



South Carolina

# Authorizations

BlueCross BlueShield of South Carolina

# Disclaimer

The information included is general and in no event should be deemed as a promise or guarantee of payment. We do not assume and hereby disclaim any liability for loss caused by errors or omissions in preparation and editing of this publication.



# Overview of Authorizations

# Purpose of Authorizations

- Authorization determines whether a requested service is medically necessary.
- Requirements vary by health plan and provider network.
- Receiving an authorization does not guarantee payment.

# 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.

# Required Information for Authorizations

## Patient Details

- Name
- ID number
- Date of birth

## Service Details

- CPT or HCPCS codes
- Diagnosis codes
- Date of service

## Provider Details

- Facility
  - Name
  - Address
  - Tax ID or NPI
- Rendering
  - Name
  - Address
  - Tax ID or NPI

## Contact Details

- Phone number
- Fax number
- Email

## Clinicals

- Length of issue
- Attempted treatment
- Conservative medications
- Studies (i.e., labs, imaging)



# Process of Authorizations

# Getting an Authorization

- Access My Insurance Manager<sup>SM</sup>.
- Select Patient Care.
- Select Precertification/Referral.
- If the request is for **specialty drugs**, select the appropriate link at the top of the next page.
- For all other services, select Go to Cohere Health<sup>®</sup>.

The screenshot shows a web portal interface. On the left, a vertical menu is partially visible with categories: Health, Dent, and Other. The 'Health' menu is expanded, showing links for Authorization Extension, Authorization Status, Claims Status, Eligibility and Benefits, Institutional Claim Entry, Patient Directory, Pre-Certification/Referral, Superbill Maintenance, and Pre-Service Review for Out-of-Area Members. A red text notification reads: 'Specialty Medical Benefit Management (SMBM) medication prior authorizations click here.' Below this is a 'Prior Authorization' section with an information icon and the text: 'We have enhanced the prior authorization experience! We are partnered with Cohere Health® to integrate the Cohere intelligent prior authorization platform with our health plan's administrative rules, clinical policies, and expert clinical insights. This powerful combination allows for a faster, more efficient prior authorization experience, ensuring smoother operations and better outcomes. Our goal is an enhanced prior authorization submission process, that decreases administrative steps and accelerates approvals for our provider partners and our members.' A list of features follows: 'The platform includes: Member eligibility verification, Provider network verification, Prior authorization requirements, Verification of vendor managed codes, Required medical record elements, Expanded fast track approvals and real time responses, Clinical policy alignment, Digital submission of medical records, Automated notifications, Digital letters - approvals and denials and automated notifications, Editing capabilities for specific prior authorization submission inputs.' At the bottom, a note states: 'Planned Administrator requests should continue through the current methods. All other plans, please click the link below.' Two buttons are at the bottom: 'Go to Cohere Health®' and 'Ask Health Care Services'. A 'Printer-Friendly' link is in the top right corner.



# Cohere Health - Landing Page

- When you reach the landing page of the new platform, you will see a full listing of authorizations under your tax identification number (TIN).
- The authorizations can be filtered by:
  - All
  - Upcoming
  - Pending review
  - Approved
  - Denied
  - Draft
  - Withdrawn
  - Completed
- You can also search for a specific patient or authorization.
- To start a new request, select Start auth request.

The screenshot displays the Cohere Health landing page for a user associated with South Carolina. The page features a header with the South Carolina logo, 'powered by Cohere Health', and links for 'Support' and 'My account'. Below the header, there is a search bar for 'Search (Patient name, Member ID, Auth ID)' and a 'Start auth request' button. The main content area is divided into two sections: 'Health plan' and 'Status'. The 'Health plan' section has radio buttons for 'All', 'BCBS South Carolina' (selected), and 'Humana'. The 'Status' section has radio buttons for 'All (316)', 'Upcoming (116)', 'Pending review (2)', 'Approved (22)', 'Denied (7)', 'Draft (2)', 'Withdrawn (95)', and 'Completed (200)'. The 'Sort by: Most recent' dropdown is set to 'Most recent'. The main list shows three authorization entries for 'Doe, John' (DOB: 01/26/1965, Member ID: 10119152022, Health plan: BCBS South Carolina). The first two entries are 'Approved' and show services like 'Physical Therapy, Speech Therapy' and 'Myocardial Perfusion Imaging Single Photon Emission Computed Tomography (MPI-SPECT),...'. The third entry is 'Draft' for 'Physical Therapy'. Each entry includes procedure codes, submission dates, and dates of service.

