



## Frequently Asked Questions

For Radiation Oncologists and Cancer Treatment Facilities

| GENERAL   |   |
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| <b>Why is ConnectiCare implementing a radiation oncology benefits management program?</b>                       | ConnectiCare is partnering with National Imaging Associates (NIA) to administer their radiation oncology benefits management program. The program will assist ConnectiCare in assuring members receive the most appropriate radiation therapy treatment in accordance with their medical policy, evidence-based clinical guidelines and standards of care.              |
| <b>Why do radiation therapy treatments now require medical necessity review?</b>                                | Medical necessity review was put in place 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. |
| <b>Why did ConnectiCare select NIA to manage the outpatient radiation oncology services?</b>                    | NIA was selected because of their clinically-driven program, which is designed to effectively manage quality and patient safety while ensuring the appropriate utilization of resources for members.  |
| <b>Where can providers gain access to the program's clinical guidelines?</b>                                    | Radiation oncology clinical guidelines can be found on NIA's web site, <a href="http://www.RadMD.com">www.RadMD.com</a> . If you have not already done so, you will need to register on the NIA website.  |
| <b>Where can providers gain access to the list of procedures requiring pre-authorization for reimbursement?</b> | 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 ConnectiCare. This matrix can be found on <a href="http://www.RadMD.com">www.RadMD.com</a> . Payment will be denied for procedures performed without a necessary pre-authorization.            |
| PROGRAM IMPLEMENTATION  |   |
| <b>What types of radiation oncology benefits will be managed?</b>   | Effective <b>June 1, 2011</b> , NIA will provide utilization management services for outpatient radiation therapy. <b>Treatment of the following primary cancer sites will require preauthorization:</b> <ul style="list-style-type: none"> <li>▪ Breast</li> <li>▪ Prostate</li> <li>▪ Lung</li> <li>▪ Colon</li> <li>▪ Rectal</li> </ul>                              |

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|  | <p>For all other conditions utilization management will be required for Stereotactic Radiation Therapy ONLY.</p>  |
| <p><b>What radiation therapy procedures will require medical necessity review for pre-authorization?</b></p> | <p>For the above conditions, the following outpatient radiation therapy treatment plans will require pre-authorization based on medical necessity review:</p> <ul style="list-style-type: none"> <li>▪ Low-dose-rate (LDR) Brachytherapy</li> <li>▪ High-dose-rate (HDR) Brachytherapy</li> <li>▪ Two-dimensional Conventional Radiation Therapy (2D)</li> <li>▪ Three-dimensional Conformal Radiation Therapy (3D-CRT)</li> <li>▪ Intensity Modulated Radiation Therapy (IMRT)</li> <li>▪ Image Guided Radiation Therapy (IGRT)</li> <li>▪ Stereotactic Radiosurgery (SRS)*</li> <li>▪ Stereotactic Body Radiation Therapy (SBRT)*</li> <li>▪ Proton Beam Radiation Therapy (PBT)</li> </ul> <p>Program includes management of all other conditions (<i>i.e. Brain and Spine Lesions, AVM, Trigeminal Neuralgia</i>) for the following radiation therapy modalities:</p> <ul style="list-style-type: none"> <li>▪ Stereotactic Radiosurgery (SRS)</li> <li>▪ Stereotactic Body Radiation Therapy (SBRT)</li> </ul> |
| <p><b>Will metastatic sites require pre-authorization?</b></p>   | <p>Pre-authorization will be required only for the treatment of the following <b>primary</b> cancer sites for outpatient radiation therapy.</p> <ul style="list-style-type: none"> <li>• Breast</li> <li>• Prostate</li> <li>• Lung</li> <li>• Colon</li> <li>• Rectal</li> </ul> <p>All other cancer conditions (i.e. brain, spine, AVM, Trigeminal Neuralgia) will require pre-authorization for <b>Stereotactic Radiation Therapy only.</b></p>  |
| <p><b>Will inpatient radiation therapy procedures require pre-authorization?</b></p>                         | <p><b>No.</b> Inpatient radiation therapy services <i>do not</i> require pre-authorization by NIA and will not be affected by this program.</p>   |

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| <p>What happens if I have radiation therapy treatment services scheduled prior to June 1, 2011?</p> | <p><b>A Radiation Therapy Treatment Notification Form must be submitted to ConnectiCare for patients who began outpatient radiation therapy prior to June 1, 2011 and will need to continue beyond the June 1, 2011 date.</b></p> <p>Providers can submit a completed Radiation Therapy Treatment Form beginning <b>May 16, 2011</b>. The form is available at <a href="http://www.RadMD.com">www.RadMD.com</a>, or <a href="http://www.ConnectiCare.com">www.ConnectiCare.com</a>. Fax a completed form for each patient to 1-866-610-8513.</p> <p>To avoid delays in payment for services rendered, all forms must be submitted to ConnectiCare no later than <b>May 31, 2011</b>.</p> <p>Providers will be notified by fax within 48 hours to confirm the receipt of the notification form. An administrative pre-authorization for the course of treatment extending beyond <b>June 1, 2011</b> will be provided.</p> <p>Pre-authorization, based on a medical necessity review, is required for all radiation therapy treatment beginning on or after <b>June 1, 2011</b>.</p> |
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**MEDICAL NECESSITY REQUESTS**

