NIA Magellan Training Program
NIA Magellan Program Agenda

Introduction to the Training
Our Program
  1. Authorization Process
  2. Other Program Components
  3. Provider Tools and Contact Information
Questions and Answers
Magellan Today and Building for the Future

Behavioral Health Solutions
Magellan BH

- Behavioral health
- Substance use
- Integrated medical & behavioral care
- EAP and health and wellness
- Psychotropic drug management

Magellan Rx Specialty

- Total Drug Management
- Medical Pharmacy
- Specialty Pharmacy
- Pharmacy Benefits

Medical Specialty Solutions
NIA Magellan

- Advanced Diagnostic imaging
- Cardiac Solutions
- Radiation Oncology
- OB Ultrasound
- Musculoskeletal Management (Spine Surgery/IPM)
- Sleep Management
- Emergency Department, Provider Profiling & Practice
- Management Analysis

Multiple Solutions
One Magellan

As the nation’s leading specialty health care management company, we deliver comprehensive and innovative solutions to improve quality outcomes, optimize cost of care.
NIA Magellan Highlights

NIA Magellan Facts
- Providing Client Solutions since 1995
- Magellan Acquisition (2006)
- Columbia, MD with 700 National NIA Magellan Employees
- Business supported by two National Call Operational Centers

Industry Presence
- 58 Health Plan Clients serving 21 M National Lives
- 12M Commercial; 1M Medicare;
- 8 M Medicaid
- 28 states
- Doing business in Florida since 2006, serving 3M lives

Clinical Leadership
- Strong panel of internal Clinical leaders – client consultation; clinical framework
- Supplemented by broad panel of external clinical experts as consultants (for guidelines)

Product Portfolio
- Advanced Diagnostic Imaging
- Cardiac Solutions
- Radiation Oncology
- OB Ultrasound
- Musculoskeletal Management (Spine Surgery/IPM)
- Sleep Management
- Emergency Department, Provider Profiling & Practice Management Analysis

URAC Accreditation & NCQA Certified
Why a Radiation Therapy Management Program

Program focuses on minimizing physician practice variation through use of a prescribed Treatment Plan.
NIA Magellan’s Prior Authorization Program

Effective: August 1, 2011

Radiation Treatment Requiring Prior Authorization*

- Brachytherapy (Low-dose-rate – LDR and High-dose-rate - HDR)
- 2-D and 3-D CRT
- Intensity Modulated Radiation Therapy (IMRT)
- Stereotactic Radiation Therapy (Radiosurgery – SRS and Stereotactic Body Radiation Therapy - SBRT)
- Proton Beam Radiation Therapy (PBT)
- Intra-Operative Radiation Therapy (IORT)
- Neutron Beam Therapy
- Hyperthermia

Excluded from Program - Therapies Performed in the Following Settings:

- Hospital Inpatient

*NIA’s program includes the management of image guidance used during Radiation Therapy (IGRT)
NIA Radiation Oncology Management

Management Of Patient Treatment Plans for all Radiation Therapies Delivered in an Outpatient Setting.

- Breast
- Prostate
- Rectal
- Colon
- Lung

NIA Approves the Entire Radiation Therapy Treatment Plan

- Planning
- Simulation
- Devices
- Dosimetry
- Isodose
- Physics
- Management
- Delivery
- Guidance
- Port
List of CPT Procedure Codes Requiring Prior Authorization

- Review Claims/Utilization Review Matrix to determine CPT codes managed by NIA Magellan
- Includes CPT Codes and their Allowable Billable Groupings
- Located on RadMD
- Defer to Health Plan Policies for Procedures not on Claims/Utilization Review Matrix
Responsibility for Authorization

**Radiation Oncologist**

Responsible for:

- Determining the Treatment Plan
- Submitting the request for prior authorization
- Delivering/managing treatment delivery

**Radiation Oncologist and Cancer Treatment Facility**

Ensuring that prior authorization has been obtained prior to providing service
Prior Authorization Process Overview

1. Radiation Oncologist
2. Online through www.RadMD.com
3. Telephone NIA Magellan’s Call Center

NIA Magellan Clinical Review

Claims Paid

Services are Performed

Treatment Plan Authorized
Three-Step Authorization Process

1. Gather Necessary Patient and Therapy Information

2. Submit Necessary Information as part of Authorization Request

3. Receive Medical Necessity & Treatment Plan Determination
Step 1: Gather Necessary Patient and Therapy Information

Information Required for Authorization

**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
- *Treatment planning start date and anticipated treatment start date*

**CLINICAL INFORMATION**

- 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*
Step 1: Gather Necessary Patient and Therapy Information

Radiation Therapy Treatment Plan Checklist Example

![Prostate Cancer Radiation Therapy Treatment Plan Checklist](image-url)

General Information

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>DOB:</th>
<th>Health Plan ID:</th>
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</thead>
<tbody>
<tr>
<td>Radiation Oncologist:</td>
<td>Radiation Treatment Facility:</td>
<td></td>
</tr>
<tr>
<td>Treatment Planning Start Date: (i.e. initial simulation):</td>
<td>Anticipated Treatment Start Date:</td>
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</tr>
</tbody>
</table>

Patient Clinical Information

- Treatment Intent: Primary Therapy, Adjunctive-Post-Prostatectomy, Palliative

For Primary Therapy

- T Stage: TX, T0, T1, T1a, T1b, T1c, T2, T2a, T2b, T2c, T3, T3a, T3b, T4
- Does patient have distant metastasis? M1: Yes, No
- Gleason Score:
- PSA Levels:
  - Most recent PSA Level (ng/ml):
  - Date of this result:
  - PSA Density (ng/ml) (optional)
  - Biopsy Cores: (optional)
  - Number of positive biopsy cores?
  - Percentage of cancer in each core?

