Introduction

Prior-Authorizations may be submitted online through the web authorization forms, or you may fax the authorization request. The fax information is listed on the provider webpage shown below, and on BlueAccess Provider Main Menu.

Prior Authorization for MSK procedures includes the following categories:

- Pain Management
- Spinal Procedures
- Hip, Knee and Shoulder procedures
- Physical Medicine (Medicare Advantage only)
- Home Health Physical or Occupational Therapy

The list of procedures involved in the categories listed above may be found by clicking the link below:

http://www.triadhealthcareinc.com/bcbst/

Additional information on this program can be found on bcbst.com under our provider webpage in the Musculoskeletal Program section. To find this, click on the Utilization Management Resources link below.
Detailed information about the program may be found by either clicking the link below or by clicking on the Musculoskeletal Program link as shown in the screen print below.

http://www.triadhealthcareinc.com/bcbst/
Clicking the Musculoskeletal Program link will open the Triad Health Care page as shown below.

**Triad Musculoskeletal Program - Tennessee**

*Update January 23, 2013:*

Effective February 1, 2013, the CT or MRI associated with the following joint arthrogram procedures (23360, 27090, 27895, 27370, G0259 and G0260) will also be authorized through the BCBST Musculoskeletal Program (administered by Triad Healthcare).

**Pain Management, Spine and Joint surgery, Physical Medicine**

Triad has partnered with Blue Cross Blue Shield of Tennessee (BCBST) to administer its prior authorization program for Pain Management, Spine and Joint surgery (limited to Knee, Hip and Shoulder) services for Commercial, Fully Insured, Medicare Advantage and PPO members. Triad will also administer a Physical Medicine program including Chiropractic, Physical and Occupational Therapy services for BCBST Medicare Advantage members only.

**Arthograms that include High Tech Imaging**

As of 2/1/13, Triad will manage shoulder, hip and knee CT/MRI’s when rendered in conjunction with joint arthrography. Please note when rendering High Tech Imaging procedures without joint arthrography you will continue to follow the existing prior authorization process for imaging.

[Click here for list of procedure codes](#)

**Prior Authorization**

**Home Health Services**

As of 12/01/2012 BCBST has elected to expand its current MSK program administered by Triad Healthcare to include Home Health Services delivered by Physical and Occupational Therapist. Please note any request for prior authorization for services need to be requested as Home Health Physical Therapy and/or Occupational Therapy and denote number of visits for each service requested.

**Prior Authorization**

Prior authorizations can be submitted electronically, with medical records, through BCBST BlueAccess® by clicking here: [https://www.bcbs.com/providers/](https://www.bcbs.com/providers/) or faxed directly to Triad at 1-800-520-8045.

Home Health Prior authorization form can be accessed here: [Click here for the Home Health Prior Authorization Form](#).

*Please note, medical records must accompany all prior authorization requests.*

**Medical Policies**

Triad Medical Policies can be accessed here: [Click here for medical policies](#)

**General Information**

Customer Service: Triad’s Customer Service number is 1-800-388-8978. Hours of Operation are Monday through Friday 8am-6pm EST.

Peer to Peer (P2P): If you wish to speak with a Clinical Peer at anytime, please call Triad’s Customer Service at 1-800-388-8978 and a Representative can assist you.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association
Medical Policies

Triad Healthcare, Inc.'s medical policies are designed to properly address real-world medical scenarios within allied specialty healthcare. Our adherence to medical necessity permeates the manner in which we encourage providers to administer care.

Triad Medical Policies are developed by panels of multi-disciplinary provider specialists who form the Academic Advisory Committee (AAC) Medical Operations Committee (MOC) and the Medical Quality Improvement Committee (MQIC). In addition, Triad reviews current scientific literature which includes but is not limited to the following professional organizations and treatment guidelines:

- Academy of Orthopaedic Surgeons
- American Association of Neurological Surgeons
- North American Spine Society
- American College of Occupational and Environmental Medicine
- Official Disability Guidelines
- American Society of Interventional Pain Physicians
- American Pain Society
- American Academy of Physical Medicine and Rehabilitation
- Medicare Guidelines
- Cochrane Reviews

Each individual Triad Medical Policy includes specific references attached. Please click here to browse the Medical Policies.

