

# AUTHORIZATIONS



South Carolina

*BlueCross BlueShield of South Carolina  
is an independent licensee of the  
Blue Cross Blue Shield Association.*

# AGENDA

- Authorizations 101
- Authorization Tools
- Special Programs
- Resources



# **AUTHORIZATIONS 101**



# AUTHORIZATIONS 101

## Overview

- Authorizations are needed when the health plan needs to determine whether a service is medically necessary.

## Other terms for authorization

- Prior approval
- Precertification (or precert)

***Note: Authorizations are not a guarantee of payment and requirements may vary per plan.***

# AUTHORIZATIONS 101

## Services that require authorization

- The following services require prior authorization for most plans:
- Elective inpatient services (including maternity)
- Skilled nursing facility admissions
- Home health and hospice
- DME when the purchase or rental price is \$XXX<sup>1</sup> or more
- Mental health and substance abuse
- High tech imaging<sup>2</sup> (MRIs, MRAs, CT Scans, PET Scans)

**Always check benefits and eligibility  
for authorization requirements**

<sup>1</sup> DME dollar thresholds vary per plan but are typically \$500 or \$1,000. The threshold amounts can be lower than \$500.

<sup>2</sup> These services are typically handled by NIA Magellan.

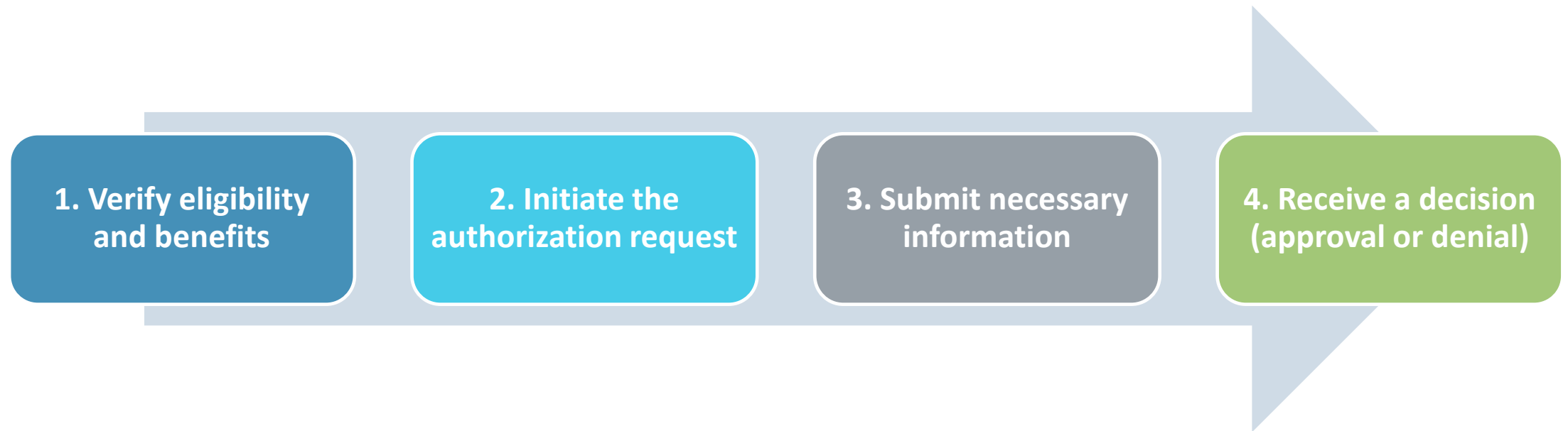
# AUTHORIZATIONS 101

## General guidelines for authorizations

- Submit elective requests prior to rendering services
- Submit requests once and allow time for review
- Services must be covered under the member's plan
- Members must have active coverage at the time of request
- Submit a notification of emergency admission within 24-48 hours of admission
- Mark requests as urgent **ONLY** when they are urgent

# AUTHORIZATIONS 101

## Authorization process



# AUTHORIZATIONS 101

## Authorization methods

Authorizations can be requested using the following avenues:

