu.

The screenshot shows the 'Find Authorization' search criteria form. The form is divided into two main sections: 'SEARCH CRITERIA' and 'Advanced Search'. The 'SEARCH CRITERIA' section includes fields for Authorization #, Plan (CVSC BlueCrossBlueShield of IL), Billing Provider (Intake Provider (1234567893)), First Name, Last Name, Member ID (12091975), Date Range (Start Date of Service), Date Type ([All]), Start Date, and End Date. The 'Advanced Search' section includes fields for Authorization Status ([All]), Payer Authorization #, Patient Account #, HCPCS/CPT Code, NDC Code, Drug Name, Physician NPI, Physician Last Name, and Physician First Name. A 'SEARCH' button is located at the bottom right of the form.

- b. Enter search criteria.
- c. Click **Search**.

The screenshot shows the 'AUTHORIZATION SEARCH RESULTS' table. The table has the following columns: Auth #, First Name, Last Name, Member ID, Plan, Provider Name, Start Date, End Date, Last Activity Date, Status, Documents, Notes, and Copy. The table contains one record with the following data:

Auth #	First Name	Last Name	Member ID	Plan	Provider Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes	Copy
8452	Nathan	Doe	12091975	CVSC BlueCrossBlueShield of L	Intake Provider	5/30/2014	5/30/2014	5/30/2014	Approved	✓		

- d. Select pre-notification from the search results presented at the bottom of the screen.

NOTES

After creation, you will have the ability to add notes.

Notes & Documents

Notes: [ADD NOTE](#) [ADD CONTACT ATTEMPT](#) Documents: (No documents found)

Date	Type	Note	Attempt#	Applies To	Added By
1/4/2013	General	Reason Here...		Line 1	novologix.net

- a. From the authorization detail screen select **Add Note**.

Add Note

Note: Note here... *

Apply To: Entire Authorization
 Line 1 (66887000301 - Xiaflex)

SAVE

- b. Enter your note in the pop up text box and select **Save**.

DOCUMENTS

Additional documentation can be added to any authorization at any time.

Notes & Documents

Notes: [ADD NOTE](#) [ADD CONTACT ATTEMPT](#) Documents: (No documents found)

Date	Type	Note	Attempt#	Applies To	Added By
1/4/2013	General	Reason Here...		Line 1	novologix.net

[ADD DOCUMENT](#)

- a. Select **Add Document**. If prompted to add a document during the protocol process, you can save your protocol and add the document or you can add after the protocol is complete.

Attach Document

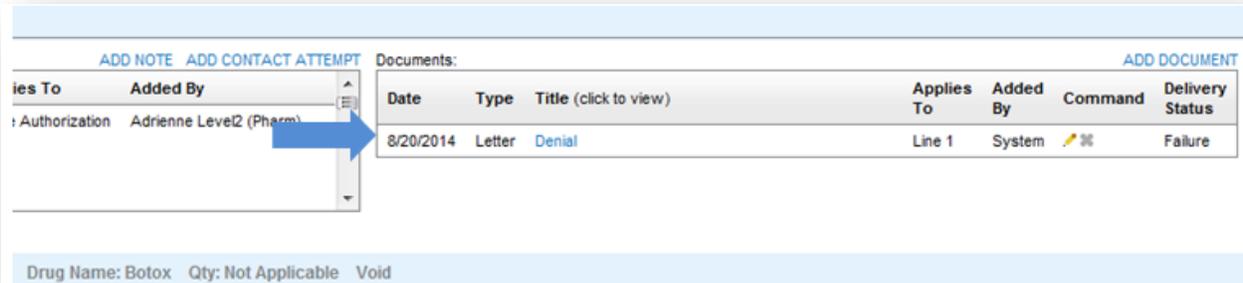
Title: Document *

Select File: D:\Training\Training\Test Fax. Browse... OR Select From History *

Apply To: Entire Authorization
 Line 1 (66887000301 - Xiaflex)

