



OncologyConnectionsSM Provider Training Program

ConnectiCare[®]
You know us by .

NIASM
A Magellan Health Company

Provider Training Program Agenda

- Welcome and Opening Remarks
- About NIA
- How the Program Works:
 - The Authorization Process
 - Other Authorization Requirements
 - The Authorization Appeals Process
 - The Claims Process
 - The Claims Appeals Process
- Provider Self-Service Tools
- NIA Provider Relations and Contact Information
- Questions and Answers

About NIA

NIA is accredited by NCQA
and is URAC certified

National Imaging Associates (NIA) -- chosen as the solution for National and Regional Health Plans covering more than 19 million lives due to:

- Distinctive clinical focus
- NCQA accreditation and URAC certification
- Innovation and stability
 - Value-added support from parent company, Magellan Health Services
 - Depth and breadth of experience in managing behavioral health care, diagnostic imaging, specialty pharmaceutical services, pharmacy benefits administration, obstetrical ultrasound and radiation oncology
- Invaluable insights and innovative solutions that positively impact quality and cost of some of the fastest growing areas of health care

Focus / Results:

- Manage the appropriate use of modalities in the delivery of radiation therapy based on national clinical guidelines
- Ensure appropriate billing and coding activities through the duration of the patient's care

Why NIA is Well Positioned for Radiation Therapy Management

- Complements NIA's expertise in diagnostic imaging management
 - Incorporates oncology diagnostic imaging and therapeutic radiology into the utilization management process
 - Leverages NIA's work with key stakeholders (Health Plans, Providers and Consumers)
- Leverages NIA's systems, tools and infrastructure to deliver the radiation oncology capability
- NIA has built a specialized Radiation Oncology Team, whose focus is this segment of the business
 - **Comprehensive clinical guidelines** aligned from national clinical organizations (ACR, ASTRO, NCCN) and national clinical literature
 - **Radiation Oncologists** review cases that do not meet criteria



The Authorization Process

Cancers Requiring Pre-Authorization with NIA

Outpatient radiation therapy for the following cancer conditions:

- Breast
- Prostate
- Lung
- Colon
- Rectal
- Other Conditions - (Stereotactic Radiation Therapy Only)



Inpatient radiation therapy does NOT require pre-authorization with NIA.

Radiation Therapy Modalities Covered by Condition

Program includes management of ***Breast, Colon, Lung, Prostate and Rectal*** cancer for the following radiation therapy modalities:

- 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)

Program includes management of all other conditions (***i.e. Brain and Spine Lesions, AVM, Trigeminal Neuralgia***) for the following radiation therapy modalities:

- Stereotactic Radiosurgery (SRS)
- Stereotactic Body Radiation Therapy (SBRT)

List of CPT Procedure Codes Requiring Pre-Authorization

- List of CPT Procedure Codes Requiring Pre-Authorization
- Outpatient Radiation Therapy Billable CPT® Codes Claim Resolution Matrix



Radiation Oncology Claim Resolution Matrix 2011 ConnectiCare

The matrix below contains all of the CPT-4 codes for which National Imaging Associates (NIA) authorizes on behalf of ConnectiCare. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA. If a procedure is billed under any one of the given codes for that grouping and a valid authorization number has been issued within the date of service validity period, the charge for any of the codes should be allowed.

