



Frequently Asked Questions

For Radiation Oncologists and Cancer Treatment Facilities

GENERAL	
Why is BlueCross BlueShield of Western New implementing a radiation oncology benefits management program?	BlueCross BlueShield of Western New York is partnering with National Imaging Associates (NIA) to administer their radiation oncology benefits management program. The program will assist BlueCross BlueShield in ensuring their members that they receive the most appropriate radiation therapy treatment in accordance with their medical policy, evidence-based clinical guidelines and standards of care.
Why do radiation therapy treatments now require medical necessity review?	To ensure that the planning and delivery of radiation therapy treatment is in compliance with medical policy, evidence-based clinical guidelines and standards of care are followed for treatment of the selected cancer diagnoses. These clinical guidelines are aligned with national standards and peer review literature.,
Why did BlueCross BlueShield select NIA to manage the outpatient radiation oncology services?	NIA was selected because of their clinically-driven program designed to effectively manage quality and patient safety while ensuring the appropriate utilization of resources for members.
Where can providers obtain the program's clinical guidelines?	Radiation oncology clinical guidelines can be found on NIA's web site, www.RadMD.com .
Where can providers obtain the list of procedures requiring preauthorization for reimbursement?	Please refer to the document titled, "Outpatient Radiation Therapy Billable CPT® Codes Claim Resolution Matrix," for a list of CPT-4 codes that NIA authorizes on behalf BlueCross BlueShield. The matrix can be found on www.RadMD.com . Payment will be denied for procedures performed without a necessary preauthorization.
PROGRAM IMPLEMENTATION	
What types of radiation oncology benefits will be managed?	Effective March 1, 2011 , NIA will provide utilization management services for outpatient radiation therapy treatment of breast, prostate, lung, colon and rectal cancers.
What radiation therapy procedures will require medical necessity review for preauthorization?	The following outpatient radiation therapy treatment plans will require preauthorization based on medical necessity review: <ul style="list-style-type: none"> ▪ 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)

	<ul style="list-style-type: none"> ▪ Image Guided Radiation Therapy (IGRT) ▪ Stereotactic Radiosurgery (SRS) ▪ Stereotactic Body Radiation Therapy (SBRT) ▪ Proton Beam Radiation Therapy (PBT)
Will inpatient radiation therapy procedures require preauthorization?	No. Inpatient radiation therapy services <i>do not</i> require preauthorization by NIA and will not be affected by this program.
What happens if I have radiation therapy treatment services scheduled prior to March 1, 2011?	<p>Please Note: A Radiation Therapy Treatment Notification Form must be submitted to NIA for patients who began outpatient radiation therapy prior to March 1, 2011 and are expected to continue beyond that date.</p> <p>Providers can submit a completed Radiation Therapy Treatment Form beginning February 15, 2011. The form can be accessed on NIA's web site, www.RadMD.com, or on BlueCross BlueShield's web site, www.bcbswny.com. Fax a completed form for each patient to 1-800-965-6286.</p> <p>To avoid delays in payment for services rendered, all forms must be submitted to NIA no later than February 28, 2011.</p> <p>Providers will be notified by fax within 48 hours to confirm the receipt of the notification form. An administrative preauthorization for the course of treatment extending beyond March 1, 2011 will be provided.</p> <p>Preauthorization, based on a medical necessity review, is required for all radiation therapy treatment beginning on or after March 1, 2011.</p>
MEDICAL NECESSITY REQUESTS	
Is medical necessity review required if BlueCross BlueShield is not the member's primary insurance?	Yes. Medical necessity review requirements apply when BlueCross BlueShield is the primary and secondary insurer.
Who is responsible for requesting medical necessity review for preauthorization determination?	<p>The Radiation Oncologist determining the treatment plan and providing the radiation therapy is responsible for submitting the preauthorization and medical necessity review request on behalf of BSNENY members undergoing treatment for Breast, Prostate, Lung, Colon and Rectal cancers. The Radiation Oncologist is responsible for obtaining the preauthorization number prior to initiating treatment.</p> <p>Breast Surgeons: The radiation oncologist is required to obtain 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.</p>