UPLOAD

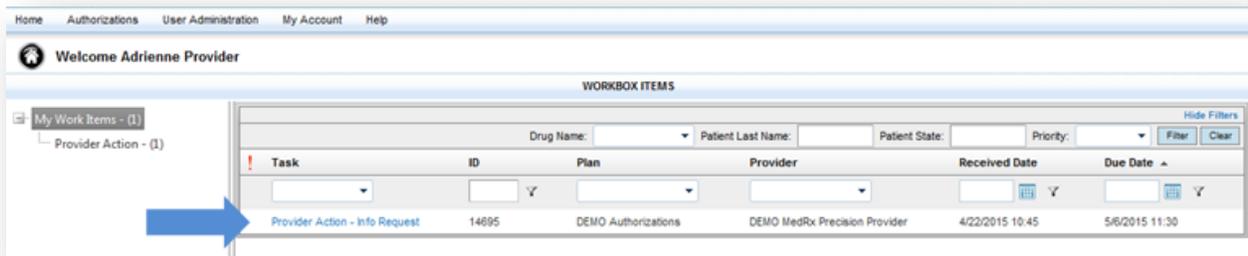
- Browse through your directories to locate the desired file or choose **Select From History** to browse through documents attached to authorizations in the system for that member.
- Select **Document**.
- Rename the document.
- Select **Upload** to attach.



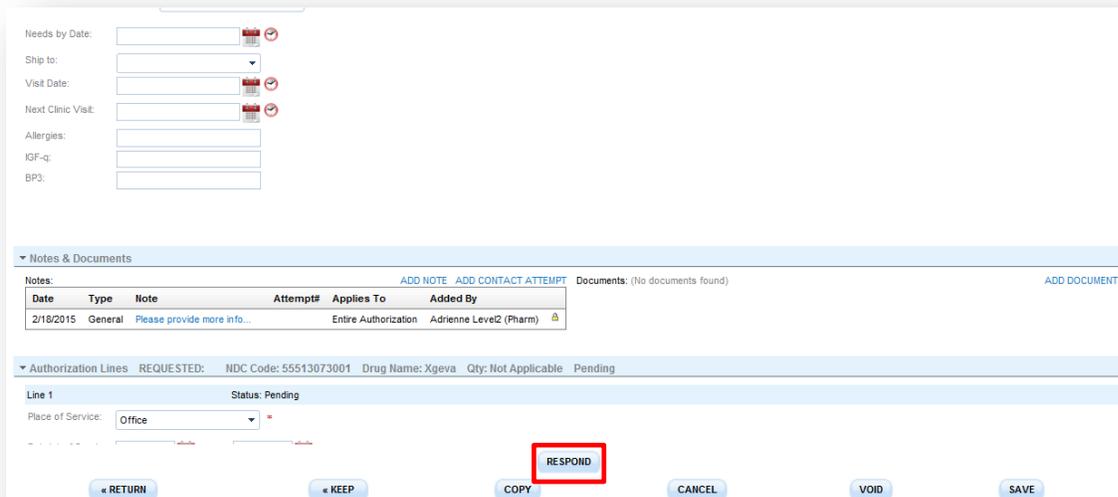
Once uploaded, your document will be available for viewing by selecting the document name in blue.

RESPONDING TO AN INFORMATION REQUEST FROM THE PLAN

An information request will show up on your homepage under the **Provider Action** section of your homepage, denoted by **Request**.



- To review the request, select **Provider Action** next to the authorization you wish to review. This will bring you into the authorization detail screen to review the request.
- Once you have reviewed the request and taken any applicable action, click **Respond** to return the authorization.



CREATING A MODIFICATION

When a date or quantity needs to be changed, you have the ability to modify an approved authorization.

- a. Use **Find Auth** to locate the approved authorization.

Home Authorizations Reports User Administration My Account Help

Authorization Number: 25798 Status: Approved Assigned User:

AUTHORIZATION DETAIL TRANSACTION HISTORY

Member Details Member Name: FIRSTNAME_143 LASTNAME_143 Member ID: PATIENTIDMO_143 Plan: Blue Cross and Blue Shield of South Carolina Gender: Female Date of Birth: 11/6/1953 (62 years) Line of Business: 035KHR299

Authorization Details

Providers Provider Name: f

Diagnosis Primary ICD10: R50.1 Description: Post traumatic seizures (ICD-10)

Authorization Requested Date: 4/20/2016 1:53 PM Authorization Start Date: 4/14/2016 Authorization End Date: 4/14/2016