# Cohere Health - Patient Search

- Enter the member's ID number.
- Enter the member's date of birth.
- Select Start auth request next to the appropriate member in the results.

### Patient search

Find a patient: all information required.

Health plan member ID  
H91001351

Member date of birth (MM/DD/YYYY)  
07/11/1982

**Search**

1 RESULT

**Shar**  
Hum  
[Patient summary](#)

**Start auth request**

# Cohere Health - Primary Details

- Select whether the service is outpatient or inpatient.
- Include the diagnosis and procedure codes.
  - Be sure to include any potential codes that could be billed for the services being rendered.
- Select Continue.

The screenshot shows a web form titled "Tell us about your request" for patient "Doe, John" (DOB: 09/16/1986) at "South Carolina", powered by "Cohere Health". The form includes the following sections:

- Request details:** Radio buttons for "Outpatient" (selected) and "Inpatient". A "Start date" field contains "06/01/2024".
- Diagnosis codes:** A "Primary diagnosis code" field contains "M48.06". A secondary field for "Search for secondary diagnosis codes (optional)" is empty.
- Procedure codes:** A "CPT/HCPCS codes" field contains "63047" with a close button (x).

At the bottom of the form, there are three buttons: "Save and exit" (with a floppy disk icon), "Cancel", and "Continue".

# Cohere Health - Provider Details

- Use the tax identification number (TIN) search feature to provide the provider details:
  - Ordering provider
  - Performing or attending provider
  - Performing facility or agency
- Manually entering provider data could result in receiving a notice that the provider is out-of-network.
  - If this happens, proceed with the request, and the provider's network status will be reviewed manually for accuracy once received.
- Select Continue.

The screenshot shows a web form titled "Providers" with the following sections:

- Care setting:** Radio buttons for "Outpatient" (selected) and "Inpatient".
- Place of service:** A dropdown menu.
- Ordering provider:** A search box with the placeholder "Search for an ordering provider by NPI, TIN, or name" and a magnifying glass icon. To the right are buttons for "TIN" and "Address", each with a magnifying glass icon. A blue pill-shaped button below the search box contains "+ Bailey, Christopher Eric MD".
- Performing or attending provider:** A checkbox labeled "Performing is the same as the ordering" which is currently unchecked. Below it is a search box with the placeholder "Search for a performing or attending provider by NPI, TIN, or name" and a magnifying glass icon. To the right are buttons for "TIN" and "Address", each with a magnifying glass icon. A blue pill-shaped button below the search box contains "+ Bailey, Christopher Eric MD".
- Performing facility or agency:** A search box with the placeholder "Search for a performing facility or agency by NPI, TIN, or name" and a magnifying glass icon. To the right are buttons for "TIN" and "Address", each with a magnifying glass icon. A blue pill-shaped button below the search box contains "+ 1ST START HEALTHCARE SERVICES".

At the bottom of the form, there is a blue button labeled "Save and exit".

# Cohere Health - Results

- The top portion displays which of the requested codes require authorization.
- The bottom portion displays which codes do not require authorization.
- There's an option to expedite the request if it's urgent.
- Select Continue.