	<p>The surgeon can request a review for approval at www.RadMD.com or call NIA's toll free number 1-800-642-7820</p> <p>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. Reimbursement is based on approved treatment plans and techniques.</p>
<p>What is the best way to request medical necessity review for the preauthorization of radiation therapy procedures?</p>	<p>For the most expedient turn around time, NIA suggests using www.RadMD.com for submitting requests. Requests can be submitted Sunday through Friday, from 5 a.m. to midnight EST, and Saturday, from 8 a.m. to 1 p.m. EST. Please be sure to supply all requested information at the time of request to ensure medical necessity can be confirmed quickly for your physicians and patients.</p> <p>Requests may also be submitted by telephone at 1-800-642-7820, Monday through Friday, from 8 a.m. to 8 p.m. EST.</p>
<p>Can multiple medical necessity requests be made for different patients during the same phone call?</p>	<p>Yes. For your convenience, providers may make multiple medical necessity requests for different patients during the same phone call. Please be prepared with <i>all</i> required clinical information for each patient prior to calling NIA to request medical necessity review.</p>
<p>Can <i>multiple</i> service requests be made for the same patient during the same phone call?</p>	<p>Yes. Providers calling in to request medical necessity for radiation therapy procedures also may make requests for diagnostic imaging studies.</p>
<p>Can www.RadMD.com be used to request retrospective or expedited preauthorization requests?</p>	<p>No. The Radiation Oncologist must call to request retrospective or expedited medical necessity review requests by calling 1-800-642-7820, Monday through Friday, from 8 a.m. to 8 p.m. EST.</p>
<p>What information will NIA require before a medical necessity review can be initiated for preauthorization determination?</p>	<p>The Radiation Oncologist will be asked to provide general treatment plan information related to the radiation therapy treatment planned for each patient.</p> <p>To expedite the process, the Radiation Oncologist should have all of the following information available before logging on to NIA's web site or calling NIA to request preauthorization:</p> <ul style="list-style-type: none"> ○ Name and office phone number of Radiation Oncologist planning and delivering radiation therapy ○ Member name and ID number ○ Primary disease site being treated ○ Stage (T,N,M stage) ○ Treatment intent ○ Requested radiation therapy modality (initial and/or boost stages)

	<ul style="list-style-type: none"> ▪ Ports/angles ▪ Total dose ▪ Fractions ▪ IGRT type ▪ Brachytherapy insertions and fractions ○ Name of treatment facility where procedures will be performed ○ Anticipated treatment start date <p>For additional details, please refer to NIA's disease specific treatment plan request forms, available on www.RadMD.com.</p>
<p>When should requests for medical necessity review be submitted?</p>	<p>Preauthorization is required prior to the anticipated treatment start date. NIA recommends requesting preauthorization immediately after completing the patient's clinical treatment plan.</p>
<p>When will providers receive notification of medical necessity review status and/or preauthorization?</p>	<p>Once all required patient clinical information is successfully submitted to NIA for review, a medical necessity determination is made within two to three business days. For the most expedient turnaround time, use www.RadMD.com to submit requests.</p> <p>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.</p>
<p>What if the provider submits only part of the information required for medical necessity review?</p>	<p>If the information submitted is incomplete, this could cause unnecessary delays in processing the provider's request. It is imperative that all required information be submitted at the time of the initial request for the most efficient processing of requests.</p>
<p>What if additional information is required by NIA to complete the medical necessity review?</p>	<p>If additional information is requested to complete the medical necessity review, it can be faxed to NIA's dedicated clinical fax line at 1-800-784-6864.</p> <p>Once all required clinical information is received to complete the medical necessity review, a determination will be provided within two to three business days.</p>
<p>How can providers track the status of medical necessity review requests?</p>	<p>While the case is being reviewed for medical necessity, the Radiation Oncologist will receive an NIA tracking number (not the same as a preauthorization number) for checking on the status of pending requests.</p> <p>Providers will be able to use the tracking number to monitor the status of their request online or through an Interactive Voice Response (IVR) telephone system.</p>
<p>Who reviews my request for medical necessity?</p>	<p>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</p>