Authorization Priority: Normal Benefit Type: Medical

Complete Clinical

Notes & Documents

Notes:					Documents:							
Date	Type	Note	Attempt#	Applies To	Added By	Date	Type	Title (click to view)	Applies To	Added By	Command	Delivery Status
4/20/2016	General	Thanks		Entire Authorization	Gretchen Hubbard	4/20/2016	Letter	Standard Approval_Rendering	Line 1	System	Failure	Failure
4/20/2016	Letter					4/20/2016	Letter	Standard Approval_Mem	Line 1	System	Ready	Ready
4/20/2016	Letter					4/20/2016	Letter	Standard Approval_Dr	Line 1	System	Failure	Failure

COPY VOID SAVE **MODIFY** LETTER

- b. Select **Modify** for the **Modify Authorization** window to appear.
- c. Enter your note in the **Modify Reason** field.

Modify Authorization

Modify Reason: Change in NDC...]

Apply To:

Line 1 (00944280201 - Aralast NP)

MODIFY CANCEL

- d. Select **Modify**.
- e. Attach any required documents.

▼ Authorization Lines REQUESTED: NDC Code: 00944280201 Drug Name: Aralast NP Qty: Not Appli

Line 1 Status: Modified

Place of Service: Office *

Date(s) of Service: 4/14/2016 * to 4/14/2016 *

NDC Code: 00944280201 * Drug Name: Aralast NP

Strength/Measur: 400 MG Dosage Form: SOLR Route: IV

Pkg. Size: 1.000 EA

For Diagnosis: R56.1 Post traumatic seizures (ICD-10) *

Refills: 2 Sig: RM

- f. Change the date of service and/or quantity as needed on the authorization detail under the appropriate lines.
- g. Click **Release** for the request to move to Pending Mod status the Clinical Review Unit to process.



Home Authorizations Reports User Administration My Account Help

Authorization Number: 26603 Status: Pending Mod

AUTHORIZATION DETAIL TRANSACTION HISTORY

FILTERS

When selecting authorizations to work from a specific shared queue in your workbox, you have the ability to apply filters to view only the authorizations you want to see.

Home Authorizations Reports User Administration My Account Help

Welcome Adrienne Level2 (Pharm)

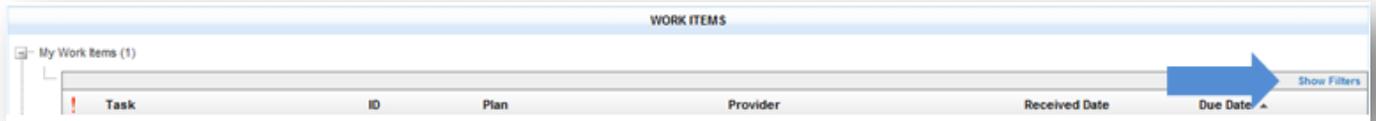
WORKBOX ITEMS

Task	ID	Plan	Provider	Received Date	Due Date
Pharm Review	13568	DEMO Authorizations	DEMO MedRx Precision Provider	2/13/2015 10:02	2/14/2015 10:02
Pharm Review	13571	DEMO Authorizations	DEMO MedRx Precision Provider	2/13/2015 10:12	2/14/2015 10:12
Pharm Review	13574	DEMO Authorizations	DEMO MedRx Precision Provider	2/13/2015 11:22	2/14/2015 11:22
Pharm Review	13648	DEMO Authorizations	DEMO MedRx Precision Provider	2/18/2015 08:33	2/19/2015 08:33
Pharm Review	13649	DEMO Authorizations	DEMO MedRx Precision Provider	2/18/2015 10:10	2/19/2015 10:10

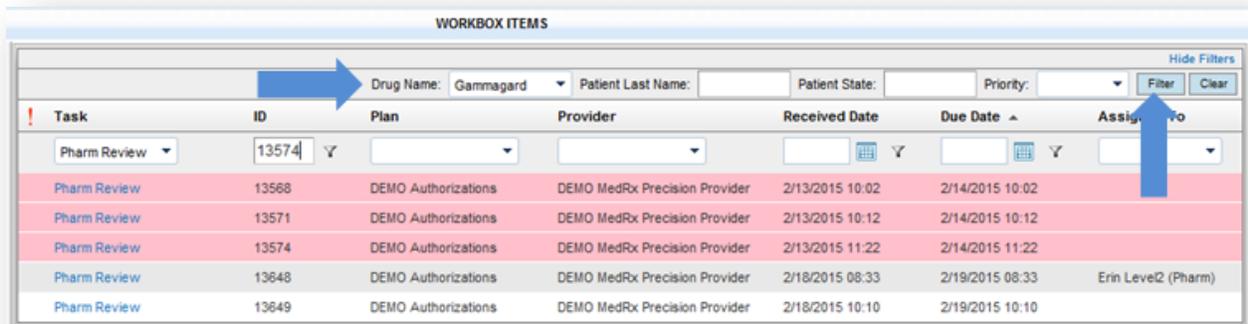
My Work Items - (1)