Requires authorization

Start date: 04/30/2024 | End date: mm/dd/yyyy

**Physical Therapy (PT)**

Number of visits: 1

97110 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

+ Add a procedure code

**Total Knee Arthroplasty (TKA)**

27447 Units: 1 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) Remove

+ Add a procedure code

Expedite

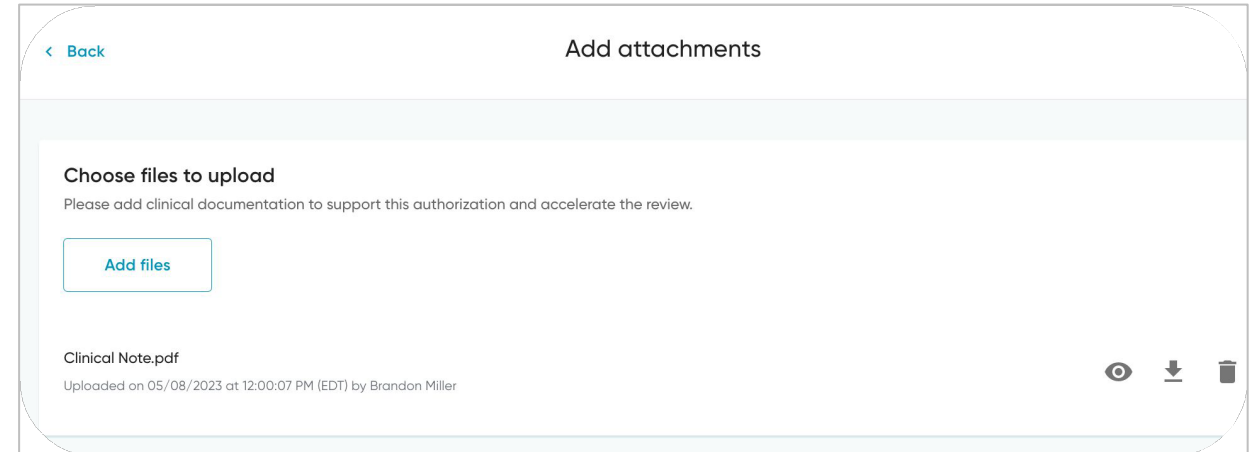
Doesn't require authorization in most cases

93798 Download PDF

Save and exit | Continue with 2 codes

# Cohere Health - Clinicals

- Upload all relevant clinical documentation.
- There is an option to review the uploaded items before moving forward.
  - If the uploaded documents aren't needed, there's an option to remove them.
- Select Continue.




# Cohere Health - Submit Request


- Review all the relevant information.
  - The orange box displays if there is a possible duplicate request on file. Review the current authorizations (whether approved or pending) to avoid submitting an unnecessary duplicate request that would eventually be voided.
  - The purple box displays if there is an expedited request, but based on the services and clinicals, there's no evidence supporting the need for it to be expedited. The provider will be asked to consider changing the request to "not expedited" by selecting Accept. If not, they can continue with the expedited request.
- Select Submit services.



[Back](#) Review services before submitting

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 **Physical Therapy (PT), Total Knee Arthroplasty (TKA)**

**This request duplicates an existing one**  
Duplicate submissions may be voided. The care setting (outpatient or inpatient), performing provider (if applicable), and facility match an existing request, including overlap in procedure codes and service dates.

 You can choose to withdraw the existing request, change details to avoid duplication, or call Cohere for assistance at (833) 283-0033.


 Draft  
Tracking #WKGB4665 Delete

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**Details**  Edit

Primary diagnosis	M25.561 - Pain in right knee
Secondary diagnosis	--
Care setting	Outpatient
Place of service	Ambulatory Surgical Center

[Save and exit](#) Submit services



**1 evidence-based suggestion to improve your request:**

**Expedited → Not expedited**  
The coverage and/or services on this request do not meet the requirements for an expedited request.

[Accept](#)

# Cohere Health - Confirmation

- A faxed confirmation notice will be received once the request is submitted.



South Carolina  
powered by Cohere Health

From: **Cohere Health** Date requested: **05/01/2024**

**We are confirming the receipt of your service request**

To review the status of your request please go online to [next.coherehealth.com/check\\_status](https://next.coherehealth.com/check_status)

**Response**

**i Still faxing?** If so, you're missing out on timesaving benefits, including immediate auth decisions and transparent in-app clinical guidelines only available when using the CohereNext:® web portal to manage preauthorizations. Registration only takes a few minutes, and unlocks access for all users at your practice organization. Visit [www.coherehealth.com/register](https://www.coherehealth.com/register) to begin.

Tracking #: **NPOA6057**

Patient: **John Doe** Patient DOB: **01/26/1965**

CPT/HCPCS code: **63047**

Units (If applicable): **1**

Dates of service: **06/01/2024 – 09/30/2024**



**Please note:** Physical therapy, occupational therapy, and speech therapy are not considered "urgent" services as defined in the Medicare Managed Care Manual. Therefore, Cohere Health will process all such requests according to standard timeframes.

For answers to questions regarding the Cohere systems and available resources please go online to <https://coherehealth.zendesk.com> or <https://coherehealth.com/resources>



# Cohere Health - Notifications

- Notification is sent whether the authorization request is approved or denied.
- Select View service summary to see the details of the outcome.