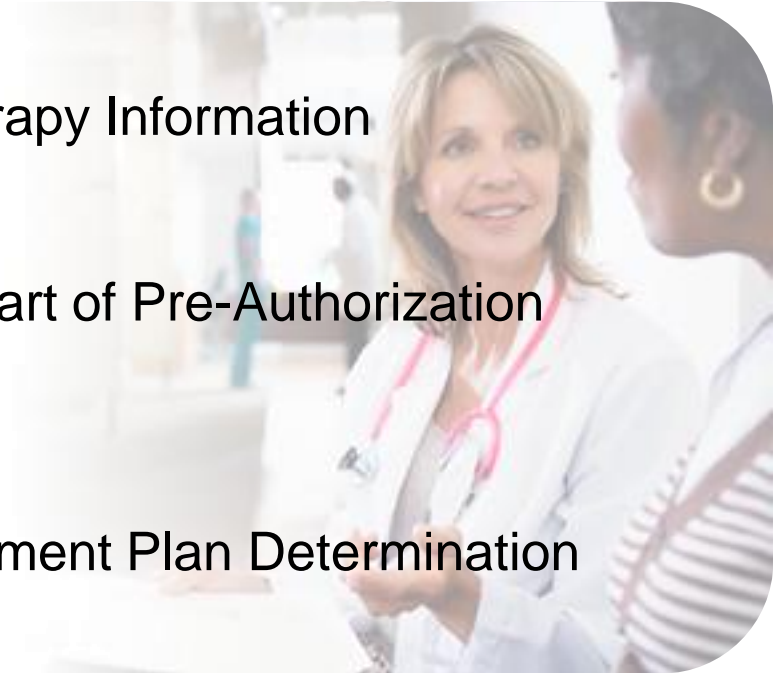
If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

*Please note: Services rendered in hospital inpatient setting are not managed by NIA.

CPT Codes Requiring Authorization	Description	Allowable Billed Groupings
19296	Brachytherapy Applicator Insertion (Breast Surgeon)	19296,19297,19298 ¹
19297	Brachytherapy Applicator Insertion (Breast Surgeon)	19296,19297,19298
19298	Brachytherapy Applicator Insertion (Breast Surgeon)	19296,19297,19298
76950	Ultrasonic Guidance - IGRT	76950
77014	CT Guidance - Planning <i>or</i> IGRT	77014
77280	Simulation - Set Up Simple <i>or</i> Verification	77280
77285	Simulation - Set Up Complex/ Interm.	77285,77290

Three-Step Pre-Authorization Process

1. Gather Necessary Patient and Therapy Information
2. Submit Necessary Information as part of Pre-Authorization Request
3. Receive Medical Necessity & Treatment Plan Determination



Step 1: Gather Necessary Patient and Therapy Information

Required Information

The following information is required (all cancer sites):

GENERAL

- Name and office phone number of radiation oncologist planning and delivering radiation therapy
- Member name and ID number
- Name of treatment facility where procedures will be performed
- Anticipated treatment start date

CLINICAL INFORMATION

- Primary disease site being treated
- Stage (T,N,M stage)
- Treatment intent

TECHNIQUE


- Requested Radiation Therapy Modality (initial and/or boost stages)
 - Ports/angles
 - Total dose
 - Fractions
 - IGRT type
 - Brachytherapy insertions and fractions