- My Insurance Manager<sup>SM</sup> – **Preferred**
  - [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)
- Medical Forms Resource Center – **Preferred**
  - [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com), [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com), or [www.FormsResource.Center](http://www.FormsResource.Center)
- Fax
  - Check the member's ID card
- Phone
  - Check the member's ID care

***Note: All methods listed are for South Carolina members.***



# AUTHORIZATIONS 101

## Required information for authorizations

|                        |   |
|------------------------|---|
| Patient Details        | <ul style="list-style-type: none"><li>• Name, ID Number, and Date of Birth</li></ul>  |
| Service Details        | <ul style="list-style-type: none"><li>• CPT/HCPCS codes with correct units, diagnosis codes, and MD orders</li></ul>  |
| Location Details       | <ul style="list-style-type: none"><li>• Name of facility, address, and Tax ID/NPI</li><li>• Name of rendering physician/office, address, and Tax ID/NPI</li></ul>                           |
| Contact Information    | <ul style="list-style-type: none"><li>• Call back number <u>AND</u> fax number</li></ul>  |
| Date of Service        | <ul style="list-style-type: none"><li>• Date when services are being rendered</li></ul>   |
| Clinical Documentation | <ul style="list-style-type: none"><li>• How long the problem has been occurring, attempted treatments, conservative medications, studies (e.g., labs, imaging, assessments), etc.</li></ul> |

# AUTHORIZATIONS 101

## Commonly requested authorizations

- Breast reductions
  - Clinicals should include height, weight, BMI and the number of grams to be removed
- Hysterectomies
  - Clinicals should include recent imaging and conservative measures (or why they were not done)
- Surgeries
  - Clinicals should include attempted conservative therapies
- Home health
  - Clinicals should include:
    - M.D./Therapist name
    - Treatment location
    - Home health visit notes and homebound status

# AUTHORIZATIONS 101

## Commonly requested authorizations (cont'd)

- Phone requests should include
  - M.D. and nurse's name
  - Therapist's name, if the member is only receiving therapy within 15 days of start of care and after evaluations are complete
- BlueCross requires a signed plan of care (POC/485) within 30 days of the start of care per CAM 222



# **AUTHORIZATION TOOLS**



# AUTHORIZATION TOOLS

## My Insurance Manager<sup>SM</sup> (MIM)

There are two ways to obtain authorizations through MIM:

### Fast-Track

- Hundreds of available options
- Automated authorization number

### Custom Request

- Allows specific details to be entered
- Authorization will pend for review; if approved, authorization number is provided

Note: MIM should be used for initial authorization requests. Please fax clinical documentation for updates or continued stay reviews.

# AUTHORIZATION TOOLS

## My Insurance Manager<sup>SM</sup> (MIM)

### *Clinical attachments*

- Select Attach Clinical Documentation and upload the PDF file(s)
- Enter all required contact details and proceed with completing the request

***Note: If you are unable to attach a file, be sure to add a note in the box provided indicating the CPT codes (along with the units), diagnoses and all pertinent clinical details.***

The screenshot displays the 'Pre-Certification/Referrals' form within the My Insurance Manager (MIM) interface. The form is organized into several sections:

- Header:** Includes navigation links (Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, Staff Directory), a welcome message, and a 'Log Out' link.
- Date of Service:** A text field containing '02/13/2017'.
- Insurance:** A section with 'Plan Name: BlueCross BlueShield Plans' and 'Member ID: ZCZ065922516805'.
- Patient:** A section with 'Patient's Name: MICHAEL TESTING' and 'Date of Birth: 10/01/1958', including a 'Change Patient' button.
- Diagnosis Information:** A section with a note: 'Please choose the most appropriate diagnosis code for this request.' It includes a 'Principal Diagnosis' field, a 'Date of Diagnosis' field, and a link to 'Add Additional Diagnosis Codes'.
- Clinical Information:** A section with a note: 'If you need to identify the department within your organization that made this request, please enter a department identifier.' It features a large text area with a '264 character maximum' limit and an 'Attach Clinical Documentation' link.
- Service Type Selection:** A section with radio buttons for 'Institutional', 'Professional', and 'None'.
- Additional Patient Level Information:** A section with fields for 'From Event Date', 'To Event Date', and 'Discharge Date', each with a date picker icon and a 'mm/dd/yyyy' format indicator.
- Footer:** Includes 'Continue' and 'Back' buttons, and a 'Start Over' link.

