# Questions regarding Home Health Services, Home Durable Medical Equipment (DME) and Home Infusion Services

## What is the BlueCard authorization process for Home Health services?

Upon request, CareCentrix will obtain prior authorizations for BlueCard members residing in Florida for home health services when prior authorization is required, alternatively, the provider may contact the home plan directly to obtain prior authorization.

## What is the BlueCard authorization process for DME and Home Infusion providers?

The BlueCard process requires DME and Home Infusion providers to verify eligibility and benefits and obtain prior authorization from the BlueCard member’s home plan. Providers should maintain documentation of the pre-authorization request.

## Does this process impact all plan members including state, local and FEP members?

No, the BlueCard process only impacts BlueCard members. It does not impact any other members, including state, local and FEP. For all other members, providers should continue to work with CareCentrix in the same manner as they do today.

## How should I verify member eligibility and benefits?

Providers may call (800) 676-BLUE (2583), provide the 3-digit alpha prefix of the member’s ID number, and the representative will transfer your call to the appropriate plan. Please be sure to notify the home plan that you are a contracted CareCentrix provider. Providers may also reference the BCBS Prefix Identification Tool to obtain additional information such as home plan contact information.

Providers should verify eligibility and benefits for the exact services needed and continue to monitor eligibility and benefits while servicing the patient.

## Are there alternatives to contacting the home plan by phone to verify eligibility and benefits?

Yes. Providers can utilize the Health Plan’s Self Service tools such as Availity (FloridaBlue) and Navinet (Horizon) to verify the member’s eligibility and benefits. However, it is recommended that providers contact the home plan by phone to verify eligibility and benefits for the exact services requested and determine if prior authorization is required.

## How do I obtain prior authorization from the home plan?

There are three different ways a provider can obtain prior authorization from a home plan:

* Contact BlueCard by phone at 1-800-676-BLUE (2583) to speak with a representative.
* Electronically through their Health Plan’s Self Service tools.

By fax request. Please contact BlueCard at 1-800-676-BLUE (2583) to determine the appropriate fax number. **Important Tip:** While confirming eligibility and benefits with the home plan, ask the representative if prior authorization is required for the specific HCPCS, and, if so, the representative can transfer you directly to the home plan’s utilization review department.

## What should I do if I am having difficulty obtaining prior authorization from the home plan?

Contact the member’s home plan to obtain status on your authorization request. Encourage the member to contact the home plan as well if the delay in obtaining the authorization may impact the ability to receive care.

Advise the member’s physician and/or the referral source if the delay in obtaining the authorization could cause a delay in the start of care.

## If medical documentation is requested by the BlueCard home plan for prior authorization, am I required to send it to CareCentrix or directly to the home plan?

Providers should work directly with the home plan. Please follow instructions provided by the home plan for submitting medical documentation needed to obtain prior authorization.

Please note that clinical documentation may also be required at the time of claims review. Documentation requested as part of claims processing should always be directed to CareCentrix and not to the BlueCard home plan.

## What if the home plan does not require prior authorization for a requested service?

Providers should document the name of the representative, reference number for the call and any other pertinent information.

Services that do not require prior authorization may be reviewed after the services are rendered. The review could result in a denial, including but not limited to, if the services are not deemed medically necessary.

## Will I still need authorization from CareCentrix for BlueCard members?

*Durable Medical Equipment (DME) and Orthotics and Prosthetics (O+P):* Under the BlueCard process, authorizations will not be issued by CareCentrix unless CareCentrix is the referral source. Providers must work directly with the home plan to obtain prior authorization.

*Home Health Services (Provided in Florida)*: Providers have two options to secure authorization when required:

1. Submit request directly to the home plan.
2. Submit request directly to CareCentrix who will request authorization from the home plan on behalf of the provider.

## Will I receive any documentation if I accept a case from CareCentrix?

Yes, providers will receive a Service Registration form outlining the requested services. Please note, the Service Registration form is not an authorization and does not guarantee payment for services rendered.

## Should I submit claims to CareCentrix or the member’s home plan?

Providers should submit BlueCard member claims to CareCentrix.

## When we verified benefits, we were told no prior authorization was required. Why has our claim been denied for failure to obtain precertification?

Please submit a claim reconsideration request to CareCentrix so we can review the claim. Please include documentation from the home plan indicating prior authorization was not required

## Should I work with the member directly regarding questions about out-of- pocket responsibility?

No, the member should be directed back to the home plan if they have questions regarding their benefit plan.

For questions regarding patient out-of-pocket responsibility, the member can contact the CareCentrix Patient Services Team directly at 800-808-1902 and select option 2.

This team oversees patient collections and can explain member copay and deductible amounts. Additionally, they can answer any questions about the member’s cost share invoice.

# Information Regarding Specific Home Plans

**South Carolina**

Providers are able to view general benefits and eligibility or enter specific HCPCS for coverage details by logging into [MyInsurance Manager](https://provider.bcbssc.com/wps/portal/hcp/providers/home/%21ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfIjo8zig40MDAyMQMgvwNXAM9AjNMw9yMvI3cRUPxysINQswMfbxczEwMLDEqjA2dPFK9jEydjAwFA_ihj9BjiAowFx-vEoiMJvfLh-FFgJPh8QMqMgNzQ0wiDTEQAB4oB_/dz/d5/L2dBISEvZ0FBIS9nQSEh/%20%5Bprovider.bcbssc.com%5D). Any provider with a Tax ID can gain access by creating an account. Additionally, providers can request precertification/authorization through the site.

Although coverage and precertification information should be obtained through MyInsurance Manager, CareCentrix highly recommends that for any BlueCross BlueShield South Carolina member receiving services through CareCentrix, pre-certification should always be obtained from BCBS of South Carolina for codes listed on the Pre-Certification list, embedded below.

