

# Blue Advantage Part B Provider-Administered Drug Precertification

PROVIDER GUIDE



**Blue Advantage**  
A Medicare Approved PPO



**Patrius  
Health**



## **Program Overview**

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Patrius Health is working with Magellan Rx Management to conduct precertification for the Blue Advantage® Part B Provider-Administered Drug Precertification Program.

Beginning August 1, 2023, providers must use Magellan Rx to obtain precertification for Blue Advantage members who will receive treatment/drugs within the scope of this program for dates of service on or after August 1, 2023.

Use this step-by-step guide to help you with the review process.

# Blue Advantage Pre-Service Review Process

You begin the drug review process using the Pre-Service Review process for Blue Advantage.

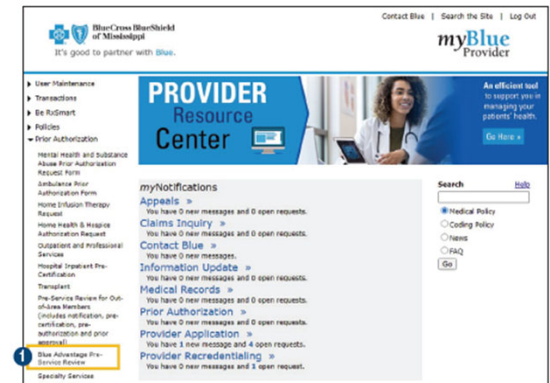
To find our Pre-Service Review Provider Guide that explains this process, as well as the drug list, scan the QR code below to access the [Pre-Service Review webpage](#) on the Blue Advantage provider education website:



Use the following steps to complete the pre-service review process, which includes precertification, prior authorization and predetermination for certain medical services for your Blue Advantage® patients. You can also use this process to request a continued stay review.

- 1 Start this process on **myBlue Provider**, Blue Cross & Blue Shield of Mississippi's provider website. Under **Prior Authorization** in the left menu, select **Blue Advantage Pre-Service Review**. You will be directed to the Blue Advantage Pre-Service Review portal for Patrius Health.

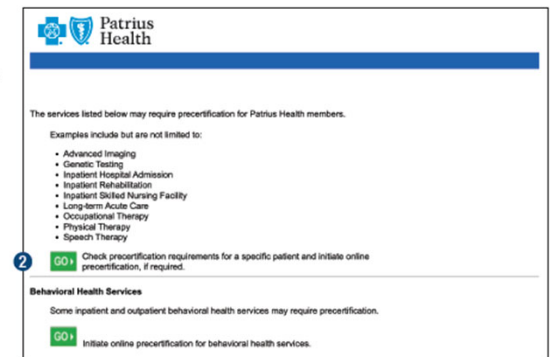
**Note:** Make sure to deactivate any pop-up blockers on your web browser.



- 2 On the Pre-Service Review landing page, initiate the precertification process by selecting the bottom **GO** button for behavioral health services and the top button for all other services.

**Note:** Reviews of behavioral health services involve a separate process by Lucet. Under the Behavioral Health Services heading, initiate the review process by using the **GO** button. This process is available only to institutional providers.

If you have questions after initiating the behavioral review process, contact Lucet at 1-855-339-9612.



# Blue Advantage Pre-Service Review Process

Follow these steps to get started with this process:

1. Log in to [myBlue Provider](#).
2. Select Blue Advantage Pre-Service Review under the Prior Authorization menu.
3. Click the GO button to initiate Precertification on the next page.

The screenshot displays the myBlue Provider website interface. At the top, the BlueCross BlueShield of Mississippi logo is on the left, and navigation links for 'Contact Blue', 'Search the Site', and 'Log Out' are on the right. The 'myBlue Provider' logo is prominently displayed. A large blue banner for the 'PROVIDER Resource Center' features an image of a doctor and a 'Go Here' button. On the left, a navigation menu lists various services, with 'Blue Advantage Pre-Service Review' highlighted in a yellow box. The main content area shows 'myNotifications' for several categories: Appeals (0 new messages, 0 open requests), Claims Inquiry (0 new messages, 0 open requests), Contact Blue (0 new messages), Information Update (0 new messages, 0 open requests), Medical Records (0 new messages, 0 open requests), Prior Authorization (0 new messages, 0 open requests), Provider Application (1 new message, 4 open requests), and Provider Recredentialing (0 new messages, 1 open request). A search bar with a 'Go' button and a 'Help' link is located on the right side.