ADT (Androgen Deprivation Therapy): None, Short-term (4-6 months), Long-term (2yrs) (optional)

For Post Prostatectomy:

- Most recent PSA Level (ng/ml): Not Applicable, Gross Positive Margins
- If post-prostatectomy, are any of the following applicable:
  - Seminal Vesicle Invasion
  - Extracapsular Extension
  - Detectable PSA or initially undetectable PSA but with recent detectable and rising values on 2 or more measurements with no evidence of metastatic disease.

Treatment Planning Information

- What is the prescription radiation dose for the ENTIRE course of external beam treatment? Gy

Initial Treatment Phase - Select Therapy

- 2-Dimension
- Fractions: ___
Step 2: Submit Authorization Request

When to Submit Requests

Submit authorization request ASAP following set up simulation to avoid delay in claims processing.
Step 2: Submit Authorization Request

How to Submit 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. Complete the Radiation Therapy Treatment Plan Checklist
4. Describe the Reason for the Treatment
5. Answer Clinical Questions
6. Confirm the Information Entered
7. Complete the Request
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 Magellan’s clinical guidelines are reviewed and approved by AvMed Medical Directors

NIA Magellan’s Evidence-Based Clinical Guidelines are available on [www.RadMD.com](http://www.RadMD.com)
Step 3: Treatment Plan Authorization
Prior Authorization Process

1. Intake level

• Requests will pend for clinical review

2. Initial Clinical Review

• Nurses/Radiation Therapists will review request and may:
  1. Approve
  2. Send to NIA Magellan physician for additional clinical review

3. Physician Clinical Review

• Radiation Oncologists may:
  1. Approve
  2. Partially Approve
  3. Deny

A peer to peer discussion is always available!
Step 3: Treatment Plan Authorization

-Timeframes-

**Treatment Plan Submission**

- Response from NIA Magellan within 2 to 3 business days of receipt of all needed clinical information

- Clinically urgent requests will be handled in 24 hours

*Use Tracking Number to check the status of the Request*
Step 3: Treatment Plan Authorization

Notification of Authorization Determination

- Written provider notification (separate member notification)
- Approved requests include a list of authorized procedures and actual number of units authorized per code
- Coding guidelines available on RadMD and based on NIA Radiation Oncology Coding Standards (based on Revenue Cycle Guidelines)
- Authorization detail also available on RadMD

One Authorization Number encompasses all authorized procedures in a Treatment Plan
Step 3: Treatment Plan Authorization

Sample Partial Approval Authorization

### Exam Request Verification: Detail

#### Patient Information
- **Name:** JOHN E. DOE
- **Date of Birth:** 5/1/1949
- **Health Plan:** 123456 Employee Health Plan
- **Gender:** M
- **Member ID:** 1234567890

#### Rendering Physician
- **Name:** TOM THOMAS, MD
- **Tax ID:** 1234567890
- **Specialty:** Radiation Oncology
- **Phone:** (999) 123-4567
- **Address:** MD12345

#### Treatment Facility
- **Name:** CANCER TREATMENT CENTER
- **Address:** 100 S. MAIN STREET
- **City:** ANYTOWN
- **State:** USA
- **Zip:** 12345

#### Case Information
- **Case Description:** Prostate Cancer - Intensity Modulated Radiation Therapy (IMRT)
- **Request ID:** 12345678901
- **Status:** Partial Approval
- **Entry Method:** RadMD
- **ICD:** 185
- **Request Date:** 5/15/2012
- **Treatment Start:** 5/21/2012

#### Treatment Plan Authorization

<table>
<thead>
<tr>
<th>CPT4</th>
<th>Date</th>
<th>Phase</th>
<th>Procedure Category</th>
<th>Approved Units</th>
<th>Denied Units</th>
<th>Billable Codes</th>
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<tbody>
<tr>
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<td>Initial Treatment</td>
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### Step 3: Treatment Plan Authorization

**Notification of Determination**

<table>
<thead>
<tr>
<th>Approval Notification</th>
<th>Denial Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fax or letter if the fax fails</td>
<td>• Letter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorization Validity Period</th>
<th>Determination Appeal Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>– 180 days from date of request for Radiation Oncology.</td>
<td>– In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.</td>
</tr>
</tbody>
</table>
Other Authorization Requirements
A fax is sent to the Radiation Oncologist detailing what clinical information that is needed, along with a Fax Coversheet.

We stress the need to provide the clinical information as quickly as possible so we can make a determination.

