

Independent licensees of the Blue Cross and Blue Shield Association

February 16, 2016

Dear Provider,

In keeping with our commitment to promoting continuous quality improvement of services provided to BlueCross BlueShield of South Carolina<sup>1</sup> and BlueChoice HealthPlan of South Carolina members, BlueCross and BlueChoice<sup>®</sup> have entered into an agreement with Magellan Healthcare<sup>2</sup> to implement a musculoskeletal care management program.

Magellan is an independent company that provides utilization management services on behalf of BlueCross and BlueChoice. This program includes prior authorization for two components of non-emergent musculoskeletal care: outpatient, interventional spine pain management services; and inpatient and outpatient lumbar and cervical spine surgeries. 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<sup>®</sup>). The decision to implement this program is consistent with industry-wide efforts to ensure clinically appropriate quality of care and to manage the increasing use of these services.

Under terms of the agreement, we will oversee the Magellan Healthcare program and continue to be responsible for claims adjudication and medical policies. Magellan Healthcare will manage non-emergent outpatient interventional spine pain management services and inpatient and outpatient lumbar and cervical spine surgeries through your existing contractual relationships with BlueCross and BlueChoice. Planned for a May 1, 2016, implementation, this letter serves as notice under your Participating BlueCross and BlueChoice Provider Agreements of changes to the program.

This outlines the specific procedures requiring prior authorization in the two components of musculoskeletal care services managed by this program:

## **Component 1: We will require prior authorization for these non-emergent inpatient and outpatient spine surgeries:**

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy & Foraminotomy)
- Lumbar Spine Fusion (Arthrodesis)
- Cervical Anterior Decompression with Fusion Single and Multiple Levels
- Cervical Posterior Decompression with Fusion Single and Multiple Levels
- Cervical Posterior Decompression (without Fusion)
- Cervical Artificial Disc Replacement
- Cervical Anterior Decompression (without Fusion)

Component 2: We will require prior authorization for these non-emergent outpatient interventional spine pain management services:

- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks

## Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis)

Key Provisions:

- It is the responsibility of the ordering physician to get prior authorization for all interventional spine pain management procedures and spine surgeries outlined.
- Magellan Healthcare does not manage prior authorization for emergency spine surgery cases that are admitted through the emergency room or for spine surgery procedures outside the procedures listed.
- Providers rendering these services should verify that they have the necessary authorization. Failure to do so may result in non-payment of the claim.

We appreciate your support and look forward to your assistance ensuring BlueCross and BlueChoice members continue to receive musculoskeletal care management services in a quality, clinically appropriate fashion. Magellan will begin taking prior authorization requests on April 25, 2016, for dates of service on or after 05/01/2016. You can contact them for BlueCross members at 866-500-7664; and at 888-642-9181 for BlueChoice members.

We will provide additional information as we get closer to the implementation date. If you have questions, please contact BlueCross and BlueChoice Provider Relations and Education department at 800-288-2227, ext. 44730, or Provider.Education@bcbssc.com.