 South Carolina | powered by  Cohere Health

## Your request has been approved

Tracking #: **NPOA6057**  
Dates of service: **06/01/2024 – 09/30/2024**

Hello <user's name>,

Thank you for submitting a service request with Cohere Health. We have reviewed your request and it has been approved. More information about this decision (including the authorization number) is available in the service summary.

[View service summary](#)



# Authorization Partners

# Organizations Managing Select Authorizations

- The following independent organizations assist BlueCross and BlueChoice<sup>®</sup> HealthPlan with utilization management:
  - Avalon Healthcare Solutions
  - Companion Benefit Alternatives (CBA)
  - Evolent
  - Integrated Home Care Services (IHCS)
  - Specialty Pharmacy Manager (MBMNow)

*BlueChoice HealthPlan is an independent licensee of the Blue Cross Blue Shield Association.*

# Avalon Healthcare Solutions

- Manages authorizations for lab services in the following settings:
  - Office
  - Outpatient facility
  - Independent laboratory
- To request an authorization:
  - Use My Insurance Manager
    - Use the Prior Authorization System (PAS)
  - Call: 844-227-5769
  - Fax: 813-751-3760
    - Fax form located on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com):
      - *Providers>Policies and Authorizations>Prior Authorization>Laboratory Medical Benefits*



# Companion Benefit Alternatives

- Manages authorizations for behavioral health services.
  - Examples of services include:
    - Psychological testing
    - Behavioral health program admissions
    - Repetitive transcranial magnetic stimulation (rTMS)
- To request an authorization:
  - Use My Insurance Manager
  - Visit: [www.CompanionBenefitAlternatives.com](http://www.CompanionBenefitAlternatives.com).
  - Call: 800-868-1032
    - This does not include commercial ABA therapy services. For these requests, email [austimsupport@companiongroup.com](mailto:austimsupport@companiongroup.com).



# Evolut

- Manages the following types of authorization for most plans:
  - Radiation oncology
  - Advanced radiology
  - Musculoskeletal care (MSK)
- To request an authorization:
  - Use: My Insurance Manager or visit [www.RadMD.com](http://www.RadMD.com)
  - Call: 866-500-7664 for BlueCross members
  - Call: 888-642-9181 for BlueChoice® members



# Integrated Home Care Services

- Manages the following authorizations for our Medicare Advantage plans:
  - DME in the home setting
  - Home health
  - Home infusion services
- To request an authorization:
  - Call: 844-215-4264
  - Fax: 844-215-4265
    - Include the appropriate fax form



# MBMNow

- Manages authorizations for certain specialty medications.
  - View the available lists on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).
    - o Providers>Specialty and Pharmacy Drugs>Specialty Medical Medications
- To request an authorization:
  - Access MBMNow through My Insurance Manager
  - Call: 877-440-0089
  - Fax: 612-367-0742



BlueCross BlueShield of South Carolina





## **Available Resources**

# Standard Prior Authorization List

- BlueCross developed a standard prior authorization list.
  - [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)
    - Providers>Policies and Authorizations>Prior Authorization
- The list only applies to the following lines of business:
  - National Alliance
  - Major Group
  - Small Group and Individual
  - Planned Administrators Inc.
  - State Health Plan
- The list is not all inclusive and is subject to change. It's a guide that includes the most requested services that require medical review for prior authorizations.



## SERVICES THAT REQUIRE PRIOR AUTHORIZATION STANDARD LIST EFFECTIVE OCTOBER 2025

Many of our plans require prior authorization for certain procedures and services. This process allows us to check ahead of time whether services meet criteria for coverage by a member's health plan. Some services on this list may not be covered by the benefit plan. **Always verify benefits prior to services being rendered.**

Prior authorization is not a guarantee of payment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied.

**This list is not all inclusive and is subject to change. It is a guide that includes the most commonly requested services requiring a medical review.** Other services may require review based on our medical policies, guidelines or the employer group's plan of benefits. **Please review specific contract verbiage for exclusions, limitations and/or maximums.**

List does not apply to medical specialty drugs. To find out which medical specialty drugs require prior authorization under the medical plan or the Specialty Medical Benefit Management (SMBM) program, refer to My Insurance Manager™.

Some plans may require prior authorization for mental health services. Contact Companion Benefit Alternatives (CBA) to verify by calling 800-868-1032. CBA is a wholly owned subsidiary of Blue Cross Blue Shield.

