

Musculoskeletal Care Management (MSK) Program Spine Surgeries Frequently Asked Questions (FAQ's) For BlueCross BlueShield of South Carolina¹ and BlueChoice HealthPlan of South Carolina Ordering Physicians

Question	Answer
GENERAL	
<p>Why are BlueCross and BlueChoice® implementing an MSK program focused on spine surgeries?</p>	<p>To improve quality and manage the utilization of non-emergent lumbar and cervical spine surgery procedures, occurring in outpatient and inpatient settings, for our members. <u>The following spine surgery procedures require prior authorization* through Magellan Healthcare. Magellan is an independent company that provides utilization management services on behalf of BlueCross and BlueChoice.</u></p> <ul style="list-style-type: none"> • 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) <p>*Magellan Healthcare does not <u>manage</u> prior authorization for emergency spine surgery cases that are admitted through the emergency room or for spine surgery procedures outside of those procedures listed above.</p>

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

<p>Why did BlueCross and BlueChoice select Magellan Healthcare to manage its MSK program for spine surgeries?</p>	<p>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>
<p>Which BlueCross and BlueChoice members will be covered under this relationship and what networks will be used?</p>	<p>Magellan Healthcare will manage non-emergent lumbar and cervical spine surgery procedures, occurring in outpatient and inpatient settings for BlueCross and BlueChoice members effective May 1, 2016, through BlueCross and BlueChoice's contractual relationships.</p> <p>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®).</p>
<p>IMPLEMENTATION</p>	
<p>What is the implementation date for this MSK program for spine surgeries?</p>	<p>Implementation will be May 1, 2016. BlueCross, BlueChoice and Magellan Healthcare will be collaborating on a provider related activities prior to the start date including provider announcements, and provider education.</p>
<p>PRIOR AUTHORIZATION</p>	
<p>When is prior authorization required?</p>	<p>Prior authorization is required through Magellan Healthcare for inpatient and outpatient non-emergent spine surgeries.</p> <p>The ordering physician must obtain prior authorization with Magellan Healthcare prior to performing these procedures.</p>
<p>Is a prior authorization required for patients who already have a spine surgery scheduled?</p>	<p>Yes. Any non-emergent spine surgery performed on or after, May 1, 2016, requires a prior authorization through Magellan Healthcare.</p>
<p>Who can order a lumbar or cervical spine surgery?</p>	<p>A majority of the spine surgeries requiring medical necessity are expected to be ordered by one of the following specialties:</p>

	<ul style="list-style-type: none"> • Neurosurgeons • Orthopedic Spine Surgeons
Are inpatient pain management procedures included in this program?	Yes. All non-emergent outpatient Interventional Pain Management procedures are required to have a prior authorization through Magellan Healthcare.
Who will be reviewing the spine surgery requests and medical information provided?	Practicing neurosurgeons will conduct the medical necessity reviews and determinations.
Does the Magellan Healthcare's prior authorization process change the requirements for facility-related prior authorization?	<p>No. Magellan Healthcare's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed. Magellan Healthcare will provide BlueCross and BlueChoice with the surgery type requested and authorization determination.</p> <p>BlueCross and BlueChoice Facilities must continue to follow BlueCross and BlueChoice prior authorization processes for hospital admissions and elective surgery.</p>
How does the ordering physician obtain a prior authorization from Magellan Healthcare?	<p>Ordering Physicians will be able to request prior authorization via the Magellan Healthcare website or by calling the Magellan Healthcare toll-free number</p> <p>BlueCross BlueShield of South Carolina 866-500-7664 BlueChoice HealthPlan of South Carolina 888-642-9181</p>
What information will Magellan Healthcare require in order to receive prior authorization?	<p>To expedite the process, please have the following information ready before logging on to the web site or calling the Magellan Healthcare Call Center (*denotes required information): for prior authorization of non-emergent inpatient and outpatient spine surgeries:</p> <ul style="list-style-type: none"> • Name and office phone number of ordering physician* • Member name and ID number* • Requested surgery type* • Name of facility where the surgery will be performed* • Anticipated date of surgery* • Details justifying the surgical procedure*: <ul style="list-style-type: none"> ○ Clinical Diagnosis*

