



Prior Authorization

Frequently Asked Questions

How can I complete a prior authorization request for two or more procedures via My Insurance ManagerSM?

You cannot complete a prior authorization request for more than one service on a single entry using My Insurance ManagerSM. Once you have chosen your request type and select one service, you will continue through the remaining prior authorization request screens to completion. At that time, you may begin a second request.

What is a dollar threshold for durable medical equipment (DME)?

Prior authorization requirements for DME can vary per plan. For this reason, it is important to verify eligibility and benefits.

How can I check authorization requirements for out-of-state members?

To check authorization requirements for out-of-state members, you can use the BlueCard[®] Prior Authorization Lookup Tool located on www.SouthCarolinaBlues.com or by calling the BlueCard[®] eligibility line at 800-676-BLUE (2583).

What methods can be used to obtain prior authorization?

Authorizations can be requested using one of the following avenues:

- My Insurance Manager^{SM*}
- Medical Forms Resource Center (MFRC)*
- Fax
- Phone

** Preferred methods.*

What information is required when requesting prior authorization?

When requesting prior authorization, the following information should be included:

- Patient details – Name, ID Number, and Date of Birth

- Service details – CPT/HCPCs codes with correct units, diagnosis codes, and MD orders
- Location details – Name of facility and rendering physician, address, and Tax ID/NPI
- Contact details – Call back number and fax number
- Date of service
- Clinical documentation – Including how long the problem has been occurring, attempted treatments, conservative medications, studies (e.g., labs, imaging, assessments, etc.