BlueCross BlueShield of Mississippi  
It's good to partner with Blue.

Contact Blue | Search the Site | Log Out

myBlue Provider

► User Maintenance  
► Transactions  
► Be RxSmart  
► Policies  
▼ Prior Authorization  
Mental Health and Substance Abuse Prior Authorization Request Form  
Ambulance Prior Authorization Form  
Home Infusion Therapy Request  
Home Health & Hospice Authorization Request  
Outpatient and Professional Services  
Hospital Inpatient Pre-Certification  
Transplant  
Pre-Service Review for Out-of-Area Members (includes notification, pre-certification, pre-authorization and prior approval)  
**Blue Advantage Pre-Service Review**  
Specialty Services

**PROVIDER Resource Center**

An efficient tool to support you in managing your patients' health.  
[Go Here »](#)

myNotifications

**Appeals** »  
You have 0 new messages and 0 open requests.

**Claims Inquiry** »  
You have 0 new messages and 0 open requests.

**Contact Blue** »  
You have 0 new messages.

**Information Update** »  
You have 0 new messages and 0 open requests.

**Medical Records** »  
You have 0 new messages and 0 open requests.

**Prior Authorization** »  
You have 0 new messages and 0 open requests.

**Provider Application** »  
You have 1 new message and 4 open requests.


**Provider Recredentialing** »  
You have 0 new messages and 1 open request.

Search [Help](#)  
  
 Medical Policy  
 Coding Policy  
 News  
 FAQ

# Blue Advantage Pre-Service Review Process

Enter the procedure code in the Pre-Service Review portal to determine if precertification is required.

Next, enter your contact information, including fax number, and click **Continue** to navigate to the Magellan Rx portal and complete the drug precertification process.



## Pre-Service Review

[Start new search](#)

Procedure Code: J1602

Procedure Description: Injection, golimumab, 1 mg, for intravenous use

**Precertification required for this service.**  
[Initiate Precertification Request](#)

**Enter/update your contact information:**

Contact Name *	Contact Phone *	Fax *
<input type="text"/>	<input type="text"/>	<input type="text"/>

[Continue](#)

Clicking "Continue" will take you to Magellan Health's website. Magellan is an independent company and our business associate and has agreed to follow our privacy and security policies regarding the confidentiality and protection of personal health information.



# Confirm Patient and Provider Details

## Drug Regimen request : Provider

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Provider Therapy Reason Q/A Confirm

### Drug Regimen Request - Provider

Please review the following patient information carefully to ensure this is the correct member and provider:

SARA E TESTMEMBER  
Date of Birth: 7/7/1977  
ID: 123-45678

Provider: TESTPROVIDER

**If this is NOT the correct patient and/or provider, please close this window and make your selection again.**

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Will an alternative servicing provider be utilized for this request, i.e. Outpatient Facility?

Yes  No

Utilization Review Services provided by Magellan Rx Management, LLC. -

# Select Place of Service

**Drug Regimen request : Place Of Service**

Provider Therapy Reason Q/A Confirm

**Drug Regimen Request - Place Of Service**

Where will the medication be administered?

**Select Place of Service**

Office (11) ▼

**Back** **Next**

Cancel

# Confirm Drug Selection

## Drug Regimen request :

Progress bar with five steps: Provider (checked), Therapy (active), Reason, Q/A, and Confirm.

### Drug Regimen Request - Therapy

#### Drug Regimen Search

Brand Name:

Simponi x

Search

Generic Name:

Search

Procedure Code:

Search

1 Record Found. Please click the drug regimen name to select.

Brand Name	Generic Name	Procedure	Requires Clinical Review?
<a href="#">Simponi Aria</a>	golimumab	J1602	Yes

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# Enter ICD-10 Diagnosis Code and Other Details

## Drug Regimen Request - Reason

### Simponi Aria (golimumab)

Enter Diagnosis Code (ICD10) for Simponi Aria: \* 

M05.89

(If you do not know the ICD10 Code, click on the magnifying glass icon above to search for the appropriate code.)