****Additional information needed depends on the cancer site and treatment modality***

Submit *all* required information to avoid processing delays

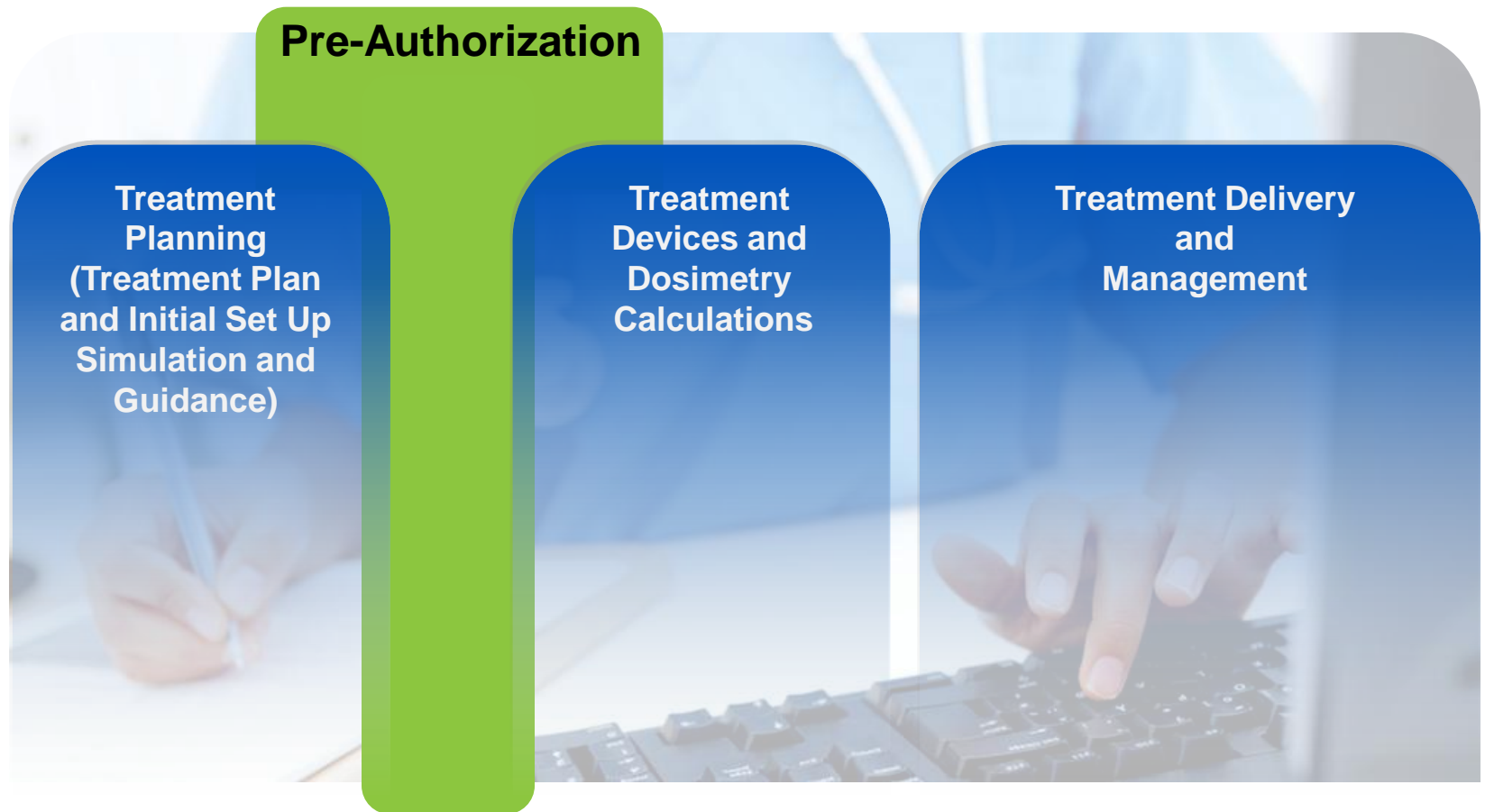
Step 1: Gather Necessary Patient and Therapy Information

Cancer Site Checklist Example

 Prostate Radiation Therapy Treatment Plan Checklist -Sample		
General Information		
Patient Name : _____ Radiation Therapy Treatment Planning Start Date (i.e. Clinical Treatment Plan, Set up Simulation): ____/____/____ Radiation Therapy Treatment Start Date : ____/____/____		
Patient Clinical Information		
<u>T Stage:</u> <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T1c <input type="checkbox"/> T2 <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T2c <input type="checkbox"/> T3 <input type="checkbox"/> T3a <input type="checkbox"/> T3b <input type="checkbox"/> T4	<u>N Stage:</u> <input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <u>Does patient have distant metastasis (M1)?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Treatment Intent</u> <input type="checkbox"/> Primary Therapy <input type="checkbox"/> Adjuvant – Post-Operative <input type="checkbox"/> Palliative	<u>PSA Levels :</u> <ul style="list-style-type: none"> ▪ Most recent PSA Level (ng/ml): _____ ▪ Date of this result: ____/____/____ ▪ If post prostatectomy, was PSA detectable on two or more tests? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Highest Gleason Score:</u> _____ <u>ADT (Androgen Deprivation Therapy:</u> <input type="checkbox"/> Not using ADT <input type="checkbox"/> Short-term (4-6 months) <input type="checkbox"/> Long-term (2yrs)
Treatment Planning Information		
1. Initial Treatment Phase (Choose One) :		
<input type="checkbox"/> <u>2-Dimension Radiation Therapy</u>	<input type="checkbox"/> <u>3D Conformal Radiation Therapy</u>	

Step 2: Submit Pre-Authorization Request

When to Submit Requests



- Submit authorization request ASAP following initial simulation to avoid delay in claims processing
- **Note** : Requests for Stereotactic Radiation Therapy (SRS) should be submitted prior to initial simulation to avoid delay in authorization.