# AUTHORIZATION TOOLS

## Medical Forms Resource Center (MFRC)

Complete requests in three easy steps

1. Enter the facility and patient details
2. Include all required clinicals
3. Submit the request

### *Benefits of using the MFRC*

- Offers various types of authorization requests
- Guides you through the required documentation
- Receives priority processing

The screenshot shows the first step of the MFRC form, titled "STEP 1 FACILITY & PATIENT INFORMATION". It includes a navigation bar with "STEP 2 CLINICAL INFORMATION" and "STEP 3 COMPLETE FORM" highlighted. The main heading is "Facility & Patient Information". Below this is an "Instructions" box stating that asterisks indicate required fields and that requests are subject to review. The form contains several input fields: "Facility's Name\*", "Attending MD First Name\*", "Attending MD Last Name\*", "Requesting MD First Name\*", "Requesting MD Last Name\*", "Phone\*" (with three separate boxes), "Fax\*" (with three separate boxes), "Facility's Tax I.D.\*" (with a help icon), and "Facility's NPI\*" (with a help icon).

The screenshot shows the second step of the MFRC form, titled "STEP 2 CLINICAL INFORMATION". It includes a navigation bar with "STEP 1 FACILITY & PATIENT INFORMATION" and "STEP 3 COMPLETE FORM" highlighted. The main heading is "Step 2 - Clinical Information". Below this is an "Instructions" box. The form contains several input fields: "Begin Date of Service\*" (with a calendar icon), "End Date of Service\*" (with a calendar icon), "CPT/HCPCS Codes" section with a "CPT/HCPCS Code\*" field and an "ADD ANOTHER +" button, and "Diagnosis Codes" section with a "Diagnosis Code\*" field and an "ADD ANOTHER +" button. At the bottom, there is a "Type of Service" section with a list of service types, each with a "+" icon: Chemotherapy, Durable Medical Equipment, Home Health/Hospice, Admissions/Inpatient, LTAC/SNF/Rehab, Maternity, Medications, Office, Outpatient, and Student Health Notification.

# AUTHORIZATION TOOLS

## Medical Forms Resource Center (MFRC)

### *Examples of MFRC requests*

>\*\*\*\*\*HYSTERECTOMY\*\*\*\*\*<

DIAGNOSIS:  
PELVIC PAIN

COMPREHENSIVE EVALUATION?  
FALSE

COMPREHENSIVE EVAL DETAILS:

LAPROSCOPIC, ENDOSCOPIC, OR IMAGING STUDIES?  
TRUE

DETAILS OF STUDIES:  
TV US PERFORMED 10/14/19

HOW LONG AS PAIN BEEN PRESENT?  
YEARS BUT WORSENING LATELY PT FEELS DUE TO ESSURE COILS

DETAILS OF UTERINE SPARING TX:

SIGNATURE:

>\*\*\*\*\*BREAST REDUCTION\*\*\*\*\*<

GENDER: FEMALE

HEIGHT: 5'4

WEIGHT: 187

BMI: 36.3

BRA SIZE: 42 H

R BREAST VOLUME: 2400

L BREAST VOLUME: 2400

GRAMS TO REMOVE RIGHT: 600 GRAMS

GRAMS TO REMOVE LEFT: 600 GRAMS

NIPPLE POSITION R: 36 CM

NIPPLE POSITION L: 36 CM

ASSOCIATED SYMPTOMS: RASHES CONSTANTLY BETWEEN AND UNDER BREASTS,  
NECK PAIN, SHOULDER PAIN, HEADACHES, BURNING SENSATIONS AND NUMBNESS  
TO CERVICAL AND THORACIC ARE

DURATION OF SYMPTOMS: 2 YEARS

TREATMENTS TRIED: MEDICATIONS, PHYSICAL THERAPY, SPECIAL SUPPORT BRAS

SUPPORT BRA DURATION: 2 YEARS

MEDICATIONS TRIED: IBUPROFEN FOR 2 YEARS

PHYSICAL THERAPY DURATION: 12 WEEKS

IS THE PATIENT IN PAIN? YES|

PAIN SCALE: 8/10

SIGNATURE:



# AUTHORIZATION TOOLS

## Fax requests

When submitting faxed requests, include the Authorization Request Form or a coversheet with the following:

Patient details (name, ID card number, and date of birth)

CPT/HCPCS and diagnosis codes

Provider location and date of service

Contact phone AND fax number

*To access this information:*

Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and follow the path:  
*Providers>Prior Authorization>Precertification Request Form*

*For Mailing Images:*

**Focus Review/Health Care Services**  
I-20 @ Alpine Rd., AX-630  
Columbia, SC 29219-0001

# AUTHORIZATION TOOLS

## Fax requests

*Appropriate fax request coversheet*

| Required Information              | Included? |
|-----------------------------------|-----------|
| Patient (Name, DOB and ID number) | Yes       |
| Service (CPT and Diagnosis codes) | Yes       |
| Location (Name, Address, Tax/NPI) | Yes       |
| Contact (Phone and Fax number)    | Yes       |
| Date of Service                   | Yes       |

**ABC Plastic Surgery**  
123 Alphabet St., Suite 150  
Spartanburg, SC 29301  
Phone 864-123-4567  
Fax 864-987-6543

**fax**

TO: Authorizations FROM: Jimmy

FAX: 803-264-0183 PAGES: 3

PHONE: 800-334-7287 DATE: 1/24/2020

RE: Mighty Joe Young CC:

Urgent  For Review  Please Comment  Please Reply  Please Recycle

Comments:


ID Number: ZYX0987654321  
DOB: 11/14/2003  
Outpatient Surgery, NPI 1472583690  
Dr. Minnie Musketeer, NPI 3692581470  
CPT Codes: 11446, 13152, 14060  
DX Code: D23.22  
DOS: 05/11/2020

# AUTHORIZATION TOOLS

## Phone requests

Contact the number on the back of the member's ID card.

Number will vary per plan.



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**SUBSCRIBER'S FIRST NAME**  
**SUBSCRIBER'S LAST NAME**

Member ID  
**XXX123456789012**

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RxBIN                   **021684**  
RxGRP                   **BXMN**


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MAMMOGRAPHY NETWORK

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GRID+

www.SouthCarolinaBlues.com



|                              |          |
|------------------------------|----------|
| TIER 1<br>DEDUCTIBLE         | \$XX,XXX |
| OUT OF POCKET                | \$XX,XXX |
| TIER 2<br>DEDUCTIBLE         | \$XX,XXX |
| OUT OF POCKET                | \$XX,XXX |
| IN NETWORK<br>DEDUCTIBLE     | \$XX,XXX |
| OUT OF POCKET                | \$XX,XXX |
| OUT OF NETWORK<br>DEDUCTIBLE | \$XX,XXX |
| OUT OF POCKET                | \$XX,XXX |



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www.SouthCarolinaBlues.com

Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. MRI/MRA/PET/CT and radiation oncology therapy will require authorization to ensure benefit payment. "Buy and Bill" specialty drugs require precertification for benefit payment consideration.

Report all emergency admissions within 24 hours.

Medical & Dental - Please submit claims to:  
P.O. Box 100300, Columbia, SC 29202

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MTR

Customer Service: **800-760-9290**  
Dental Customer Service: **800-222-5656**  
PPO Network Providers: **800-810-1883**  
Essential Advocate<sup>SM</sup>: **855-638-5339**  
Precertification: **800-334-7287**  
Mental Health and Substance Abuse Precertification: **800-868-1032**  
EyeMed: **866-939-3633**  
Pharmacy Help Desk: **855-811-2218**  
Buy and Bill Drugs-Precertification: **877-440-0089**

# AUTHORIZATION TOOLS

## BlueCard® Prior Authorization Lookup

Authorizations for **out-of-state members** can be verified and obtained in two steps:

1. Use the BlueCard Prior Authorization Tool
  - Routes you to the appropriate plan
2. Initiate the authorization through My Insurance Manager<sup>SM</sup>