Please click the links below to open or save the desired document:

- Current Policies
- Upcoming Policies
- Archived Policies

- TMP 002 - Condition_Diagnoses Severity Adjusting
- TMP 003 - Frequency of Care
- TMP 009 - Episodic Management of Chronic Musculoskeletal Pain - Physical Medicine
- TMP 010 - Use of Passive and Active Care
- TMP 011 - Use of Spinal Mobilization_Manipulation
- TMP 012 - Use of Non-Spine, Extremity Mobilization_Manipulation
- TMP 013 - Use of Adjunctive Modalities and/or Therapeutic Procedures
- TMP 015 - Minimal Clinical Progress Improvement
- TMP 017 - Contraindications to Care
- TMP 018 - Medical Necessity
- TMP 019 - Evaluation and Management Services New Patient
- TMP 020 - Evaluation and Management Services Established Patient
- TMP 021 - Concurrent Evaluation and Management Services
- TMP 025 - Use of Electrodiagnostic Testing
- TMP 026 - Durable Medical Equipment
- TMP 029 - Use of Radiographic Examinations
- TMP 031 - Coding and Reporting CMT
- TMP 032 - Exploratory or Confirmatory Diagnostic Evaluation
- TMP 036 - Treatment of Asymptomatic Abnormal Spinal Curvatures
- TMP 100 - Application of Hot or Cold Packs
- TMP 101 - Traction - Mechanical
- TMP 102 - Electrical Stimulation Therapy - Unattended
- TMP 103 - Vasopneumatic Devices
- TMP 104 - Paraffin Bath Therapy
- TMP 105 - Whirlpool Therapy
Contact Information:

Clinical Staff Contact:
Beverly West, RN, MBA, Manager of Condition Management, BlueCross BlueShield of Tennessee
Phone: (423) 535-3523
Email: Beverly_West@bcbst.com

Triad Customer Service
Phone: (800) 388-8978

Triad Peer to Peer
Phone: (800) 388-8978

eBusiness Solutions Staff Contacts:

West Tennessee
Debbie Angner
(901) 544-2285
Debbie_Angner@bcbst.com

Middle Tennessee
Faye Mangold
(423) 535-2750
Faye_Mangold@bcbst.com

East Tennessee
Faith Daniel
(423) 535-6796
Faith_Daniel@bcbst.com

Service Center – technical issues or general questions
(423) 535-5717, Option 2
Monday – Thursday
8 a.m. – 5:15 p.m. ET
Friday
9 a.m. – 5:15 p.m. ET

Please contact your eBusiness Marketing Representative for all of your BlueAccess registration and training needs.
**Note:** To begin, open your internet browser and go to [http://www.bcbst.com/providers/](http://www.bcbst.com/providers/)

You may want to bookmark this page because this is the provider webpage. Here you will find helpful information about the Musculoskeletal Program as well as other resources.

**Scenario 1:** The member used in the first scenario is fully insured. This authorization will be handled by Triad. The steps in this scenario shows all the steps involved in sending an authorization request to Triad.

**Step 1:** Click the + button to expand the Log In/Registration field.

**Step 2:** Enter User ID & Password and click the "log in" button to enter BlueAccess your secure provider portal.

**Note:** If you do not have a User ID & Password, contact your eBusiness Marketing Representative or Service Center for personal assistance with registration and/or training.
You are now on the BlueAccess Provider Main Menu.

**Option: “Click Here” to begin authorization**

**BCBST Musculoskeletal Program**

Option: Or, “Click Here” to begin

**Click on MSK Program title bar to see status of all Triad submissions**

**Note:** Clicking the BCBST Musculoskeletal Program title bar will provide you with a status of all prior-authorizations submitted to Triad.

You can begin the authorization process by either clicking on the "Click Here" link that is located in the MSK Program section, or you may go through the Service Center section at the top left of the provider main menu. Both options are noted in the screen print above.
Regardless of which method you selected on the previous screen, you will go to the e-Health Services screen. Here you can verify eligibility and benefits through the Patient Inquiry section. You may check the status of a claim through the Claim Center, and you may begin your authorization process by selecting the Authorization / Advance Determination Submission section.

**Step 3:** Select Authorization / Advance Determination Submission as shown below.
Step 4: Select the Authorization Form. Typically, the form for this program is a 23-Hour Observation or Outpatient Surgical Procedure.

Note: The Outpatient Surgical Procedure form is unavailable at this time for BlueAdvantage members. If you need to submit an outpatient MSK prior authorization, please fax it to Triad at (800) 520-8045.

Step 5: Enter requested date of service.

Step 6: Enter patient ID and then click the “Search” button.

Note: After clicking on “Search,” the patient information will be displayed in the left section of the screen.

Step 7: Click “Continue” to proceed.
Step 8: Complete the web form.