Step 2: Submit Pre-Authorization Request

How to Submit Pre-Authorization Requests

Initiate requests via RadMD (recommended, although phone is also available) using this process:

1. Identify the Patient, Patient's Physician and Treatment Facility
2. Identify the Patient's Treatment Plan
3. Describe the Reason for the Treatment
4. Answer Clinical Questions
5. Confirm the Information Entered
6. Complete the Request

Step 2: Submit Pre-Authorization Request

NIA Pre-Authorization Review Process

- 2 business-day turnaround time
- Requests reviewed by NIA's Specialized Radiation Oncology Clinical Team
 - Specially Trained Nurses
 - Radiation Therapists
 - Board Certified Radiation Oncologists
- NIA approval based on Evidence-Based Clinical Guidelines



Step 3: Treatment Plan Authorization

Evidence-Based Clinical Guidelines for Radiation Oncology

- Medical necessity review based on nationally recognized, evidence-based clinical guidelines and standards of care
- All NIA clinical guidelines are reviewed and approved by Health Plan Medical Directors
- NIA's Evidence-Based Clinical Guidelines are available on www.RadMD.com

Step 3: Treatment Plan Authorization

NIA Pre-Authorization Process

Online Submission:

Radiation Oncologist logs in to RadMD to request Pre-Authorization for Radiation Therapy

Request is reviewed for Medical Necessity

Additional Review:

NIA will request and collect additional clinical information (if required) from the provider to complete the review

NIA Clinical Reviewer reviews pre-authorization request

Physician Consultation:

NIA schedules peer-to-peer Discussion with Radiation Oncologist

NIA Radiation Oncologist discusses case details to determine Medical Necessity

*If request **does not** meet medical necessity criteria:*

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If request **does meet medical necessity criteria:**

- NIA Approves Radiation Therapy Treatment
- NIA notifies provider of approval
- NIA sends list of radiation therapy procedure codes approved for billing specific to the disease-site and radiation therapy modality approved for treatment

If request **does not** meet medical necessity criteria:

NIA notifies provider of medical necessity denial and informs them of appeal rights

Step 3: Treatment Plan Authorization

Timeframes

Response from NIA within 2 business days of receipt of all needed clinical information

Treatment Plan Submission

Clinically urgent requests will be handled in 24 hours

Use Tracking Number to check the status of the Request

Step 3: Treatment Plan Authorization

Potential Outcomes

- Treatment Plan Outcomes:
 - Approved
 - Partially Approved
 - Denied
- One Authorization Number encompasses all authorized procedures in a Treatment Plan

NOTE: Only an NIA Radiation Oncologist can make a denial determination

Step 3: Treatment Plan Authorization

Notification of Determination

- Written and verbal provider notification (separate member notification)
- Approved requests include a list of authorized procedures
- Authorization detail also available on RadMD
- See the ***Outpatient Radiation Therapy Billable CPT® Codes Claim Resolution Matrix*** for a list of CPT-4 Codes that NIA authorizes on behalf of ConnectiCare (available on RadMD)

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REQUEST VERIFICATION DETAIL

[Print](#) [Print Fax Coversheet](#)

STATUS: APPROVED
Validity Period: 180 Days
Tracking No:

Patient Information

Name: _____ **Member ID:** _____
Date of Birth: _____ **Gender:** _____
Health Plan: _____

Physician

Name: _____ **Phone:** _____
Tax ID: _____ **UPIN:** _____
Specialty: _____

Treatment Facility

Name: _____ **Phone:** _____
Tax ID: _____ **Address:** _____

Case Information

Case Description: Prostate Cancer - 3D Conformal Radiation Therapy with Brachytherapy, LDR Boost
Request ID: 9148B007 **Request Date:** 06/12/2011
Status: Approved **ICD9:** 185 Malign Neopl Prostate
Planning Began: 06/05/2011
Treatment Start: 07/01/2011 **Validity Dates:** 06/05/2011 - 12/02/2011