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| <p>Is medical necessity review required if ConnectiCare is not the member's primary insurance?</p>                         | <p><b>Yes.</b> Medical necessity review requirements apply when ConnectiCare is the primary and secondary insurer.</p>  |
| <p>Who is responsible for requesting medical necessity review for pre-authorization determination?</p>                     | <p>The radiation oncologist, who will determine the treatment plan and provide the radiation therapy, is responsible for submitting the pre-authorization and medical necessity review request on behalf of ConnectiCare members undergoing treatment for <b>breast, prostate, lung, colon and rectal</b> cancers. The radiation oncologist is responsible for obtaining the pre-authorization number prior to initiating treatment.</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 pre-authorization of radiation therapy procedures?</p> | <p>For the quickest turn around time, NIA suggests using <a href="http://www.RadMD.com">www.RadMD.com</a> 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 <b>all requested information</b> 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 1-877-607-2363, Monday through Friday, from 8 a.m. to 8 p.m. EST.</p>   |

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| <b>Can multiple medical necessity requests be made for different patients during the same phone call?</b>                             | Yes. For your convenience, providers may 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.  |
| <b>Can multiple service requests be made for the same patient during the same phone call?</b>   | Yes. Providers calling in to request medical necessity for radiation therapy procedures also may make requests for diagnostic imaging studies.   |
| <b>Can <a href="http://www.RadMD.com">www.RadMD.com</a> be used to request retrospective or expedited pre-authorization requests?</b> | No. The radiation oncologist must call to request retrospective or expedited medical necessity review requests by calling 1-877-607-2363, Monday through Friday, from 8 a.m. to 8 p.m. EST.  |
| <b>What information will NIA require before a medical necessity review can be initiated for pre-authorization determination?</b>      | <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 <b>all</b> of the following information available before logging on to NIA's web site or calling NIA to request pre-authorization:</p> <ul style="list-style-type: none"> <li>○ Name and office phone number of Radiation Oncologist planning and delivering radiation therapy</li> <li>○ Member name and ID number</li> <li>○ Primary disease site being treated</li> <li>○ Stage (T,N,M stage)</li> <li>○ Treatment intent</li> <li>○ Requested radiation therapy modality (initial and/or boost stages) <ul style="list-style-type: none"> <li>▪ Ports/angles</li> <li>▪ Total dose</li> <li>▪ Fractions</li> <li>▪ IGRT type</li> <li>▪ Brachytherapy insertions and fractions</li> </ul> </li> <li>○ Name of treatment facility where procedures will be performed</li> <li>○ Anticipated treatment start date</li> </ul> <p>For additional details, please refer to NIA's Cancer Specific Checklists, available on <a href="http://www.RadMD.com">www.RadMD.com</a>.</p> |
| <b>When should requests for medical necessity review be submitted?</b>  | Pre-authorization is required prior to the anticipated treatment start date. NIA recommends requesting pre-authorization immediately after completing the patient's clinical treatment plan and initial simulation.  |
| <b>When will providers receive notification of medical necessity review status</b>  | Once all required patient clinical information is successfully submitted to NIA for review, a medical necessity determination is made within two business days. For the quickest turnaround time, use <a href="http://www.RadMD.com">www.RadMD.com</a>   |

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| <p><b>and/or pre-authorization?</b></p>   | <p>to submit requests.</p> <p>Please be sure to supply <b>all requested information</b> at the time of the request to ensure medical necessity can be confirmed quickly for your physicians and patients.</p>  |
| <p><b>What if the provider submits only part of the information required for medical necessity review?</b></p>                    | <p>If the information submitted is incomplete, this could cause unnecessary delays in processing the request. All required information must be submitted at the time of the initial request for the most efficient processing of requests.</p>   |
| <p><b>What if additional information is required by NIA to complete the medical necessity review?</b></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 1-800-965-6286</p> <p>Once all required clinical information is received to complete the medical necessity review, a determination will be provided within two business days.</p>  |
| <p><b>How can providers track the status of medical necessity review requests?</b></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 pre-authorization 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><b>Who reviews my request for medical necessity?</b></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 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><b>How will peer-to-peer discussions be scheduled or conducted if either required by NIA or requested by the provider?</b></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's case prior to a final determination.</p> <p>To request and schedule a peer-to-peer consultation, providers should contact NIA by calling 1-877-607-2363, 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>  |