Member Weight (lbs): \* (kg?)

163

Member Height (feet/inches):\* (cm?)

5 ' 0 "

Do you have an anticipated date of treatment?\*

Yes

What is the anticipated date of treatment?\*

Apr	May 2019					Jun
Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

# Answer Clinical Questions

## Drug Regimen request :

Provider	Therapy	Reason	Q/A	Confirm
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### Drug Regimen Request - Clinical Questions

Please answer the following clinical questions as they pertain to the member's requested medication.

#### Clinical Questions for Simponi Aria (golimumab)

Is the request for IV Simponi Aria?

Yes  
 No

**Back** **Next**

**Cancel**

# Answer Clinical Questions

## Drug Regimen request :

Provider Therapy Reason Q/A Confirm

### Drug Regimen Request - Clinical Questions

Please answer the following clinical questions as they pertain to the member's requested medication.

#### Clinical Questions for Simponi Aria (golimumab)

Is this patient 18 years old or older?

Yes  
 No

**Q/A History:**

1. Request is for Simponi Aria

**Back** **Next** **Cancel**

# Answer Clinical Questions

## Drug Regimen Request - Clinical Questions

Please answer the following clinical questions as they pertain to the member's requested medication.

### Clinical Questions for Simponi Aria (golimumab)

Do any of the following describe the patient and/or his/her therapy?

- Patient has NOT been screened for TB
- Patient has NOT been screened for Hepatitis B virus (HBV)
- Patient has an active infection
- Patient has recently been administered a live vaccine
- Patient is also being treated with a TNF inhibitor
- Patient is also being treated with a biologic response modifier or other non-biologic agent (i.e., Otezla)
- None of the above
- Don't Know

### Q/A History:

1. Request is for Simponi Aria
2. This is a patient 18 years old or older

**Back** **Next**

**Cancel**

# Answer Clinical Questions

## Drug Regimen Request - Clinical Questions

Please answer the following clinical questions as they pertain to the member's requested medication.

### Clinical Questions for Simponi Aria (golimumab)

Is this a request for a renewal of a previous authorization for the drug?

- Yes  
 No  
 Don't Know

### Q/A History:

1. Request is for Simponi Aria
2. This is a patient 18 years old or older
3. Pt has been screened for TB, HBV and does not have any active infections. Pt is NOT receiving live vaccines or any other TNF inhibitors or biologic response modifiers.

**Back** **Next**

**Cancel**

# Answer Clinical Questions

## Drug Regimen Request - Clinical Questions

Please answer the following clinical questions as they pertain to the member's requested medication.

### Clinical Questions for Simponi Aria (golimumab)

Has the physician assessed baseline disease severity by utilizing an objective measure/tool?

- Yes
- No
- Don't Know

### Q/A History:

1. Request is for Simponi Aria
2. This is a patient 18 years old or older
3. Pt has been screened for TB, HBV and does not have any active infections. Pt is NOT receiving live vaccines or any other TNF inhibitors or biologic response modifiers.
4. Pt does NOT have a previous authorization

[Back](#) [Next](#)



# Answer Clinical Questions

## Drug Regimen Request - Clinical Questions

Please answer the following clinical questions as they pertain to the member's requested medication.

### Clinical Questions for Simponi Aria (golimumab)

Has the patient been diagnosed with one of the following?

- Rheumatoid Arthritis (RA)
- Psoriatic Arthritis
- Ankylosing Spondylitis
- Other
- Don't know

### Q/A History:

1. Request is for Simponi Aria
2. This is a patient 18 years old or older
3. Pt has been screened for TB, HBV and does not have any active infections. Pt is NOT receiving live vaccines or any other TNF inhibitors or biologic response modifiers.
4. Pt does NOT have a previous authorization
5. Physician has assessed baseline disease severity by utilizing an objective measure/tool

**Back** **Next**

**Cancel**

# Answer Clinical Questions

## Drug Regimen Request - Clinical Questions

Please answer the following clinical questions as they pertain to the member's requested medication.

### Clinical Questions for Simponi Aria (golimumab)

Does the patient have moderate to severe active disease?