	<p>medical necessity determination will be made at this level of review.</p> <p>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.</p>
<p>How will peer-to-peer discussions be scheduled or conducted if either required by NIA or requested by the provider?</p>	<p>If necessary or requested, NIA's physician reviewers will conduct peer-to-peer discussions with physicians to ensure all critical information is identified and communicated about the patient case prior to a final determination.</p> <p>To request and schedule a peer-to-peer consultation, providers should contact NIA by calling 1-800-642-7820, 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.</p>
<p>PREAUTHORIZATION DETERMINATION AND NOTIFICATION</p>	
<p>How will the provider be notified of the preauthorization determination?</p>	<p>For requests deemed medically necessary, the provider will receive written (via fax) and verbal notification of the preauthorization determination.</p> <p>For requests not deemed medically necessary, the provider will receive written (via U.S. Mail) and verbal notification of the preauthorization determination.</p>
<p>Will members be notified of the preauthorization determination?</p>	<p>Yes. Based on New York state regulations, BlueCross BlueShield and NIA are required to notify members of the preauthorization determination. NIA will provide written (via U.S. Mail) and verbal notification to members in accordance with New York state mandates and requirements.</p>
<p>What does a preauthorized radiation therapy treatment request include?</p>	<p>Once medical necessity determination is made, NIA will provide physicians with a confirmation of medical necessity review and approval, as well as a list of procedures authorized for billing to complete their 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.</p> <p>Please refer to the document titled Outpatient Radiation Therapy Billable CPT® Codes Claim Resolution Matrix for a list of CPT-4 codes that NIA authorizes on behalf of BlueCross BlueShield. The matrix can be found on www.RadMD.com. Payment will be denied for procedures performed without a necessary preauthorization.</p>
<p>What will the NIA authorization number look like?</p>	<p>The NIA preauthorization number consists of numeric characters.</p>

Is a separate preauthorization number needed for each service code requested?	No. Only one preauthorization number is required for the entire process of care.
Can a provider verify an authorization number online?	Yes. Providers can check the status of a member's preauthorization quickly and easily by going to NIA's web site, www.RadMD.com .
How long is the preauthorization number valid?	The preauthorization 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 provider 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 I do if my request does not meet medical necessity criteria and preauthorization of radiation therapy procedures is denied?	Physicians 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 a physician's request is considered not medically necessary, NIA will notify the physician of the adverse determination and provide him/her with appeal rights and instructions on how to appeal the case with BlueCross BlueShield.
MODIFICATIONS TO PREAUTHORIZED TREATMENT PROCEDURES	
If a patient requires additional treatments, will NIA need to be notified?	Yes. Modifications to an approved treatment plan must be made via phone by calling 1-800-642-7820, 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 these requests will be reviewed for medical necessity.
How long will it take to receive determination on requests to modify existing preauthorization requests?	Once all required patient clinical information is successfully submitted to NIA for review, a medical necessity determination for modification to treatment is made within one business day.
How will the provider be notified of medical necessity review outcomes for modifications to treatment?	For requests deemed medically necessary, the provider will receive written (via fax) and verbal notification of the preauthorization determination. For requests not deemed medically necessary, the provider will receive written (via U.S. Mail) and verbal notification of the determination.
Will members be notified of the preauthorization determination for modifications to their approved treatment plan?	Yes. Based on New York State regulations, BlueCross BlueShield and NIA are required to notify members of the preauthorization determination for modifications to their treatment plan. NIA will provide written (via U.S. Mail) and verbal notification to members in accordance with New York State mandates and requirements.

Will the provider be issued a new preauthorization number for the modified treatment plan and procedures?	No. The preauthorization number will remain the same throughout the course of treatment.
CHANGES TO PLACE OF SERVICE FOR RADIATION THERAPY PROCEDURES	
Is a new preauthorization required if the patient's physician or treatment location changes?	No. A new preauthorization is not required; however, providers must 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?	Continue to submit your claims electronically through your vendor or directly to Administrative Services of Kansas (ASK) EDI. If unable to bill electronically, claims for BlueCross BlueShield of Western New York members should be submitted to: BlueCross BlueShield of Western New York P.O. Box 80 Buffalo, New York 14240-0080
How can providers check claims status?	Providers should continue to check the pending claims report via the BlueCross BlueShield web site, www.bcbswny.com .
Who should a provider contact if they want to appeal a preauthorization or claims payment denial?	Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Payment (EOP) notification.
CONTACT INFORMATION	
Who can a provider contact at NIA for more information?	Providers can contact Charmaine Gaymon, Provider Relations Manager at NIA, at 1-410-953-2615 or the BlueCross BlueShield Provider Service Department at 1-800-950-0052.

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