The screenshot shows a web form titled "BlueCard Prior Authorization/Medical Policies". At the top, there is a breadcrumb trail: "Providers / Policies and Authorizations / Prior Authorization / BlueCard Prior Authorization/Medical Policies". Below the title, there is a paragraph of text explaining the need for prior authorization and a link to "My Insurance Manager". A second paragraph instructs the user to enter the first three letters of the identification number on the member's Blue Cross and/or Blue Shield card and click Submit. The form has two radio button options under "Type of Information": "Medical Policy" and "General Precertification/Prauthorization Information". A red arrow points to the second option. Below the radio buttons is an "Alpha Prefix" input field with a red error message "This field is required." and a "Submit" button. At the bottom, there is a note: "If you experience difficulties or need additional information, please contact 800-676-BLUE."

The screenshot shows the "My Insurance Manager" navigation menu. The menu is open, showing a list of options under "Health" and "Dental". A red arrow points to the "Pre-Service Review for Out-of-Area Members" option under the "Health" section. The "Health" section includes: Authorization Extension, Authorization Status, Claims Status, Eligibility and Benefits, Institutional Claim Entry, Other Health Insurance, Patient Directory, Pre-Certification/Referral, Superbill Maintenance, Pre-Service Review for Out-of-Area Members, Professional Claim Entry, and Verify Primary Care Physician. The "Dental" section includes: Claims Status, Dental Claim Entry, Eligibility and Benefits, Other Dental Insurance, Patient Directory, Superbill Maintenance, Pre-Treatment Estimate Entry, and Pre-Treatment Estimate Status. The top navigation bar includes: Home, Patient Care, Office Management, Resources, and Modify Profile.



# **SPECIAL PROGRAMS**



# SPECIAL PROGRAMS

**Third-party vendors that manage authorizations for certain benefits include:**

- NIA Magellan
- Avalon Healthcare Solutions
- Specialty Pharmacy Manager (MBMNow)
- Companion Benefit Alternatives (CBA)

***Note: These are independent organizations that offer utilization management on behalf of BlueCross and BlueChoice.***

# SPECIAL PROGRAMS

## NIA Magellan

*Types of authorization for most plans:*

- Radiation oncology
- Advanced radiology
- Musculoskeletal care (MSK)

*To request an authorization:*

- Visit [www.RadMD.com](http://www.RadMD.com)
- Call 866-500-7664 for BlueCross members
- Call 888-642-9181 for BlueChoice members



# SPECIAL PROGRAMS

## Avalon Healthcare Solutions

*Authorizations for lab services in the following settings:*

- Office
- Outpatient facility
- Independent laboratory

*To request an authorization:*

- Prior Authorization System (PAS) through My Insurance Manager<sup>SM</sup>
- Phone: 844-227-5769
- Fax: 813-751-3760




***Note: Avalon does not review requests for services provided in an emergency room, ambulatory surgery center or hospital inpatient place of service.***



# SPECIAL PROGRAMS

## Avalon – The Evolution of Lab Oversight

The image shows a screenshot of the Avalon website's landing page. The background is a dark blue with abstract, glowing white and light blue lines that resemble data or neural pathways. The text is white and light blue, providing a high-contrast look. The layout includes a navigation bar at the top, a main headline, a sub-headline, and several paragraphs of text describing the company's mission and capabilities.

 **avalon**      What We Do ▾    Who We Help ▾    Who We Are ▾    Resources

## Actionable insights at the speed of health.

The right test, data and insights for the right care.

We have an opportunity right in front of us. To better inform care. To improve outcomes.

Our answers lie in lab values. There's so much more they can do for us.

And we have the power to tap into this invaluable potential. We digitize lab results - in real time and at scale - and harness the invaluable data to change how care is delivered.

More accurately. More efficiently. More successfully.

For individuals and populations.