- Yes
- No
- Don't Know

### Q/A History:

1. Request is for Simponi Aria
2. This is a patient 18 years old or older
3. Pt has been screened for TB, HBV and does not have any active infections. Pt is NOT receiving live vaccines or any other TNF inhibitors or biologic response modifiers.
4. Pt does NOT have a previous authorization
5. Physician has assessed baseline disease severity by utilizing an objective measure/tool
6. Rheumatoid Arthritis (RA)

**Back** **Next**

**Cancel**

# Answer Clinical Questions

## Drug Regimen Request - Clinical Questions

Please answer the following clinical questions as they pertain to the member's requested medication.

### Clinical Questions for Simponi Aria (golimumab)

Did the member show an inadequate response to a 3 or more month trial with oral disease modifying anti-rheumatic drugs (DMARDs - e.g. methotrexate, Imuran, Ridaura, Plaquenil, Cuprimine, Azulfidine, Arava, etc.)?

- Yes  
 No  
 Don't Know

### Q/A History:

1. Request is for Simponi Aria
2. This is a patient 18 years old or older
3. Pt has been screened for TB, HBV and does not have any active infections. Pt is NOT receiving live vaccines or any other TNF inhibitors or biologic response modifiers.
4. Pt does NOT have a previous authorization
5. Physician has assessed baseline disease severity by utilizing an objective measure/tool
6. Rheumatoid Arthritis (RA)
7. Yes, moderate to severe active disease

**Back** **Next**

**Cancel**

# Answer Clinical Questions

## Drug Regimen Request - Clinical Questions

Please answer the following clinical questions as they pertain to the member's requested medication.

### Clinical Questions for Simponi Aria (golimumab)

Is this being ordered in combination with methotrexate?

- Yes  
 No  
 Don't Know

### Q/A History:

1. Request is for Simponi Aria
2. This is a patient 18 years old or older
3. Pt has been screened for TB, HBV and does not have any active infections. Pt is NOT receiving live vaccines or any other TNF inhibitors or biologic response modifiers.
4. Pt does NOT have a previous authorization
5. Physician has assessed baseline disease severity by utilizing an objective measure/tool
6. Rheumatoid Arthritis (RA)
7. Yes, moderate to severe active disease
8. Yes, the member has failed a 3 month trial of oral DMARDs

**Back** **Next**

**Cancel**

# Answer Clinical Questions

## Drug Regimen Request - Drug Administration Information

### Simponi Aria (golimumab)

Loading Dose?\*

150 mg

Maintenance Dose?\*

150 mg

Loading Dose Pattern?\*

every 28 days x 2 doses

Frequency (in days)?\*

56

**Continue** **Back**

**Cancel**

# Confirm Review Details

## Drug Regimen Request - Final Confirmation

Review the information below and confirm that the information you have provided is correct. When you are finished, click the Submit button.

### Member Information

**Name:** SARA E TESTMEMBER      **Date of Birth:** 7/7/1977  
**Member ID:** 123-45678

### Upload Clinical Support Documents (optional)

Select Drug:   **Only pdf,doc,docx,jpeg,jpg allowed**

### Prescribing Provider Information

**Name:** TESTPROVIDER

### Ancillary/Service Provider Information

**Name:** TESTPROVIDER

### Drug Regimen

<b>Brand Name:</b>	Simponi Aria	<b>Generic Name:</b>	golimumab
<b>Procedure Code:</b>	J1602	<b>Diagnosis (ICD10) Code:</b>	M05.89
<b>Loading Dose:</b>	150.00 mg	<b>Loading Dose Pattern:</b>	every 28 days x 2 doses
<b>Maintenance Dose:</b>	150.00 mg	<b>Frequency (in Days):</b>	56
<b>NDC Code(s):</b>	57894035001		



# Confirm Review Details

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## Q/A History:

1. Request is for Simponi Aria
2. This is a patient 18 years old or older
3. Pt has been screened for TB, HBV and does not have any active infections. Pt is NOT receiving live vaccines or any other TNF inhibitors or biologic response modifiers.
4. Pt does NOT have a previous authorization
5. Physician has assessed baseline disease severity by utilizing an objective measure/tool
6. Rheumatoid Arthritis (RA)
7. Yes, moderate to severe active disease
8. Yes, the member has failed a 3 month trial of oral DMARDs
9. This is being ordered in combination with methotrexate

**Submit** **Back**

**Cancel**

# Review Status – Approved

After completing your review request, you may receive approval in real time. You can print this screen using the button at the top.