- Pharm Review - (1)
 - SLA Exceeded - (1)
- Shared Work Items - (12)
- Confirm MD Review - (1)
 - SLA Exceeded - (1)
- Incomplete - (1)
 - Pharm Review - (5)
 - SLA Exceeded - (3)
 - Pharm Review Appeal - (5)
 - SLA Exceeded - (2)

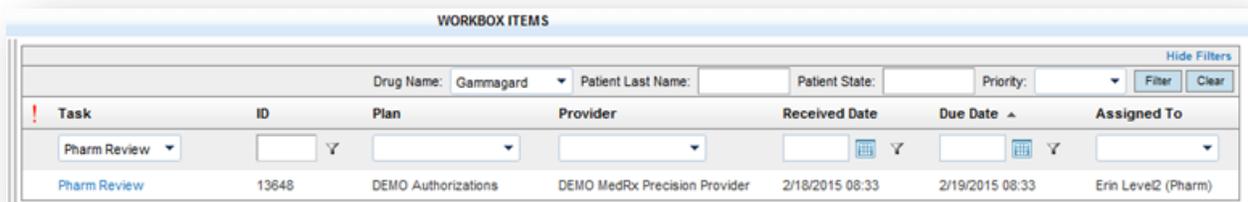
- a. Expand the queue you wish to view and apply your filter to by selecting the queue name.



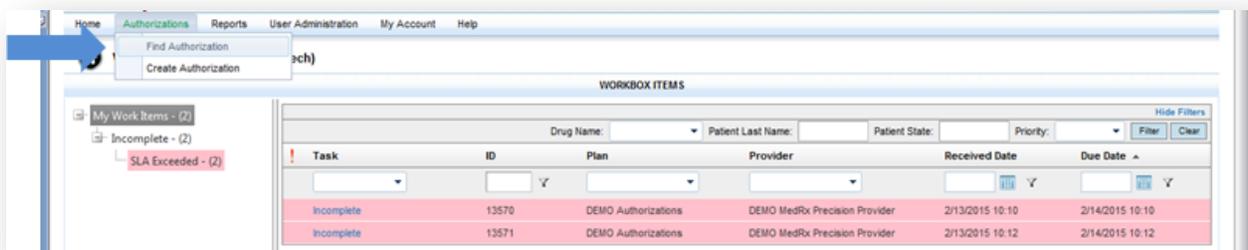
b. On the right-hand side of the workbox, select **Show Filters**.



- c. Enter the desired filter data by typing or selecting from the dropdown boxes. Any field with a filter icon next to it will allow you to define the filter parameter for that field.
- d. Select **Filter** to apply your request.



Your results will be presented in the workbox. You can also sort workbox columns by selecting the headings in black. Please note the workbox will only maintain one sorted column at a time.



e. From the homepage select **Authorizations**, and then select **Find Authorization**.

Home Authorizations Reports User Administration My Account Help

Find Authorization

SEARCH CRITERIA

Authorization #:

Plan: DEMO Authorizations

Requesting Provider: Enter at least 3 characters to search for a Provider.

First Name:

Last Name:

Member ID: 042975

Date Range

Date Type: Start Date of Service

Date Range: [All]

Start Date:

End Date:

Authorization Status: Void

Payer Authorization #:

Patient Account #:

Advanced Search

The following fields will only narrow your search results. If you do not include additional criteria in the fields above your results will be skewed.

HCPCS/CPT Code:

NDC Code:

Drug Name:

Physician NPI:

Physician Last Name:

Physician First Name:

SEARCH

- f. Enter the search criteria.
- g. Select **Search**. To refine your search results, you can add additional search criteria under the **Advanced Search** section.

Home Authorizations Reports User Administration My Account Help

Find Authorization

SEARCH CRITERIA

Authorization #:

Plan: DEMO Authorizations

Requesting Provider: Enter at least 3 characters to search for a Provider.