[www.avalonhcs.com](http://www.avalonhcs.com)

# SPECIAL PROGRAMS

## Avalon – Lab Insights System

*Critical insights at each step to deliver value-driven care.*

### RIGHT TEST

- Evidence-based lab policies
- Policy enforcement
- Prior authorization
- Lab network

### RIGHT DATA

- Lab results capture
- Digitized lab results, across network in real time
- Prior authorization and payment decisions

### RIGHT INTEL

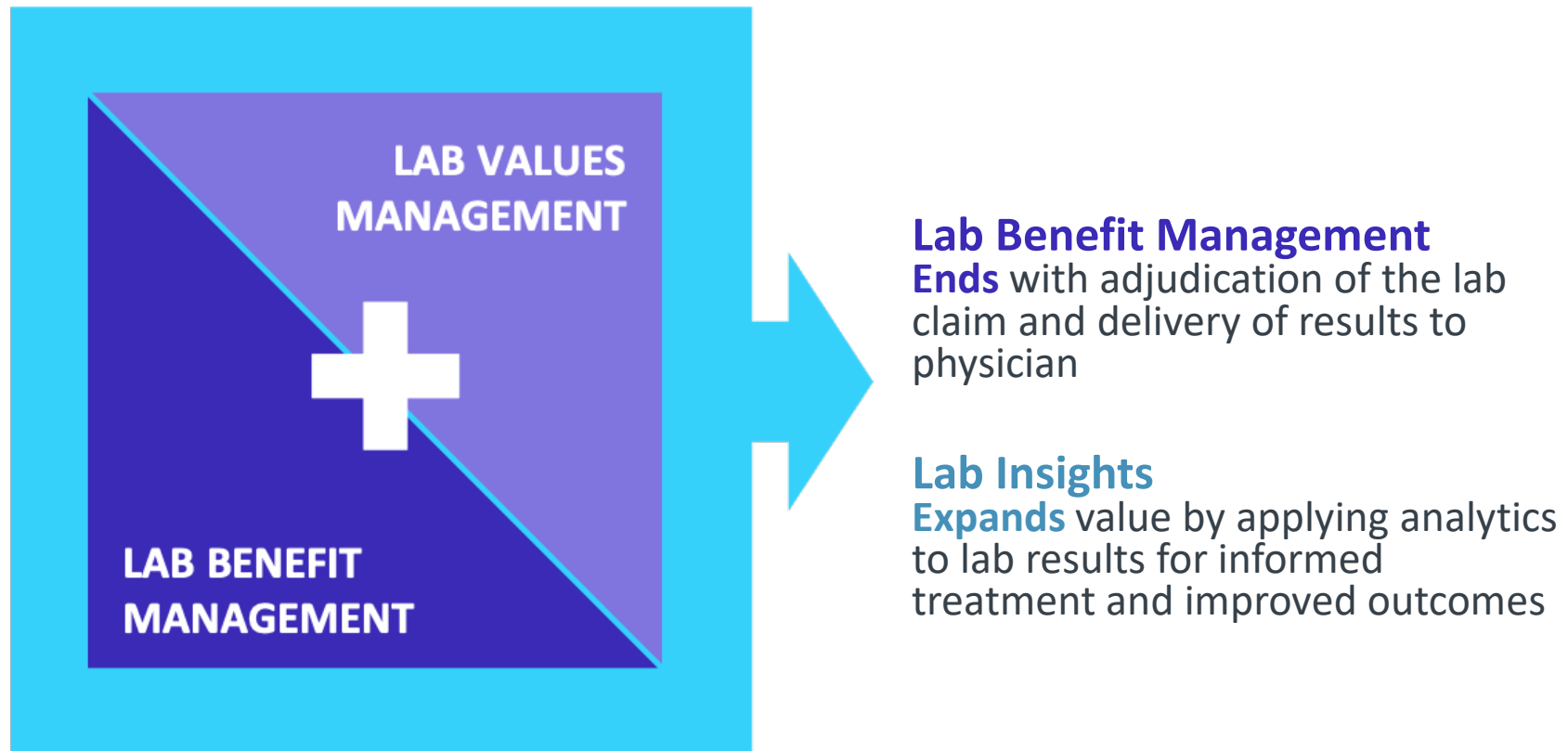
- Lab Insights Engine
- Early detection of disease
- Performance reporting
- Clinical decision support

### RIGHT CARE

- Lab-informed treatment
- Clinical pathway adherence
- Optimized outcomes
- Lower healthcare costs

# SPECIAL PROGRAMS

Avalon – Growth with lab values management with First Focus on CKD.