	<ul style="list-style-type: none"> ○ Date of onset of back pain or symptoms /Length of time patient has had episode of pain* ○ Physician exam findings (including findings applicable to the requested services) ○ Diagnostic imaging results ○ Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication) <p>Please be prepared to provide the following information, if requested:</p> <ul style="list-style-type: none"> ● Clinical notes outlining type and onset of symptoms ● Length of time with pain/symptoms ● Non-operative care modalities to treat pain and amount of pain relief ● Physical exam findings ● Diagnostic Imaging results ● Specialist reports/evaluation
<p>Does the ordering physician need a separate request for all spine procedures being performed during the same surgery on the same date of service?</p>	<p>No. Magellan Healthcare will provide a list of Surgery categories to choose from and the BlueCross and BlueChoice Surgeon must select the most complex and invasive Surgery being performed as the primary Surgery.</p> <p>Example: Lumbar Fusion If the BlueCross and BlueChoice Surgeon is planning a single level Lumbar Spine Fusion with decompression, the Surgeon will select the single level fusion procedure. The Surgeon <u>does not need</u> to request a separate authorization for the decompression procedure being performed as part of the Lumbar Fusion Surgery. This is included in the Lumbar Fusion request.</p> <p>Example: Laminectomy</p> <ul style="list-style-type: none"> ● If a BlueCross and BlueChoice Surgeon is planning a Laminectomy with a Microdiscectomy, the Surgeon will select the Lumbar decompression procedure. The Surgeon <u>does not need</u> to request a separate authorization for the Microdiscectomy procedure. ● If a BlueCross and BlueChoice Surgeon is only performing a Microdiscectomy (CPT 63030 or 63035), the Surgeon should select the Microdiscectomy only

	procedure.
Will the ordering Physician need to enter each CPT procedure code being performed for Spine Surgery?	No. Magellan Healthcare will provide a list of surgery categories to choose from and the ordering physician must select the primary surgery (most invasive) being performed. There will be a summary of which CPT codes fall under each procedure category.
Are instrumentation (medical device), bone grafts, and bone marrow aspiration included as part of the lumbar or cervical fusion authorizations?	Yes. The instrumentation (medical device), bone grafts, and bone marrow aspiration procedures commonly performed in conjunction with a single or multiple level lumbar or cervical spine fusion are included in the fusion surgery authorization. The amount of instrumentation must align with the authorization.
What kind of response time can ordering physician expect for prior authorization?	<p>Having the following information available prior to calling Magellan Healthcare at:</p> <p>BlueCross BlueShield of South Carolina 866-500-7664 BlueChoice HealthPlan of South Carolina 888-642-9181</p> <p>or online through www.RadMD.com will create the most efficient turnaround time of a medically necessity decision.</p> <ul style="list-style-type: none"> • Clinical Diagnosis • Date of onset of back pain or symptoms /Length of time patient has had episode of pain • Physician exam findings (including findings applicable to the requested services) • Pain/Patient Symptoms • Diagnostic imaging results • Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication) <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>
What will the Magellan Healthcare authorization number look like?	The Magellan Healthcare authorization number will consist of 8 or 9 alpha-numeric characters. In some cases, the ordering surgeon may instead receive a Magellan Healthcare tracking number (not the same as an