**PRE-AUTHORIZATION DETERMINATION AND NOTIFICATION**

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| <p><b>How will the provider be notified of the pre-authorization determination?</b></p>   | <p>For requests deemed medically necessary, the provider will receive written (via fax) and verbal notification of the pre-authorization determination.</p> <p>For requests not deemed medically necessary, the provider will receive written (via U.S. Mail) and verbal notification of the pre-authorization determination.</p>   |
| <p><b>What does a pre-authorized radiation therapy treatment request include?</b></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 ConnectiCare. The matrix can be found on <a href="http://www.RadMD.com">www.RadMD.com</a>. Payment will be denied for procedures performed without a necessary pre-authorization.</p> |
| <p><b>What will the NIA authorization number look like?</b></p>   | <p>The NIA pre-authorization number consists of alpha-numeric characters.</p>   |
| <p><b>Is a separate pre-authorization number needed for each service code requested?</b></p>  | <p>No. Only one pre-authorization number is required for the entire process of care.</p>  |
| <p><b>Can a provider verify an authorization number online?</b></p>   | <p>Yes. Providers can check the status of a member's pre-authorization quickly and easily by going to NIA's web site: <a href="http://www.RadMD.com">www.RadMD.com</a>.</p>   |
| <p><b>How long is the pre-authorization number valid?</b></p>   | <p>The pre-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 days in which the treatment must be completed. If the radiation oncologist has performed the initial simulation prior to the date of request, the validity period will be dated from the date of the initial simulation.</p>   |
| <p><b>What can I do if my request does not meet medical necessity criteria and pre-authorization of radiation therapy procedures is denied?</b></p> | <p>Physicians can appeal any case when requested radiation therapy treatment is considered not medically necessary, based on the program's evidence-based clinical guidelines.</p> <p>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 ConnectiCare.</p>   |
| <p><b>MODIFICATIONS TO PRAUTHORIZED TREATMENT PROCEDURES</b></p>  |   |

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| <p><b>If a patient requires additional treatments, will NIA need to be notified?</b></p>                                 | <p>Yes. Modifications to an approved treatment plan must be made via phone by calling 1-877-607-2363, Monday through Friday, from 8 a.m. to 8 p.m. EST.</p> <p>Please be prepared to provide additional clinical information to support the treatment modification as these requests will be reviewed for medical necessity.</p> |
| <p><b>How long will it take to receive determination on requests to modify existing pre-authorization requests?</b></p>  | <p>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.</p>  |
| <p><b>How will the provider be notified of medical necessity review outcomes for modifications to treatment?</b></p>     | <p>For requests deemed medically necessary, the provider will receive written (via fax) and verbal notification of the pre-authorization determination.</p> <p>For requests not deemed medically necessary, the provider will receive written (via U.S. Mail) and verbal notification of the determination.</p>                  |
| <p><b>Will the provider be issued a new pre-authorization number for the modified treatment plan and procedures?</b></p> | <p>No. The pre-authorization number will remain the same throughout the course of treatment.</p>   |
| <p><b>CHANGES TO PLACE OF SERVICE FOR RADIATION THERAPY PROCEDURES</b></p>   |  |
| <p><b>Is a new pre-authorization required if the patient's physician or treatment location changes?</b></p>              | <p>No. A new pre-authorization 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.</p>  |
| <p><b>CLAIMS RELATED</b></p>   |  |
| <p><b>Where do providers send their claims for radiation oncology treatment?</b></p>                                     | <p>Continue to submit your claims electronically through your vendor or directly to ConnectiCare via your standard claims submittal process.</p> <p>If you are unable to bill electronically, claims for ConnectiCare members should be submitted to:</p> <p>ConnectiCare<br/>P.O. Box 546<br/>Farmington, CT 06034-0546</p>     |
| <p><b>How can providers check claims status?</b></p>   | <p>Providers should continue to check claims status via the ConnectiCare website at: <a href="http://www.ConnectiCare.com">www.ConnectiCare.com</a>. If you have not already done so, you will need to register on the ConnectiCare website.</p>   |
| <p><b>Who should a provider contact if they want to appeal a pre-authorization</b></p>                                   | <p>Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Payment (EOP)</p>  |

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| <b>or claims payment denial?</b>                               | notification.  |
| <b>CONTACT INFORMATION</b>                                     |  |
| <b>Who can a provider contact at NIA for more information?</b> | Providers can contact Charmaine Gaymon, Provider Relations Manager at NIA, at 410-953-2615 or the ConnectiCare Provider Service Department at 1-800-828-3407 or 860-674-5850 |