Determination timeframe begins after receipt of clinical information.

Failure to receive requested clinical information may result in non certification.
Submitting Additional Clinical Information/Medical Records to NIA Magellan

• Two ways to submit clinical information to NIA Magellan
  • Via Fax
  • Via RadMD Upload
• Use the Fax Coversheet (when faxing clinical information to NIA Magellan)
• Additional copies of Fax Coversheets can also be printed from RadMD or requested via the Call Center @ 1-866-663-8387

Be sure to use the NIA Magellan Fax Coversheet for all transmissions of clinical information!
# NIA Magellan’s Retrospective Review and Urgent/Expedited Authorization Process

## Retrospective Review Process

- For Radiation Oncology - 60 calendar days from date of service, NIA Magellan will review request based on medical necessity.

## Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room), please call NIA immediately. The number to call to obtain a prior authorization is 1-866-663-8387.
# Modifying Treatment Plans

## Authorizations

- All modifications of approved treatment plan requests must be called into the Call Center.
- Modifications will be reviewed for Medical Necessity.
- Be prepared to supply additional clinical information if necessary.
- Determination will be made after all requested information is received.
- Authorization number will NOT change.

### Changing Services for an Approved Treatment Plan

### Adding Additional Services to an Approved Treatment Plan
Radiation Therapy Treatment Notification for Transition Cases

Transition cases also include:
• Radiation therapy began prior to member’s coverage start date
• Radiation therapy began as inpatient and treatment will continue as outpatient

Form available on [www.RadMD.com](http://www.RadMD.com).
Fax the completed form to NIA at 1-866-663-8387
• No Medical Necessity Review Required for these patients.
• NIA will confirm receipt of form within 48 hours from receipt.
Treatment Authorization Nuances: Partial breast irradiation using High Dose Brachytherapy (HDR)

Involves a Radiation Oncologist and a Breast Surgeon

Two authorizations required:

1. Treatment Plan Authorization
2. Authorization for Insertion of Catheters

Prior Authorization occurs here

NOTE: Once the radiation therapy treatment plan has been approved, the catheter insertion can be approved.
Program Components

Provider Network

Claims and Appeals Process
AvMed will use their existing network of Radiation Oncologists and Cancer Treatment Facilities as its preferred providers for delivering Radiation Oncology Solutions to AvMed members throughout Florida.
## Claims and Claims Appeals

<table>
<thead>
<tr>
<th>How Claims Should be Submitted</th>
<th>Claims Appeals Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Radiation Oncologists and Cancer Treatment Centers should continue to submit their claims to AvMed.</td>
<td>• In the event of a prior authorization or claims payment denial, providers may appeal the decision through AvMed.</td>
</tr>
<tr>
<td>• Providers are strongly encouraged to use EDI claims submission.</td>
<td>• Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.</td>
</tr>
<tr>
<td>• Check on claims status and submit claims by visiting the AvMed website at AvMed.org.</td>
<td></td>
</tr>
</tbody>
</table>
Provider Tools

• Toll free authorization and information number – 1-866-663-8387
  • Available Monday through Friday, 8 a.m. to 8 p.m. EST
    – Interactive Voice Response (IVR) System for authorization tracking

• RadMD Website – Available 24/7 (except during maintenance)
  • Request authorization (ordering Physicians only) and view authorization status
  • Upload additional clinical information
  • View Clinical Guidelines, NIA Magellan Frequently Asked Questions (FAQs) For Radiation Oncologists and Cancer Treatment Facilities
    o List of CPT procedure codes requiring preauthorization
    o Cancer site checklists
    o Evidence-based Clinical Guidelines (by diagnosis)
    o Outpatient Radiation Therapy Billable CPT® Codes Claim Resolution Matrix
    o Radiation Oncology Utilization Quick Reference Guide
Radiation Oncologists
Getting Started on RadMD.com

IMPORTANT
Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.

Designate an “Administrator” for the facility who manages the access for the entire facility.

STEPS:
1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office” that prescribes radiation oncology procedures.
3. Fill out the application and click the “Submit” button.
   – You must include your e-mail address in order for our Webmaster to respond to you with your NIA Magellan-approved username and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.
**Cancer Treatment Facilities**

Getting Started on RadMD.com

**IMPORTANT**
- Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

**STEPS:**
1. Click the “New User” button on the right side of the home page.
2. Select “Cancer Treatment Facility or Hospital that performs radiation oncology procedures”
3. Fill out the application and click the “Submit” button.
   - You must include your e-mail address in order for our Webmaster to respond to you with your NIA Magellan-approved user name and password.

**NOTE:** On subsequent visits to the site, click the “Sign In” button to proceed.
Dedicated Provider Relations Contact Information

NIA Magellan Dedicated Provider Relations Manager:

Name: Charmaine S. Gaymon, PAHM
Phone: (800)450-7281 Ext: 32615
Email: csgaymon@magellanhealth.com

Name: Michele L. DeCaprio, MBA
Phone: (800)450-7281 Ext: 34752
Email: mldecaprio@magellanhealth.com

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

• Liaison between AvMed Provider Relations and NIA Magellan
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