### Online Resources and Tools

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

<https://www.bcbs.com/blue-distinction-center/facility>

- Medical Policies
- Prior Authorization Forms and Information
- Clinical Form Resource Center
- Blue Distinction Center Facility Finder

### Inpatient

- Elective, nonemergent inpatient (surgical or nonsurgical) hospital admissions (medical and behavioral health)
- Acute rehabilitation admissions
- Hospice
- Long term acute care (LTAC) facility admissions
- Skilled nursing facility (SNF) admissions
- Residential Treatment Center (RTC) admissions

# BlueCard® Prior Authorizations

- Use the BlueCard Authorization/Medical Policy tool to verify authorization requirements for out-of-state members.
- Select one of the available options: medical policy or general precertification.
- Enter the member's alpha prefix.
- Select Submit.
  - The tool routes providers to the appropriate Home plan for the member. That plan is solely responsible for the content on their website.

Providers Providers ▾

[Home](#) / [Providers](#) / [Policies and Authorizations](#) / [Prior Authorization](#) / BlueCard Prior Authorization/Medical Policies ▾

## BlueCard Prior Authorization/Medical Policies

Need prior authorization for a patient who is a member of another Blue plan? If prior authorization is required, you can initiate the process through [My Insurance Manager<sup>SM</sup>](#). Once you've logged in, go to Patient Care. Then select "Pre-Service Review for Out-of-Area Members" from the menu.

To view an out-of-area Blue Plan's medical policy or general prior authorization information, please select the type of information you need, enter the first three letters of the identification number on the member's Blue Cross and/or Blue Shield card, and click Submit.

### Type of Information

Please select only one.

Medical Policy

General Precertification/Preauthorization Information

This field is required.

Alpha Prefix

This field is required.

If you experience difficulties or need additional information, please contact 800-676-BLUE.

# Peer-to-peer Requests

- A peer-to-peer is a process used to review and discuss denied prior authorizations.
  - Must be requested before submitting claims.
- 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 authorization
- Clinical discussion:
  - Facilitated within one business day of receipt of request
  - Our medical doctor makes two attempt to contact the rendering provider
  - A decision is rendered at the end of the call

# Requesting a Peer-to-Peer

- Complete the request form by:
  - Visiting [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).
  - Select Providers.
  - Select Forms.
  - Select Other Forms.
  - Select Peer-to-peer Request.
- Submit the completed form to [Peer.Medical@bcbssc.com](mailto:Peer.Medical@bcbssc.com) or fax it to 803-264-9175.
- Check the status by calling 803-264-8114 Monday through Friday from 8:30 a.m. to 5 p.m., EST.

# Utilization Management Courtesy Re-evaluations

- Utilization management courtesy re-evaluations are permitted for denials that are due to the following:
  - No clinical information submitted
  - Insufficient clinical information submitted
- To request a courtesy review, you must:
  - Specify the request is for a re-evaluation upon submission (via fax).
  - Submit clinical documentation within five business days of the denial notice.

# Key Contacts

Plan or Vendor	Authorization Service	Web-based Requests	Telephone Requests	Fax Requests
BlueCross	[various]	My Insurance Manager	800-334-7287	
BlueChoice	[various]	My Insurance Manager	800-950-5387	
FEP	[various]	My Insurance Manager	800-327-3238	
State Health Plan	[various]	My Insurance Manager	800-925-9724	
Avalon	Laboratory	My Insurance Manager	844-227-5769	813-751-3760
CBA	<ul style="list-style-type: none"> <li>• Behavioral health</li> <li>• Substance abuse</li> </ul>	My Insurance Manager or <a href="http://www.CompanionBenefitAlternatives.com">www.CompanionBenefitAlternatives.com</a>	800-868-1032	
Evolut	<ul style="list-style-type: none"> <li>• Advanced Radiology</li> <li>• Musculoskeletal Care</li> <li>• Radiation Oncology</li> </ul>	My Insurance Manager or <a href="http://www.RadMD.com">www.RadMD.com</a>	BlueCross: 866-500-7664  BlueChoice: 888-642-9181	888-656-1321
MBMNow	Specialty Medical Drug	My Insurance Manager	877-440-0089	612-367-0742
IHCS	<ul style="list-style-type: none"> <li>• DME, home health and home infusion</li> </ul>		844-215-4264	844-215-4265
Cohere Health	*Platform for medical authorization requests.	My Insurance Manager	888-787-0309	



**THANK YOU!**