BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Frequently Asked Questions
For Radiation Oncologists and Cancer Treatment Facilities

GENERAL	
Why are BlueCross BlueShield of South Carolina and BlueChoice HealthPlan implementing a radiation oncology benefits management program?	There continues to be a tremendous amount of activity in the field of radiation oncology, including new technology, a widening panel of providers performing these services and upward trending costs. For these reasons, health plans are taking steps to address critical issues, such as quality, patient safety and medically appropriate care in the field of radiation oncology. Effective January 1, 2015, BlueCross BlueShield of South Carolina and BlueChoice HealthPlan will be implementing a new Radiation Oncology Benefits Management Program. NIA Magellan (NIA) has developed and will manage this program. NIA is an independent company that provides utilization management services on behalf of BlueCross BlueShield of South Carolina and BlueChoice HealthPlan.
Why do radiation therapy treatments require medical necessity review?	The purpose of this program is to ensure that members receive the most appropriate radiation therapy treatment consistent with our medical policy, evidence-based clinical guidelines and standards of care followed for treatment. These clinical guidelines are aligned with national standards and peer review literature. They will be totally transparent and available to the provider community.
Why did BlueCross and BlueChoice® select NIA to manage the outpatient radiation oncology services?	We chose NIA because of its clinically driven program designed to effectively manage quality and patient safety while ensuring the appropriate utilization of resources for members. We believe NIA will bring a strong clinical track record and clinical expertise focused on the radiation oncology area.
Where can providers get the program's clinical guidelines?	You can find radiation oncology clinical guidelines on NIA's website, www.RadMD.com. (This link leads to a third party site. That company is solely responsible for the contents and privacy policies on its site.) For new users to access these Web-based documents, they must create a RadMD account ID and password.
Where can providers get the list of procedures requiring prior authorization for reimbursement?	Please refer to the document titled, "Radiation Oncology Utilization Review Matrix 2014," for a list of CPT-4 codes that NIA authorizes on our behalf. You'll find the matrix on www.SouthCarolinaBlues.com, www.BlueChoiceSC.com and www.RadMD.com. (This link leads to a third party site. That company is solely responsible for the contents and privacy policies on its site.) We will deny payment for procedures performed without a necessary authorization.
PROGRAM IMPLEMENTATION	
What types of radiation oncology benefits will be managed?	Effective January 1, 2015, NIA will provide utilization management services for all outpatient radiation therapy treatments.

What radiation therapy treatment will require medical necessity review for prior authorization?	All outpatient radiation therapy treatment will require prior authorization based on medical necessity review, to include: ▪ Low-dose-rate (LDR) Brachytherapy ▪ High-dose-rate (HDR) Brachytherapy ▪ Two-dimensional Conventional Radiation Therapy (2D) ▪ Three-dimensional Conformal Radiation Therapy (3D-CRT) ▪ Intensity Modulated Radiation Therapy (IMRT) ▪ Image Guided Radiation Therapy (IGRT) ▪ Stereotactic Radiosurgery (SRS) ▪ Stereotactic Body Radiation Therapy (SBRT) ▪ Proton Beam Radiation Therapy (PBT) ▪ Intra-Operative Radiation Therapy (IORT) ▪ Neutron Beam Therapy ▪ Hyperthermia
Will inpatient radiation therapy procedures require prior authorization?	**No.** Inpatient radiation therapy services *do not* require prior authorization by NIA and will not be affected by this program. If a patient began ***inpatient*** radiation therapy and continues ***subsequent outpatient*** treatment***, outpatient*** radiation therapy will not require prior authorization for medical necessity review. You should fax a completed Radiation Therapy Treatment Notification Form for each patient to 800-965-6286.
MEDICAL NECESSITY REQUESTS	
Is medical necessity review required if BlueCross or BlueChoice is not the member's primary insurance?	**Yes.** Medical necessity review requirements apply when BlueCross or BlueChoice is the primary and secondary insurer.
Who is responsible for requesting medical necessity review for prior authorization determination?	The radiation oncologist determining the treatment plan and providing the radiation therapy is responsible for submitting the prior authorization and medical necessity review request on behalf of our members. The radiation oncologist is responsible for getting the authorization number prior to initiating treatment. **Breast Surgeons:** The radiation oncologist is required to get a medical necessity review for **Accelerated Partial Breast Irradiation (APBI).** The **breast surgeon** will receive approval for the insertion of the catheters if APBI is approved as medically necessary. The surgeon can request a review for approval at www.RadMD.com or call NIA's toll-free number 866-500-7664. (This link leads to a third party site. That company is solely responsible for the contents and privacy policies on its site.) It is the responsibility of the radiation oncologist and cancer treatment facility to ensure that radiation therapy treatment plan procedures are authorized before services are rendered. We base reimbursement on approved treatment plans and techniques.

