



*BlueCross BlueShield of South Carolina<sup>1</sup> 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<sup>®</sup>.

# Magellan Healthcare<sup>2</sup> Training Program



<sup>2</sup> 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 Carolina<sup>1</sup> 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 Healthcare<sup>2</sup> 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

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

<sup>2</sup> National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

# *Responsibility for Authorization*

## Ordering Providers

Responsible for obtaining prior authorization



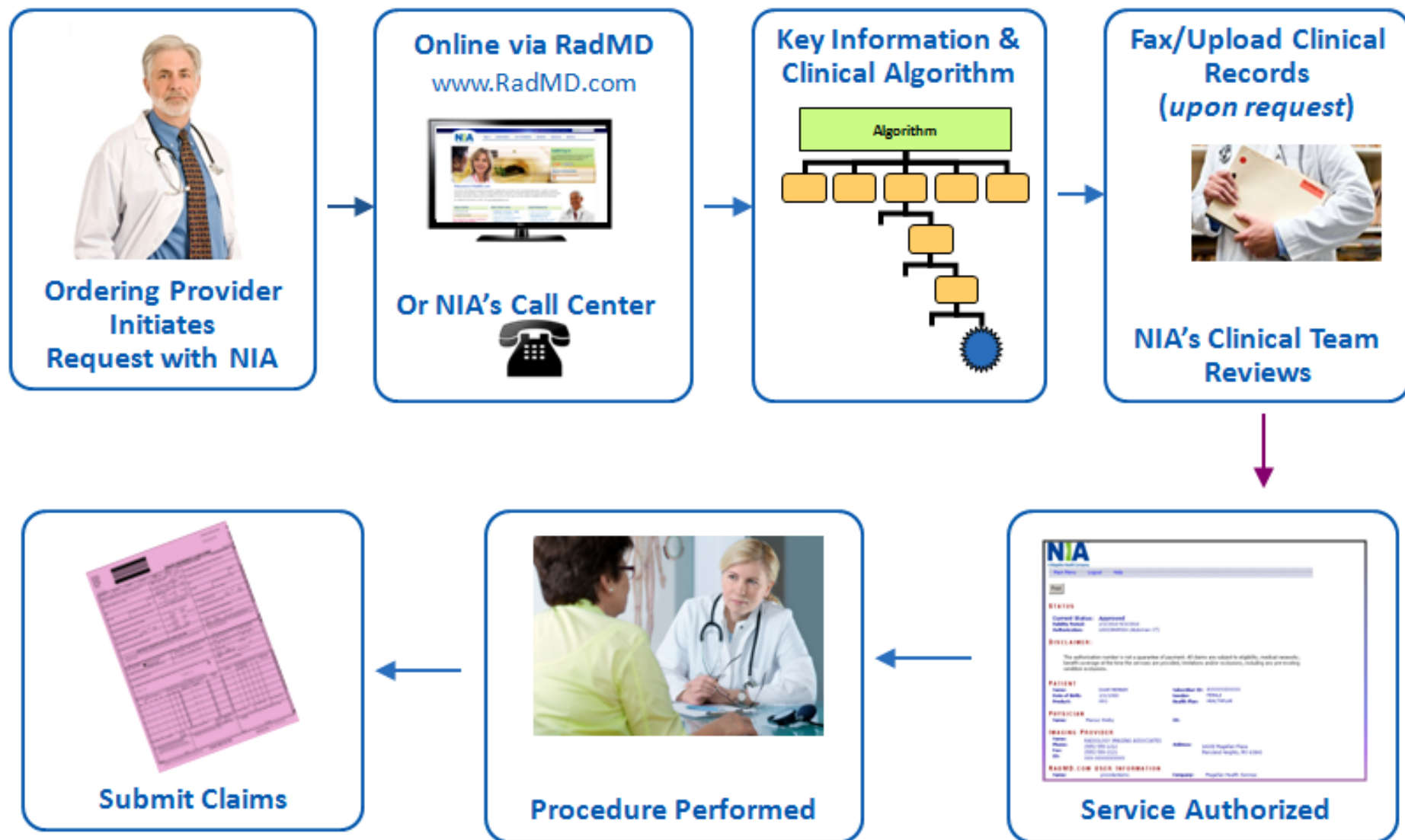
## Facility/Place of Service

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

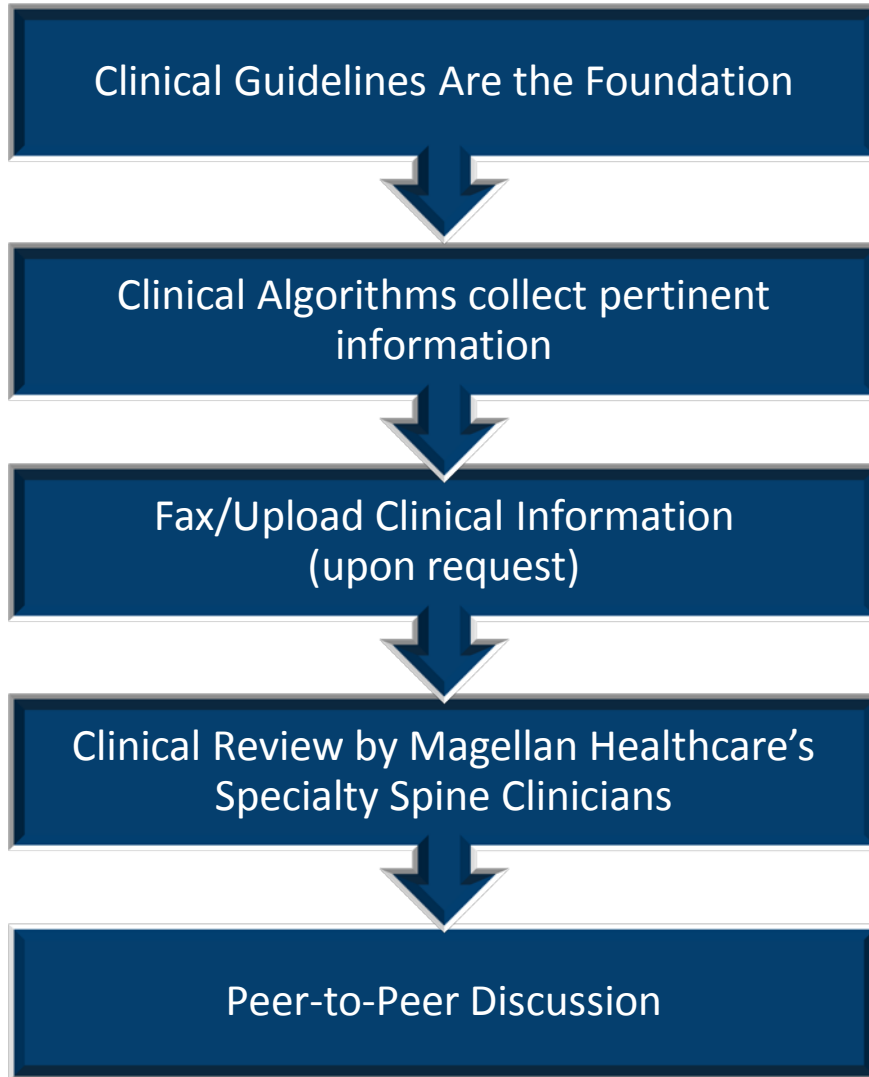
Only one authorization request per spine surgery. Surgeon selects from one of four surgical procedure options. A Lumbar fusion authorization includes decompression procedures.

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](http://www.RadMD.com)

# Magellan Healthcare to Physician: Request for Clinical Information

CC\_TRACKING\_NUMBER                      FAXC

  
National Imaging Associates, Inc.  
PO Box 87390  
Phoenix, AZ 85082-7390

**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



CG\_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.

CG\_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
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BlueCross BlueShield of South Carolina	866-500-7664
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# 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**

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# 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](http://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](http://www.RadMD.com):

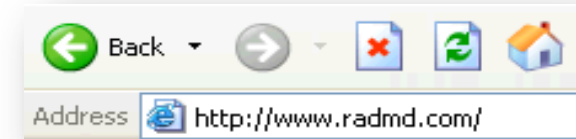
**Magellan Healthcare's Clinical Guidelines**

**Frequently Asked Questions**

**Quick Reference Guides**

**RadMD Quick Start Guide**

**Claims/Utilization Matrices**



# *Dedicated Provider Relations Contact Information*

Magellan Healthcare Provider Relations Manager

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Email: [alsalvati@magellanhealth.com](mailto:alsalvati@magellanhealth.com)

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*Thanks*

