

## Special Temporary Instructions for Submitting Authorizations for Spine Care Services

Effective **July 1, 2015**, most members enrolled in BlueOptions<sup>SM</sup> (Network Blue) and BlueSelect plans issued on or after January 1, 2014 and all BlueCare<sup>SM</sup> HMO (Health Options, Inc.) plans are required to obtain authorization for select spine care services. This Spine Care Management Program is jointly managed by Florida Blue and National Imaging Associates, Inc. ("NIA"), an affiliate of Magellan Health, on behalf of Florida Blue.

Currently, if you utilize Availity<sup>®1</sup> for checking benefits and/or submitting authorization transactions for these services, you may receive an incorrect message and will experience some difficulties. To streamline administrative processes, we have implemented a triage process. The goal is to provide you with appropriate guidelines for submitting authorizations for services subject to the Spine Care Management Program. The following instructions will remain in place until we enhance our system logic to process authorization requests correctly for these services. Please refer to the table below for instructions.

Member Scenario	Instructions
1. If member ID card is available and designates "...a self-insured plan" AND card designates BlueCare HMO	Send authorization transaction to Florida Blue via precertification fax line # (877) 219-9448
2. If member ID card is available and it does not designate "...a self-insured plan", however it does designate BlueSelect or BlueCare HMO	Send authorization to NIA at <a href="http://www.RadMD.com">www.RadMD.com</a> or call NIA's toll free number (866) 326-6302:
3. All other member scenarios, please follow these instructions to obtain directions for proper authorization submission	<p>Send an email to the following email box to obtain submission instructions: <a href="mailto:NonDelegatedAuthorizationsMSK_SMS_RadOnc@bcbsfl.com">NonDelegatedAuthorizationsMSK_SMS_RadOnc@bcbsfl.com</a></p> <p><i>Please make sure to:</i></p> <ul style="list-style-type: none"> <li>• <i>Fill out and include the attached Routing Inquiry Form</i></li> <li>• <i>Add "Secured1" to the subject line of any emails to this address.</i></li> </ul> <p><i>Florida Blue is committing to a two (2) business day turnaround to provide directions with the appropriate authorization process.</i></p>

The Spine Care Management Program ensures clinically appropriate quality of care and effective management of the utilization of spine care services. It includes prior authorization requirements for two components of non-emergent spine care: outpatient, interventional spine pain management services and inpatient and outpatient lumbar and cervical spine surgeries.

<sup>1</sup>Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity's website at [www.availity.com](http://www.availity.com).

Specific CPT service codes impacted by this Spine Care and Pain Management program can be found at [www.floridablue.com](http://www.floridablue.com) in the Utilization Management section of the *Manual for Physicians and Providers*. As a reminder, the services are as follows:

Non-emergent interventional spine management services at any location other than an inpatient hospital setting:

- Spinal epidural injections
- Paravertebral facet joint injections or blocks
- Paravertebral facet joint denervation (radio frequency (RF) neurolysis)

Non-emergent spine surgeries in any setting:

- Lumbar microdiscectomy
- Lumbar decompression (laminotomy, laminectomy, facetectomy and foraminotomy)
- Lumbar spine fusion (arthrodesis) with or without decompression – single and multiple levels
- 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)

If you have questions or require additional information, please call the Florida Blue Network Management Service Unit at (800) 727-2227; select “More Choices,” then “Network Management” or contact NIA Provider Relations Department at (800) 450-728,1 ext. 65080 or ext. 34752.

<sup>1</sup>Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity’s website at [www.availity.com](http://www.availity.com).

**Preservice Triage:**

**Specifically for Pain Management, Sleep/Titration Study or SpineCare/Surgery**



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# Routing Inquiry Form

<b>Instructions</b>	<p>1. Complete this cover sheet thoroughly including any additional information.</p> <p>2. If applicable, include the completed associated Certificate of Medical Necessity (CMN) for the requested care or treatment.</p> <p>Email to: <a href="mailto:NonDelegatedAuthorizationsMSK_SMS_RadOnc@bcbsfl.com">NonDelegatedAuthorizationsMSK_SMS_RadOnc@bcbsfl.com</a></p>
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<b>Information</b>	Re:	Date:	No. of Pages:
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<b>Physician Information/ Requesting Provider</b>	Name:	FB Provider #:	National Provider Identifier (NPI):
	Contact Name:	Phone:	

<b>Member Information</b>	Last Name:	First Name:	Member/Contract Number:
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<b>Request Type</b>	<input type="checkbox"/> <b>Interventional Pain Management</b> <input type="checkbox"/> <b>Sleep / Titration Study</b> <input type="checkbox"/> <b>Spine Care/Surgery</b>		
	**If The service does not fit into one of the above – please submit via <a href="http://www.availity.com">www.availity.com</a>		
	Procedure Code:	Date of Service:	
Place of Service:	<input type="checkbox"/> <b>Office Setting</b>	<input type="checkbox"/> <b>Inpatient</b>	<input type="checkbox"/> <b>Outpatient Facility</b>

<b>Additional Information</b>	
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<b>Note</b>	<p>The information in this document is confidential and intended solely for the use of the individual or entity to whom it is addressed. This document may contain material that is privileged or protected from disclosure under applicable law.</p> <p><b>Action:</b> If you are not the intended recipient or the individual responsible for delivering to the intended recipient:</p> <ul style="list-style-type: none"><li>• Be advised that any use, dissemination, forwarding, or copying of this document is strictly prohibited.</li><li>• Notify the sender immediately by telephone and destroy this document immediately.</li></ul>
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900-1360-0915