What is the best way to request medical necessity review for the prior authorization of radiation therapy procedures?	For the most expedient turnaround time, NIA suggests using www.RadMD.com for submitting requests. (This link leads to a third party site. That company is solely responsible for the contents and privacy policies on its site.) RadMD is available 24/7, except when maintenance is performed once every other week after business hours. Please be sure to supply **all requested information** to ensure NIA can confirm medical necessity quickly for your physicians and patients. You can also submit requests by telephone at 866-500-7664, Monday through Friday from 8 a.m. to 8 p.m. EST.
Can providers request multiple medical necessity requests for different patients during the same phone call?	Yes. For your convenience, you can make multiple medical necessity requests for different patients during the same phone call. Please be prepared with *all* required clinical information for each patient prior to calling NIA to request medical necessity review.
Can providers request *multiple* service requests for the same patient during the same phone call?	Yes. If you are calling in to request medical necessity for radiation therapy procedures, you can also make requests for imaging and interventional procedures.
Can providers use www.RadMD.com to request retrospective or expedited prior authorization requests?	No. The radiation oncologist must call to request retrospective or expedited medical necessity review requests by calling 866-500-7664, Monday through Friday from 8 a.m. to 8 p.m. EST. If a patient requires emergency radiation therapy, the radiation oncologist should call NIA after the emergency treatment for approval for the course of treatment.
What information will NIA require before a medical necessity review can be initiated for prior authorization determination?	The radiation oncologist will be asked to provide a general treatment plan, with information related to the radiation therapy treatment planned for each patient. To expedite the process, the radiation oncologist, at minimum, should have **all** of this information available before logging on to NIA's website or calling NIA to request prior authorization: ▪ Name and office phone number of the radiation oncologist planning and delivering radiation therapy ▪ Patient's name and ID number ▪ Disease site being treated ▪ Stage ▪ Treatment intent ▪ Requested radiation therapy modality (initial and/or boost stages). with - Ports/angles - Total dose - Fractions - IGRT type - Brachytherapy insertions and fractions ▪ Name of treatment facility where procedures will be performed ▪ Anticipated treatment start date For additional details, please refer to NIA's disease-specific treatment plan request forms, available on www.RadMD.com. (This link leads to a third party site. That company is solely responsible for the contents and privacy policies on its site.)
When should providers submit requests for medical necessity review?	Prior authorization is required prior to the anticipated treatment start date. NIA recommends requesting prior authorization immediately after completing the patient's clinical treatment plan.

When will providers receive notification of medical necessity review status and/or prior authorization?	Once you successfully submit all required patient clinical information to NIA for review, it will make a medical necessity determination within two to three business days. For the most expedient turnaround time, use www.RadMD.com to submit requests. (This link leads to a third party site. That company is solely responsible for the contents and privacy policies on its site.) Please be sure to supply **all requested information** at the time of the request to ensure medical necessity can be confirmed quickly for your physicians and patients.
What if the provider submits only part of the information required for medical necessity review?	If the information submitted is incomplete, this could cause unnecessary delays in processing the provider's request. It is imperative that you submit all required information at the time of the initial request for the most efficient processing of requests.
What if NIA requires additional information to complete the medical necessity review?	If NIA requests additional information to complete the medical necessity review, fax it to NIA's dedicated clinical fax line at 888-656-1321. Once NIA receives all required clinical information to complete the medical necessity review, it will provide a determination within two to three business days.
How can providers track the status of medical necessity review requests?	While the case is being reviewed for medical necessity, the radiation oncologist will receive an NIA tracking number (not the same as a prior authorization number) for checking on the status of pending requests. You will be able to use the tracking number to monitor the status of your request online or through an Interactive Voice Response (IVR) telephone system.
Who reviews my request for medical necessity?	NIA's initial clinical reviewers are nurses and radiation therapists, specifically trained and licensed to review radiation therapy treatment plan requests. They can also assist physicians and their staff with the medical necessity review process. Most cases can be reviewed and a medical necessity determination will be made at this level of review. In more complex clinical cases that require additional information or peer-to-peer discussion with the requesting radiation oncologist, NIA's physician clinical reviewers are consulted for medical necessity review. NIA's board-certified radiation oncologists are consulted to review these more complex cases and make a final medical necessity determination.
How will peer-to-peer discussions be scheduled or conducted if required by NIA or requested by the provider?	If necessary or requested, NIA's physician reviewers will conduct peer-to-peer discussions with physicians to ensure it identifies and communicates all critical information about the patient case prior to a final determination. To request and schedule a peer-to-peer consultation, you should contact NIA by calling 866-500-7664, Monday through Friday, from 8 a.m. to 8 p.m. EST. The NIA Call Center will work with your office staff and NIA's radiation oncologist physician reviewers to arrange for a phone-based discussion of the case.
PRIOR AUTHORIZATION DETERMINATION AND NOTIFICATION	
How will NIA notify the provider of the prior authorization determination?	For requests deemed medically necessary, you will receive written (via fax) and verbal notification of the prior authorization determination. For requests not deemed medically necessary, you will receive written (via U.S. Mail) and verbal notification of the prior authorization determination.