	authorization number) if the surgeon's authorization request is not approved at the time of initial contact. Ordering physicians will be able to use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.
If requesting authorization through RadMD and the request pends, what happens next?	You will receive a tracking number and Magellan Healthcare will contact you to complete the process.
Can RadMD be used to request retrospective or expedited authorization request?	No, those requests will need to be called into Magellan Healthcare's Call Center for processing at: BlueCross BlueShield of South Carolina 866-500-7664 BlueChoice HealthPlan of South Carolina 888-642-9181
How long is the prior authorization number valid?	For outpatient surgeries, the authorization is valid for 15 days from the date of service. For inpatient surgeries, the authorization is valid for 3 days from the date of service.
Is prior authorization necessary for lumbar or cervical spine surgery if BlueCross and BlueChoice is NOT the member's primary insurance?	Yes. Medical necessity review requirements apply when BlueCross or BlueChoice is the primary and secondary insurer.
If an ordering physician obtains a prior authorization number does that guarantee payment?	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. Magellan Healthcare's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed.
Does Magellan Healthcare allow retro-authorizations?	It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for spine surgery, as outlined above, that have <u>not</u> been properly authorized will <u>not</u> be reimbursed. Physicians performing spine surgery <u>should not</u> schedule or perform surgery without prior authorization.

<p>What happens if I have a service scheduled for May 1, 2016?</p>	<p>The program start date is May 1, 2016. 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>Can an ordering physician verify an authorization number online?</p>	<p>Yes. Ordering physicians can check the status of member authorization quickly and easily by going to the Web site at www.RadMD.com.</p>
<p>Will the Magellan Healthcare authorization number be displayed on the BlueCross and BlueChoice Web site?</p>	<p>No.</p>
<p>What if I disagree with Magellan Healthcare's determination?</p>	<p>Please follow the appeal instructions in your non-authorization letter or Explanation of Payment (EOP) notification.</p>
<p>SCHEDULING PROCEDURES</p>	
<p>Do ordering physicians have to obtain an authorization before they call to schedule an appointment?</p>	<p>Magellan Healthcare asks where the surgery is 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>WHICH MEDICAL SURGEONS ARE AFFECTED?</p>	
<p>Which physicians are impacted by the MSK Program?</p>	<p>Neurosurgeons and Orthopedic Spine Surgeons are the key physicians impacted by this program.</p> <p>All procedures performed in any setting are included in this program:</p> <ul style="list-style-type: none"> • Hospital (Inpatient & Outpatient Settings) • Ambulatory Surgical Centers
<p>CLAIMS RELATED</p>	
<p>Where do rendering providers/surgeons send their claims for outpatient, non-emergent MSK services?</p>	<p>BlueCross and BlueChoice rendering providers/ surgeons 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>

How can claims status be checked?	You can check claim status through My Insurance Manager at www.SouthCarolinaBlues.com or www.BlueChoiceSC.com .
Who should a surgeon contact if they want to appeal a prior authorization or claims payment denial?	Rendering providers/surgeons are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.
MISCELLANEOUS	
How is medical necessity defined?	<p>Magellan Healthcare defines medical necessity as services that:</p> <ul style="list-style-type: none"> • 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; • Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; • Be appropriate to the intensity of service and level of setting; • Provide unique, essential, and appropriate information when used for diagnostic purposes; • 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 not furnished primarily for the convenience of the member, the attending physician, or other surgeon.
How will referring/ordering surgeons know who Magellan Healthcare is?	BlueCross and BlueChoice will mail notification letters and educational materials to plan surgeons. BlueCross and BlueChoice and Magellan Healthcare are also conducting educational trainings for plan surgeons.
Will ordering physician trainings be offered closer to the May 1, 2016 implementation date?	Magellan Healthcare will conduct surgeon training sessions prior to the May 1, 2016 implementation date.
Where can an ordering physician find Magellan Healthcare's Guidelines for Clinical Use of MSK Procedures?	Magellan Healthcare's Clinical Guidelines can be found on the Web site at www.RadMD.com . 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.

<p>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?</p>	<p>The BlueCross and BlueChoice Member ID card will not change and will not contain any Magellan Healthcare identifying information on it.</p>
<p>CONTACT INFORMATION</p>	
<p>Who can a surgeon contact at Magellan Healthcare for more information?</p>	<p>Ordering Physicians can contact Anthony (Tony) Salvati, Provider Relations Manager, at 1-800-450-7281, ext. 75537.</p>