# SPECIAL PROGRAMS

## Avalon – In the news

*Featuring Dr. Jason Bush*

Avalon's 2022 Lab Trend Report, the only one of its kind in the industry, examines how market forces and legislation are shaping the ecosystem.

### This year's report features:

- Market Forces Affecting Laboratory Diagnostics and Health Plans
- Legislative and Regulatory Requirements Addressing Healthcare Affordability
- Leveraging Digitized Lab Values to Improve Health Outcomes
- COVID-19 Changed the Laboratory Market Landscape



# SPECIAL PROGRAMS

## MBMNow

- Authorizations for specialty medications
- Medication lists are available online

*To request an authorization:*

- Access MBMNow through My Insurance Manager<sup>SM</sup>
- Phone: 877-440-0089
- Fax: 612-367-0742



BlueCross BlueShield of South Carolina

# SPECIAL PROGRAMS

## Companion Benefit Alternatives (CBA)

- Authorizations for behavioral health services
- Examples of services that typically require authorization include:
  - Psychological testing
  - Behavioral health program admissions
  - Repetitive transcranial magnetic stimulation (rTMS)

*To request an authorization:*

- Online: [www.CompanionBenefitAlternatives.com](http://www.CompanionBenefitAlternatives.com) and use the Forms Resource Center
- Phone: 800-868-1032





# **AUTHORIZATION RESOURCES**



# AUTHORIZATION RESOURCES

| Benefit Program                  | Authorization Service  | Web-based Requests   | Telephone Requests  | Fax Requests  |
|----------------------------------|--|--|---|---|
| BlueCross                        | [various]  | My Insurance Manager and MFRC  | 800-334-7287  | 803-264-0258<br>(Utilization Management)<br><br>803-264-0259<br>(Case Management) |
| BlueChoice                       | [various]  | My Insurance Manager and MFRC  | 800-950-5387  | 800-610-5685  |
| FEP                              | [various]  | My Insurance Manager and MFRC  | 800-327-3238  | N/A   |
| State Health Plan<br>(Medi-Call) | [various]  | My Insurance Manager and MFRC  | 800-925-9724  | 803-264-0183  |
| Avalon                           | Laboratory   | Avalon PAS (through My Insurance Manager)  | 844-227-5769  | 813-751-3760  |
| CBA                              | Behavioral/Substance Abuse   | <a href="http://www.CompanionBenefitAlternatives.com">www.CompanionBenefitAlternatives.com</a> | 800-868-1032  | 803-714-6456  |
| NIA Magellan                     | <ul style="list-style-type: none"> <li>• Advanced radiology</li> <li>• Musculoskeletal care</li> <li>• Radiation oncology</li> </ul> | <a href="http://www.RadMD.com">www.RadMD.com</a>   | BlueCross:<br>866-500-7664<br><br>BlueChoice:<br>888-642-9181 | 888-656-1321  |
| MBMNow                           | Specialty Medical Drug   | My Insurance Manager   | 877-440-0089  | 612-367-0742  |



# AUTHORIZATION RESOURCES

## Peer-to-peer requests

### Initiating Requests and Checking Statuses

#### Medical Forms Resource Center

- Visit [www.FormsResource.Center](http://www.FormsResource.Center)
- Select Request a Peer-to-Peer Discussion
- Enter all pertinent details
- Submit

#### South Carolina Website

- Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)  
Providers>Forms>Other Forms>Peer-to-Peer Request
- Enter all pertinent details (and save the document)
- Email the form to [Peer.Medical@bcssc.com](mailto:Peer.Medical@bcssc.com) or fax to 803-264-9175

#### Phone (for statuses and eligibility only)

- Call 803-264-8114  
Available Monday - Friday  
8:30 a.m. – 5:00 p.m. EST

### *Required criteria:*

- Medical necessity adverse decision was received, along with health plan denial
- Requested within two business days of the denial for inpatient or continued stay requests or five business days for all other denials
- Requested prior to an appeal

# AUTHORIZATION RESOURCES

## Peer-to-peer requests (cont'd)

### *Clinical discussion:*

- Facilitated within one business day of receipt of request
- Our medical doctor makes two attempts to contact the rendering provider
- A decision is rendered at the end of the call