**Note:** Under Treatment Type, you will most likely select Medical or Surgical as the appropriate type of care.

**Important:** When multiple procedure codes are involved, always enter the MSK code listed on the Triad site as the primary code. Additional codes may be listed in the notes section at the bottom of the form.

Step 9: Click “Continue” to proceed.

The Summary page allows you to review all of the criteria entered. If everything is correct, click on the “Continue” button to proceed.
**Note:** After clicking on the continue button, you will be redirected to Triad Healthcare’s secure website. Here you can complete your authorization for your fully insured or BlueAdvantage member.
**Note:** You may view the BlueCross Musculoskeletal Clinical Criteria by clicking on the link shown below.

The MSK Clinical Criteria is displayed below.
Step 11: Click the “Browse” button to look for the patient’s medical records on your computer.

Step 12: Click “Upload” to attach the medical record file.

Step 13: Click “Submit Request” button.

After clicking the “Submit Request” button, you will see a confirmation of receipt.
Scenario 2: The member in the second scenario is a state of Tennessee member. These authorizations will be handled by BlueCross. This scenario shows all the steps involved in sending an authorization request to BlueCross.

**Step 1:** Click the + button to expand the Log In/Registration field.

**Step 2:** Enter User ID & Password and click the “log in” button to access the secure provider portal called BlueAccess.

*Note:* If you do not have a User ID & Password, contact your eBusiness Marketing Representative or Service Center for personal assistance with registration and/or training.
You are now on the BlueAccess® Provider Main Menu.

BlueAccess for Providers

Quick Jump ➞ e-Health Services  Additional Provider Services  Account Management

e-Health Services®
Service Center

Real Time Claim Estimation/Adjudication

Option: “Click Here” to begin authorization

BcBST
Musculoskeletal Program

Option: Or, “Click Here” to begin

CHOICES
TennCare CHOICES in Long-Term Care & TennCare’s program for long-term care services.

Notice
The CHOICES web claim application has been recently updated with minor form changes. If you experience any difficulties with the updated layout please contact eBusiness Solutions at ebusiness_service@bcbsmt.com or by phone at (423) 535-5717, opt. 2.

More

BCBST Musculoskeletal Program
Medical record submission requirement for prior authorizations has been delayed until April 23, 2012.

Effective April 23, 2012 medical record submissions will be required for prior authorization request through the Musculoskeletal Program.

Effective March 15, 2012, BlueCross BlueShield of Tennessee will begin requiring prior authorization for the following musculoskeletal procedures for both commercial fully-insured and Med Advantage pop plans.

- Pain Management
- Spinal Surgery
- Joint Surgery (Hip, Knee & Shoulder)
- Physical Medicine (Men)

Please note medical record initial authorization review. If you have any questions please call (800) 368-6976 or fax to (800) 520-8853.

Musculoskeletal Program Video Overview
FAQ

MSK Quick Reference Guide

MSK Patient Quick Reference

Click on MSK Program title bar to see status of all Triad submissions
Regardless of which method you selected in the previous screen, you will go to the e-Health Services screen. Here you can verify eligibility and benefits through the Patient Inquiry section. You may check the status of a claim through the Claim Center, and you may begin your authorization process by selecting the Authorization / Advance Determination Submission section.

**Step 3:** Select Authorization / Advance Determination Submission.
Step 4: Select the Authorization Form. Typically, the form for this program is an 23-Hour Observation or Outpatient Surgical Procedure.

Note: The Outpatient Surgical Procedure form is unavailable at this time for BlueAdvantage members. If you need to submit an outpatient MSK prior authorization, please fax it to Triad at (800) 520-8045.

Step 5: Enter requested date of service.

Step 6: Enter patient ID and then click the “Search” button.

Note: After clicking on “Search,” the patient information will be displayed in the left section of the screen.

Step 7: Click “Continue” to proceed.
Step 8: Complete the web form.

Note: Under Treatment Type, you will most likely select Medical or Surgical as the appropriate type of care.

Important: When multiple procedure codes are involved, always enter the MSK code listed on the Triad site as the primary code. Additional codes may be listed in the notes section at the bottom of the form.

Step 9: Click “Continue” to proceed.
Step 15: The Milliman Criteria summary is displayed after all questions have been answered. If everything looks accurate, then click “Continue.”

Note: If you need to go back to the beginning of the Apply Milliman Criteria screens to revise any of your responses, click the “Restart” button.
Note: The screen print below is your confirmation page. The authorization reference ID for submission is displayed. If the authorization was not automatically approved, you will receive a confirmation number showing your pended authorization request. BlueCross will respond to you within 24 hours.

If you would like to make any updates to the authorization, you may do so in the Clinical Update section.