3D Conformal Radiation Therapy Units		LDR Brachytherapy Boost	
	Billable Codes		Units
77290 Simulation-Initial	1	77014 CT Guidance - Planning	1
77280 Simulation-Verification	1	77328 Brachytherapy Isodose Plan	1
77014 CT Guidance - Planning	1	77332 Treatment Devices	1
77334 Treatment Devices	7	77331 Dosimetry Special	1
77300 Dosimetry Calculation	7	77778 Treatment Devices - Brachy LDR	1
77413 Treatment Deliveries-EBRT	25		
77427 Treatment Management	5		
77336 Weekly Physics Consultation	5		
77417 Port Films	5		

Medical Necessity Evaluation

[Back to Search Criteria](#)



Other Authorization Requirements

- Providing Additional Clinical Information
- Modifying a Treatment Plan
- Requesting Additional Services
- Treatment Notification For Patients

Providing Additional Clinical Information

- If NIA requests *Additional Clinical Information* this should be submitted via fax to NIA
- Provide Clinical Information ASAP to ensure timely processing of request

Modifying a Treatment Plan

Includes:

- **Changing services for an approved Treatment Plan**
- **Adding additional services to an approved Treatment Plan**
- Call all modifications of approved treatment plan requests into the Call Center (1-877-607-2363 Monday through Friday, from 8 a.m. to 8 p.m. EST)
- Modifications will be reviewed for Medical Necessity
- Be prepared to supply additional clinical information if necessary
- Determination will be made within 24-hours after all information is received
- Authorization number will NOT change

Radiation Therapy Treatment Notification

ConnectiCare does not require a medical necessity review for radiation therapy that started prior to June 1, 2011 and is expected to continue beyond June 1, 2011. The following notification process should be followed to register the above cases:

- Notify ConnectiCare of all patients actively undergoing treatment on June 1, 2011.
 - Complete the ***Radiation Therapy Treatment Notification Form*** and fax to ConnectiCare
 - Forms available on RadMD and ConnectiCare websites
 - No Medical Necessity Review Required for these Patients

- Forms will be accepted beginning May 16, 2011.
 - Submit forms no later than May 31, 2011 to avoid any delays in payment for services rendered to these patients
 - ConnectiCare will confirm receipt of notification 48 hours from receipt



The Authorization Appeals Process

The Authorization Appeals Process

- In the event of a denial, and if you are not satisfied with a medical decision, you may appeal the decision through ConnectiCare.
- All appeals will be managed by ConnectiCare.
- You will receive a denial letter that contains appeal information.



The Claims Process

How Claims Should be Submitted

- Radiation Oncologists and Cancer Treatment Centers should continue to send their claims directly to ConnectiCare:

ConnectiCare

P. O. Box 546

Farmington, CT 06034-0546

- Providers are strongly encouraged to use EDI claims submission
- Check on claims status by logging in to the ConnectiCare website:
www.ConnectiCare.com



The Claims Appeals Process

The Claims Appeals Process

- In the event of a pre-authorization or claims payment denial, you may appeal the decision through ConnectiCare.
- Follow the instructions on your non-authorization letter or Explanation of Payment (EOP) notification.



Self Service Tools and Usage

NIA RadMD Website

- **User-friendly, near-real-time Internet tool offered by NIA**

- Sign in at www.RadMD.com

- **RadMD website offers access to:**

- Member Pre-Authorizations
- Date initiated
- Treatment requested
- Valid billing codes (CPT)

- **Helpful resources including:**

- Cancer site checklists
- Evidence-based Clinical Guidelines (by diagnosis)
- Outpatient Radiation Therapy Billable CPT® Codes Claim Resolution Matrix
- Radiation Oncology Utilization Quick Reference Guide
- NIA Frequently Asked Questions (FAQs) For Radiation Oncologists and Cancer Treatment Facilities





NIA Provider Relations

Provider Relations Structure and Portals

Providing educational tools to Radiation Oncologists and Treatment Facilities on processes and procedures

NIA Provider Relations Manager

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Questions and Answers