The provider will receive a fax of the confirmation and a copy will be mailed to the member.

### Drug Regimen Request - Submission Complete

**Print** ←

**User Name:** Lisa Corbett      **User ID:** 2186202  
**Date Initiated:** 05/24/2019      **Date Evaluated:** 05/24/2019

Your Request has been submitted, and the results are indicated below.

**Simponi Aria**

**Status: Approved**

**Authorization:** AUTH123  
**Validity Period:** 05/24/2019 - 11/19/2019

**Disclaimer:** Based upon the information that you have provided, this request is being authorized. Please note that this authorization number is not a guarantee of payment. All claims are subject to eligibility, limitations, and/or exclusions.

**Brand Name:** Simponi Aria      **Generic Name:** golimumab  
**Procedure Code:** J1602      **Diagnosis (ICD10) Code:** M05.89

**Dose:** 150.00 mg  
**NDC Code(s):** 57894035001

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**Member Information**

**Name:** SARA E TESTMEMBER      **Date of Birth:** 7/7/1977  
**Member ID:** 123-45678      **Health Plan:** HEALTHPLAN

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**Prescribing Provider Information**

**Name:** TESTPROVIDER      **DEA Number:**

---

**Ancillary/Servicing Provider Information**

**Name:** TESTPROVIDER      **DEA Number:**

# Review Status – Pended

If the review was not approved in real time during this process, the status will show as “pended.”

A tracking number will be displayed instead of an authorization number.

Magellan Rx will reach out to the ordering provider office for additional information needed to complete the review.

### Drug Regimen request : Submission Complete

Intro ✓ Member ✓ Provider ✓ Therapy ✓ Reason ✓ Q/A ✓ Confirm ✓

#### Drug Regimen Request - Submission Complete

[Print](#)

<b>User Name:</b>	revportal	<b>User ID:</b>	1936571
<b>Date Initiated:</b>	6/10/2019	<b>Date Evaluated:</b>	6/10/2019

Your Request has been submitted, and the results are indicated below.

#### Simponi Aria


**Status: Pended**  
**Tracking Number: 987654**

**Disclaimer:** This request requires additional clinical review. Our clinical reviewer will contact you if additional clinical information is required. To see the clinical review criteria, or to check the status of your authorization request on-line, please visit our website  
You will receive notification within one business day if the case has been approved or additional information is necessary to complete the review.

<b>Brand Name:</b>	Simponi Aria	<b>Generic Name:</b>	golimumab
<b>Procedure Code:</b>	J1602	<b>Diagnosis (ICD10) Code:</b>	M05.89
<b>Loading Dose:</b>	150 mg	<b>Billable Units:</b>	150
<b>Dose:</b>	150.00 mg		
<b>NDC Code(s):</b>	57894035001		
<b>Reason for medication:</b>			

# View Previous Authorization Requests

Return to the Pre-Service Review online process for Blue Advantage using the steps indicated at the beginning of this guide. Next, click on the **Provider-Administered Drugs** link to access previously submitted drug reviews.



## Pre-Service Review

To initiate a new pre-service review or request a continued stay review, enter a procedure code, description or type of service below.

Pre-certification or pre-service review is not a guarantee of payment. Benefits are dependent upon plan coverage, including any pre-existing condition or other exclusions and limitations set forth in member's plan. Benefits are not available if there is a loss of coverage (including a retroactive contract termination). Payment of benefits is also subject to the terms and limitations of the contract at the time services are rendered, including in-network and out-of-network provisions.