First Name:

Last Name:

Member ID: 042975

Date Range

Date Type: Start Date of Service

Date Range: [All]

Start Date:

End Date:

Authorization Status: Void

Payer Authorization #:

Patient Account #:

Advanced Search

The following fields will only narrow your search results. If you do not include additional criteria in the fields above your results will be skewed.

HCPCS/CPT Code:

NDC Code:

Drug Name:

Physician NPI:

Physician Last Name:

Physician First Name:

SEARCH

AUTHORIZATION SEARCH RESULTS Max Records: 100

1 2 Page size: 25 27 records in 2 pages

Auth #	First Name	Last Name	Member ID	Plan	Provider Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes	Copy
10376	Sally	Doe	042975	DEMO Authorizations	DEMO MedRx Precision Provider	7/31/2014	8/1/2014	1/9/2015	Void	✓	✓	
10379	Sally	Doe	042975	DEMO Authorizations	DEMO MedRx Precision Provider	7/31/2014	8/1/2014	1/9/2015	Void			
10480	Sally	Doe	042975	DEMO Authorizations	DEMO MedRx Precision Provider	8/7/2014	8/7/2014	1/9/2015	Void	✓		
10516	Sally	Doe	042975	DEMO Authorizations	DEMO MedRx Precision Provider	8/12/2014	8/12/2014	1/9/2015	Void			
10517	Sally	Doe	042975	DEMO Authorizations	DEMO MedRx Precision Provider	8/12/2014	2/8/2015	1/9/2015	Void	✓		

- h. Select your prior authorization from the search results presented at the bottom of the screen by selecting the authorization number in blue.

HOW TO ACCESS ASKNOVOLOGIX

The AskNovoLogix system assists users in gaining access to items such as forms, user manuals and videos.

Home Authorizations Reports My Account Help

Find Authorization Ask NovoLogix

SEARCH CRITERIA

Authorization #:

Plan: CVSC BlueCrossBlueShield of IL

Billing Provider: Intake Provider (1234567893)

First Name:

Last Name:

Member ID: 12091975

Date Range:

Date Type: Start Date of Service

Date Range: [All]

Start Date:

End Date:

Authorization Status: [All]

Payer Authorization #:

Patient Account #:

Advanced Search

The following fields will only narrow your search results. If you do not include additional criteria in the fields above your results will be skewed.

HCPCS/CPT Code:

NDC Code:

Drug Name:

Physician NPI:

Physician Last Name:

Physician First Name:

SEARCH

AUTHORIZATION SEARCH RESULTS

Page size: 25 Max Records: 100

1 records in 1 pages

Auth #	First Name	Last Name	Member ID	Plan	Provider Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes	Copy
8452	Nathan	Doe	12091975	CVSC BlueCrossBlueShield of IL	Intake Provider	5/30/2014	5/30/2014	5/30/2014	Approved	✓		

- Select **Help**, then choose **AskNovoLogix** to be taken to the AskNovoLogix interface.

Index Search

Category Name

- [General Information](#)
- [Forms](#)
- [Horizon Specific](#)
- [NovoLogix Claim System](#)
- [UHc Specific](#)
- [User Account Information](#)
- [System Status](#)
- [Accordant](#)
- [BlueCross BlueShield of Michigan](#)

Welcome to FAQs. Please enter a word or string of words in the Search For field or select a category from the menu.

Home Authorizations Reports My Account Help

Index Search

Category Name

- [General Information](#)
- [Forms](#)
- [Horizon Specific](#)
- [NovoLogix Claim System](#)
- [UHC Specific](#)
- [User Account Information](#)
- [System Status](#)
- [Accordant](#)**
- [BlueCross BlueShield of Michigan](#)

Accordant

- [Where do I receive training on how to submit an Authorization on the NovoLogix Authorization System?](#)
- [How do I contact NovoLogix Client Support if I need help regarding website support, system access, or a password reset?](#)
- [What are the provider inquiry phone numbers for CVS Caremark Oncology?](#)
- [How do I obtain access to the NovoLogix Authorization System?](#)

Where do I receive training on how to submit an Authorization on the NovoLogix Authorization System?
 For detailed information on how to create an Authorization in the NovoLogix Authorization system please review the user manual. [\[Top of Page\]](#)