What does a preauthorized radiation therapy treatment request include?	Once medical necessity determination is made, NIA will provide you with a confirmation of medical necessity review and approval, as well as a list of procedures authorized for billing to complete the course of radiation therapy treatment. The procedures authorized for billing are based on nationally recognized billing and coding standards and reflect standards of care for the use of radiation therapy treatment. Please refer to the document titled, "Radiation Oncology Utilization Review Matrix 2014" for a list of CPT-4 codes that NIA authorizes for us. You can find the matrix on www.SouthCarolinaBlues.com, www.BlueChoiceSC.com and www.RadMD.com. (This link leads to a third party site. That company is solely responsible for the contents and privacy policies on its site.) We will deny payment for procedures performed without a necessary prior authorization.
What will the NIA authorization number look like?	The NIA prior authorization number consists of alpha-numeric characters.
Is a separate prior authorization number needed for each service code requested?	No. Only one prior authorization number is required for the entire process of care.
Can a provider verify an authorization number online?	Yes. You can check the status of a member's prior authorization quickly and easily by going to NIA's website, www.RadMD.com. (This link leads to a third party site. That company is solely responsible for the contents and privacy policies on its site.)
How long is the prior authorization number valid?	The prior authorization number is valid for 180 days from the date of request. NIA will use the date of request as the starting point for the 180-day period in which the treatment must be completed. If the radiation oncologist needs to perform the initial simulation prior to the date of request, the validity period will dated from the date of the initial simulation.
What can a provider do if his or her request does not meet medical necessity criteria and NIA denies the prior authorization of radiation therapy procedures?	You can appeal any case when requested radiation therapy treatment is considered not medically necessary, based on the program's evidence-based clinical guidelines. In the event your request is considered not medically necessary, NIA will notify you of the adverse determination and provide you with appeal rights and instructions on how to appeal the case with NIA.
MODIFICATIONS TO PREAUTHORIZED TREATMENT PROCEDURES	
If a patient requires additional treatments, will the provider need to notify NIA?	Yes. You must make modifications to an approved treatment plan via phone by calling 866-500-7664, Monday through Friday from 8 a.m. to 8 p.m. EST. Please be prepared to provide additional clinical information to support the treatment modification as NIA will review these requests for medical necessity.
How long will it take to receive determination on requests to modify existing prior authorization requests?	Once you successfully submit all required patient clinical information to NIA for review, NIA will make a medical necessity determination for modification to treatment within one business day.
How will the provider be notified of medical necessity review outcomes for modifications to treatment?	For requests deemed medically necessary, you will receive written (via fax) and verbal notification of the prior authorization determination. For requests not deemed medically necessary, you will receive written (via U.S. mail) and verbal notification of the determination.

Will NIA issue the provider a new prior authorization number for the modified treatment plan and procedures?	No. The prior authorization number will remain the same throughout the course of treatment.
CHANGES TO PLACE OF SERVICE FOR RADIATION THERAPY PROCEDURES	
Is a new prior authorization required if the patient's physician or treatment location changes?	No. A new prior authorization is not required. Providers must, however, notify NIA of the change in physician or facility via fax notification to avoid unnecessary delays in the processing and payment of claims.
CLAIMS RELATED	
Where do providers send their claims for Radiation Oncology treatment?	Claims will continue to go directly to BlueCross. Please send your paper claims for services to this address: BlueCross BlueShield of South Carolina Columbia Service Center P.O. Box 100300 Columbia, SC 29202 For electronic submissions, you can submit claims to BlueCross using the "Superbill" tool within My Insurance Manager®.
How can providers check claims status?	You can check claim status through My Insurance Manager at www.SouthCarolinaBlues.com.
Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	Please follow the appeal instructions in your non-authorization letter or Explanation of Payment (EOP) notification.
CONTACT INFORMATION	
Who can a provider contact at NIA for more information?	Contact Anthony (Tony) Salvati, provider relations manager, at 800-450-7281, ext. 75537.