## Pre-Service Review Status

Number	Status	Review Type	Service Type	Procedure Code	Place of Service	Dates of Service	Provider Name	Provider NPI
24680135	Certified	Health Services	Surgical	A4234	Outpatient	01/03/2023-01/03/2023	John Blue, MD	123456789
98765432	Pending	Health Services	Physical Therapy		Outpatient	01/03/2023-01/03/2023	John Blue, MD	123456789

Click the appropriate link below to check precertification status for the following services:

- Advanced Imaging
- Genetic Testing
- **Provider-Administered Drugs**

# View Previous Authorization Requests

## View Authorization Requests:

1 Request Found

1

Authorization Number	Member Name/ Member ID	Procedure	Start Date/ End Date	Status
<a href="#">AUTH123</a>	TESTMEMBER, SARA E/ 12345678	J1602: Simponi Aria	05/24/2019/ 11/19/2019	Approval Letter

# View Previous Authorization Requests

## View Auth Request : Request Details

**AUTH #** AUTH123

**RENEWAL :** N

**Date Initiated:** 05/24/2019

**Date Evaluated:** 05/24/2019

### Patient Information

**Name:** SARA E TESTMEMBER

**Member ID:** 12345678

**Date of Birth:** 07/07/1977

**Age:** 42

**Gender:** F

**Height:** 152 cm

**Weight:** 74 kg

**Health Plan:**

### Prescribing Physician Information

**Name:** TEST PROVIDER

**Address:** 1234 MAIN ST  
MEMPHIS, TN 38103

**Phone No.:** (901) 555-1234

**Fax No.:** (901) 555-5678

**TIN :** 123456789

**National Provider ID:** 12345678901234567890

### Ancillary/Service Physician Information

**Name:** TEST PROVIDER

**Address:** 1234 MAIN ST  
MEMPHIS, TN 38103

**Phone No.:** (901) 555-1234

**Fax No.:** (901) 555-5678

**TIN:** 123456789

**National Provider ID:** 12345678901234567890



# View Previous Authorization Requests

## QA History

Question	Answer
1 Is the request for IV Simponi Aria?	Request is for Simponi Aria
2 Is this patient 18 years old or older?	This is a patient 18 years old or older
3 Do any of the following describe the patient and/or his/her therapy?	Pt has been screened for TB, HBV and does not have any active infections. Pt is NOT receiving live vaccines or any other TNF inhibitors or biologic response modifiers.
4 Is this a request for a renewal of a previous authorization for the drug?	Pt does NOT have a previous authorization
5 Has the physician assessed baseline disease severity by utilizing an objective measure/tool?	Physician has assessed baseline disease severity by utilizing an objective measure/tool
6 Has the patient been diagnosed with one of the following?	Rheumatoid Arthritis (RA)
7 Does the patient have moderate to severe active disease?	Yes, moderate to severe active disease
8 Did the member show an inadequate response to a 3 or more month trial with oral disease modifying anti-rheumatic drugs (DMARDs - e.g. methotrexate, Imuran, Ridaura, Plaquenil, Cuprimine, Azulfidine, Arava, etc.)?	Yes, the member has failed a 3 month trial of oral DMARDs
9 Is this being ordered in combination with methotrexate?	This is being ordered in combination with methotrexate

## Services Requested

**Start Date:** 05/24/2019      **Diagnosis (ICD10) Code:** M05.89  
**End Date:** 11/19/2019  
**Date of Service:** 05/24/2019

# View Previous Authorization Requests

## Auth Letters

Date	Time	
05/24/2019	11:57:14 AM CDT	<a href="#">View Letter</a>

## Simponi Aria

### Status: Approval Letter

<b>Tracking No.:</b>	030123197	<b>Generic Name:</b>	golimumab
<b>Procedure Code:</b>	J1602	<b>Brand Name:</b>	Simponi Aria
<b>Treatment Dose per Administration:</b>			150.00 mg
<b>Billable Units:</b>			150
<b>Total Dose:</b>			600.00 mg
<b>Total Billable Units:</b>			600

### National Drug Codes (NDC)

- 57894035001

## Uploaded Clinical Documents

File Name	Action	Drug	Name	Date
There are no documents.				

# Questions?

Call Magellan Rx at 1-800-424-8270 for urgent requests (staff is available 24 hours a day, including after hours, weekends and holidays).

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**Patrius  
Health**

An Independent Licensee of the  
Blue Cross and Blue Shield Association

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Magellan Rx Management<sup>SM</sup> is an independent company providing medical review services on behalf of Patrius Health.