How do I contact NovoLogix Client Support if I need help regarding website support, system access, or a password reset?
 Contact Via Phone: 1-866-532-0471
 Contact Via Email: helpdesk@novologix.net
 Note: Your inquiry will be responded to within 2 business day by the NovoLogix Client Support Team. Within 30 minutes of submitting an email to this address, you will receive an automated response indicating the inquiry was received and detailing the incident number that was generated. [\[Top of Page\]](#)

What are the provider inquiry phone numbers for CVS Caremark Oncology?
Accordant Cancer Drug Program
 Provider Inquiry: 1-844-804-0396
Aetna Care Advocate Group
 Provider Inquiry: 1-866-383-1996
NovoLogix Client Support Help Desk
 Provider Inquiry: 1-866-532-0471 [\[Top of Page\]](#)

How do I obtain access to the NovoLogix Authorization System?
 To obtain access, make changes, or add a new user to the NovoLogix Authorization system please complete the appropriate user request form provided below. Once that is filled out, manually sign the document, and return it back to NovoLogix.
[Accordant BCBS IL User Request Form Feb 2014.doc](#) (152064 bytes, uploaded on 05/29/2014 12:20:00)
[Accordant Aetna User Request Form Feb 2014.doc](#) (151040 bytes, uploaded on 05/29/2014 12:20:00) [\[Top of Page\]](#)

b. Select the item(s) you wish to review.

FREQUENTLY ASKED QUESTIONS

What is the new prior authorization process for medical specialty drugs?

Beginning June 1, 2016, providers who need a medical specialty drug prior authorization will be able to submit their request through the CVS/caremark online prior authorization tool, NovoLogix. This tool can be accessed through My Insurance Manager.

What are specialty drugs?

Typically, specialty drugs are expensive and have one or more of these characteristics:

- Require specialized patient training to administer the drug (including supplies and devices needed for administration).
- Require coordination of care before therapy initiation and/or during therapy.
- Require unique patient compliance and safety monitoring.
- Require special handling, shipping and storage.
- Have restricted access or limited distribution.

What is the difference between medical specialty drugs and pharmacy specialty drugs?

Medical specialty drugs are administered by injection or infusion. Pharmacy specialty drugs are taken orally or inhaled.

Where can I find a list of medical specialty drugs that require prior authorization?

Medical specialty drug lists can be found in the provider education sections of our websites, www.SouthCarolinaBlues.com and www.BlueChoiceSC.com.

What if I have an existing approved prior authorization with an approval date after June 1, 2016?

We will honor existing prior authorizations with approval dates after June 1, 2016.

What is online prior authorization through NovoLogix?

NovoLogix is a secure, web-based prior authorization tool. It supports submission and online approval of prior authorization requests for medical specialty drugs. The prior authorizations link is accessible to registered users through a link on My Insurance Manager.

Why should I use the NovoLogix tool?

Online prior authorization should save your staff time and reduce the need to phone or fax prior authorization requests for medical specialty drugs. You are able to:

1. Easily create your request.
2. Track the authorization status.
3. View request determinations.

Which web browsers are compatible with NovoLogix?

Internet Explorer 9, 10 or 11; Firefox; and Chrome.

I do not have My Insurance Manager access. How do I request access?

To request My Insurance Manager access, go to the provider section on our websites, www.SouthCarolinaBlues.com or www.BlueChoiceSC.com. Select My Insurance Manager from the menu, then select Register Now. You may call us at 855-229-5720 if you need assistance.

After submitting a prior authorization request through NovoLogix, when will I receive a response?

CVS/caremark tries to respond to each request within five working days. It is possible, however, for these requests to take longer in some circumstances. If you have an urgent request, we encourage you to include that information in the prior authorization request.

If I submit a medical specialty drug prior authorization request through fax or phone, will I be able to view the status through NovoLogix?

Yes. All medical specialty drug determinations, regardless of how the request was submitted are viewable in NovoLogix.

Who can I contact if I have not received a response to my prior authorization request?

If you have a question about the status of a prior authorization request, call NovoLogix at 866-284-9229.

What should I do if my prior authorization request is denied?

If a prior authorization is denied, you will receive a letter explaining the reason for the denial. If you have questions regarding the denial, contact phone numbers will be listed in the letter.

Revised July 2016**IMPORTANT NOTICE**

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