



OncologyConnectionsSM Tipsheet

Independent Health is collaborating with National Imaging Associates (NIA) to administer the radiation oncology benefits management program. OncologyConnectionsSM will promote the alignment of radiation therapy treatment with evidence-based standards of care and Independent Health's policies. NIA's clinically-based program is designed to improve the delivery, quality, and affordability of care. Radiation oncology clinical guidelines are available on NIA's web site, www.RadMD.com.

The program is scheduled to begin on January 16, 2012.

Questions and Answers:

What does the OncologyConnectionsSM program include?

NIA will provide radiology management services for outpatient radiation oncology therapy treatments for the following:

- ***Pre-authorization*** for the treatment of ***breast, lung, prostate, colon, and rectal cancers***, including medical necessity review, in order to receive reimbursement.
- The program will be in place for all Independent Health products except iDirect, Passport/Passport Plan Select, Traditional and self-funded plans.
- For patients currently in active treatment or if treatment is expected to continue beyond the January 16, 2012 effective date, a Radiation Therapy Treatment Form, located on NIA's web site, www.RadMD.com, must be submitted to NIA beginning January 9, 2012, fax number: 1-800-965-6286.
- If a patient began radiation therapy as an inpatient and continues treatment as an outpatient, subsequent outpatient radiation therapy will not require preauthorization for medical necessity review. Providers should submit a completed Inpatient Radiation Therapy Notification Form for each patient to: fax number: 1-800-965-6286.

Which radiation therapy procedures will require pre-authorization?

The following outpatient radiation therapy treatment plans are included in the program:

- 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)

Where can providers gain access to 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 Independent Health. This matrix is found on www.RadMD.com. **Independent Health will deny payment for procedures performed without a necessary preauthorization.**

Will inpatient radiation therapy procedures require preauthorization?

No. Inpatient radiation therapy services **do not** require preauthorization by NIA; however, if the same patient has subsequent outpatient treatments after January 16, 2012, NIA will have to be notified.

- If a patient began radiation therapy as an inpatient and continues treatment as an outpatient, subsequent outpatient radiation therapy will not require preauthorization for medical necessity review. Providers should submit a completed Inpatient Radiation Therapy Notification Form for each patient to: fax number: 1-800-965-6286.

Accelerated Partial Breast Irradiation (APBI)

- Please note that in the case of Accelerated Partial Breast Irradiation (APBI), the radiation oncologist will need to obtain preauthorization for Accelerated Partial Breast Irradiation (APBI), while the breast surgeon will have to request preauthorization for the catheter insertion

What if a patient has radiation therapy treatment services scheduled before January 16, 2012?

A radiation therapy treatment notification form must be submitted to NIA for patients who began outpatient radiation therapy prior to January 16, 2012 and are expected to continue beyond that date.

Providers can submit a completed Radiation Therapy Treatment Form beginning January 16, 2012. . The form can be accessed on the NIA website www.RadMD.com.

To avoid delays in payment for services, submit all forms to NIA no later than January 13, 2012..

Providers will be notified by fax within 48 hours to confirm the receipt of the form. An administrative preauthorization for the course of treatment extending beyond January 16, 2012 will be provided.

MEDICAL NECESSITY REQUESTS

Who is responsible for requesting medical necessity review for preauthorization determination?

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 Independent Health members undergoing treatment for **breast, prostate, lung, colon and rectal** cancers. The radiation oncologist is responsible for obtaining the preauthorization number before beginning treatment. **Reimbursement is based on approved treatment plans.**

What is the best way to request medical necessity review for the preauthorization of radiation therapy procedures?

Use www.RadMD.com for submitting requests. Requests can be submitted Sunday through Friday, from 5 a.m. to midnight, and Saturday, from 8 a.m. to 1 p.m. Please be sure to supply **all required information** at the time of the request to ensure medical necessity can be confirmed quickly for your physicians and patients. Requests may also be submitted by calling 1-800-642-7452, Monday through Friday, from 8 a.m. to 8 p.m.

Can multiple medical necessity requests be made for different patients during the same phone call?

Yes. To expedite your requests, please be prepared with all required clinical information for each patient prior to calling.

Can multiple service requests be made for the same patient during the same phone call?

Yes. Providers calling in to request medical necessity for radiation therapy procedures also may make requests for diagnostic imaging studies.

Can www.RadMD.com be used to request retrospective or expedited preauthorization requests?

No. The radiation oncologist must call NIA to request expedited medical necessity review at 1-800-642-7452, Monday through Friday, from 8 a.m. to 8 p.m. The radiation oncologist must call Independent Health's provider services department for retrospective authorizations at (716) 631-3282.

What information will NIA require before a medical necessity review can be initiated for preauthorization determination for breast, lung, prostate, colon and rectal cancer treatments?

The radiation oncologist will be asked to provide general treatment plan information for each patient.

When will providers receive notification of medical necessity review status and/or preauthorization?

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.

What if the provider submits only part of the information required for medical necessity review?

If the information submitted is incomplete, it could cause unnecessary delays in processing the provider's request.

What if additional information is required by NIA to complete the medical necessity review?

If additional information is requested to complete the medical necessity review, it can be faxed to NIA's dedicated clinical fax line at 1-888-656-1321. 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?

Providers will receive a NIA tracking number (**not the same as a preauthorization number**) for checking on the status of pending requests. 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.

Who reviews the 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 determined 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 either required by NIA or requested by the provider?

If necessary or requested, NIA's radiation oncologist physician reviewers will conduct peer-to-peer discussions with physicians to identify and communicate all critical information about the patient's case prior to a final determination.

To request and schedule a peer-to-peer consultation, providers should contact NIA by calling 1-800-642-7452, Monday through Friday, from 8 a.m. to 8 p.m.

PREAUTHORIZATION DETERMINATION AND NOTIFICATION

How will the provider be notified of the preauthorization determination?

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 preauthorization determination.

What does a preauthorized radiation therapy treatment request include?

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.

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 Independent Health. The matrix can be found on www.RadMD.com. Payment will be denied for procedures performed without a necessary preauthorization.

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.

What can I do if my request does not meet medical necessity criteria and preauthorization of radiation therapy procedures for breast, lung, prostate, colon or rectal cancer 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 Independent Health.

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 1-800-642-7452, Monday through Friday, from 8 a.m. to 8 p.m. ET. 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 physician 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 the physician receive 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, physicians must notify NIA of the change in physician or facility by calling 1-800-642-7452, Monday through Friday, from 8 a.m. to 8 p.m. ET to avoid unnecessary delays in the processing and payment of claims.

CONTACT INFORMATION

Who can a provider contact at NIA for more information?

Providers can contact Charmaine Gaymon, Provider Relations Manager at NIA, at 410-953-2615 or the Independent Health Provider Service Department at 716-631-3282.