Magellan Healthcare¹
Radiation Oncology Solution

Provider Training Program

¹ – National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.
Magellan Healthcare Training Program
Magellan Healthcare Program Agenda

Introduction to the Training

Our Program

1. Authorization Process
2. Other Program Components
3. Provider Tools and Contact Information

Questions and Answers
A Unique Vision of Care

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

Magellan Healthcare Facts
- Providing Client Solutions since 1995
- Magellan Acquisition (2006)
- Headquartered in Scottsdale, AZ
- Business supported by two National Call Operational Centers

Industry Presence
- 79 Health Plan Clients serving 27.43M National Lives
  - 16.14M Commercial;
  - 1.39M Medicare;
  - 9.90M Medicaid
  - 37 states

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
- Genetic Testing
- Musculoskeletal Management (Surgery/IPM)
- Chiropractic Care, Speech Therapy, Physical and Occupational Therapies
- Sleep Management
- Emergency Department Clinical Decision Support
- Provider Profiling & Practice Management Analysis

URAC Accreditation & NCQA Certified
Magellan Healthcare’s Prior Authorization Program

August 1, 2017

Radiation Treatment Requiring Prior Authorization

- Brachytherapy
- 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
- Emergency Room
### Cancers and Codes Managed

#### Radiation Treatment Requiring Prior Authorization

All Radiation Treatment Performed in an Outpatient Setting

#### Cancers Managed

All Cancers as well as All Conditions for:
- Intensity Modulated Radiation Therapy (IMRT)
- Stereotactic Radiation Therapy
- Proton Beam Radiation Therapy (PBT)

#### Codes Managed

Prior authorization is required for the treatment modality and number of treatments/fractions for the course of treatments.

Treatment planning and management procedures such as simulations, guidance, dosimetry and isodose plans does not require authorization.
• Review Claims/Utilization Review Matrix to determine CPT codes managed by Magellan Healthcare
• Includes CPT Codes and their Allowable Billable Groupings
• Located on RadMD
• Defer to Magellan Complete Care of Virginia for Procedures not on Claims/Utilization Review Matrix

The matrix below contains all of the CPT 4 codes for which Magellan Healthcare is managing. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by Magellan Complete Care of Virginia. The “Allowable Billed Groupings” is meant to outline that if a given procedure is authorized, that any of the listed procedures codes could be submitted on a claim representing that service. This assumes that the member is eligible at the time of the service, that appropriate rebundling rules are applied, that the claim includes an appropriate diagnosis code for the CPT code and that the service is performed within the validity period.

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.

Medicare created temporary HCPCS G codes which will not be authorized but are payable as part of the allowed billable group if the corresponding CPT code is authorized.

*Please note: Radiation Therapy services that are initiated while the patient is in a hospital inpatient setting are not managed by Magellan Healthcare. Services initiated before the patient’s coverage by this plan or before the start date of this program are also not managed by Magellan Healthcare. Please complete the Radiation Therapy Treatment Notification/Transitional form on RadMD for these cases.

<table>
<thead>
<tr>
<th>CPT Codes Requiring Authorization</th>
<th>Description</th>
<th>Allowable Billed Groupings</th>
</tr>
</thead>
<tbody>
<tr>
<td>77371</td>
<td>Treatment Deliveries - Gamma Knife</td>
<td>77371</td>
</tr>
<tr>
<td>77372 ¹</td>
<td>Treatment Deliveries - Stereotactic Radiation Therapy</td>
<td>77372, 77373, 00330</td>
</tr>
<tr>
<td>77373 ¹</td>
<td>Treatment Deliveries - Stereotactic Radiation Therapy</td>
<td>77372, 77373, 00330</td>
</tr>
</tbody>
</table>
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 Magellan Healthcare’s Call Center
4. Magellan Healthcare Clinical Review
5. Treatment Plan Authorized
6. Services are Performed
7. Claims Paid
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)
  - Total dose
  - 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

### General Information
- **Patient Name:**
- **DOB:**
- **Health Plan ID:**
- **Radiation Oncologist:**
- **Radiation Treatment Facility:**
- **Treatment Planning Start Date:** (i.e., Initial Simulation):
- **Anticipated Treatment Start Date:**

### Patient Clinical Information
- **Treatment Intent:**
  - [ ] Primary Therapy
  - [ ] Adjuvant – Post-Prostatectomy
  - [ ] Palliative

#### For Primary Therapy
- **T Stage:**
  - [ ] TX
  - [ ] T0
  - [ ] T1a
  - [ ] T1b
  - [ ] T1c
  - [ ] T2a
  - [ ] T2b
  - [ ] T2c
  - [ ] T3a
  - [ ] T3b
  - [ ] T4

- **Does patient have distant metastasis?**
  - [ ] Yes
  - [ ] No

- **Pain Score:**

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

- **For Post-Prostatectomy:**
  - [ ] Not Applicable
  - [ ] Gross Positive Margins
  - [ ] seminal Vein/s Vascular 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

- **Is the prescription radiation dose for the ENTIRE course of external beam treatment?**
  - [ ] Yes
  - [ ] No

- **Initial Treatment Phase - Select Therapy**

  - [ ] 2-Dimension
  - [ ] 3D Conformal
  - [ ] IMRT
  - [ ] SBRT

  - **IMRT Only**
    - [ ] Which technique will be used?
      - [ ] Linac Multi-Angle
      - [ ] Compensator-Based
      - [ ] Helical
      - [ ] Arc Therapy
      - [ ] Other
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 Magellan Healthcare’s clinical guidelines are reviewed and approved by Magellan Complete Care of Virginia’s Medical Director

Magellan Healthcare’s Evidence-Based Clinical Guidelines are available on www.RadMD.com
Step 3: Treatment Plan Authorization

Prior Authorization Process

1. Intake level

2. Initial Clinical Review
   - Requests will pend for clinical review
   - Nurses/Radiation Therapists will review request and may:
     1. Approve
     2. Send to Magellan Healthcare 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 Magellan Healthcare within 2-3 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

• Approved requests include the treatment deliveries and actual number of units authorized
• Authorization detail also available on RadMD

One Authorization Number encompasses all authorized procedures in a Treatment Plan
Notification of Determination

- Approval Notification

- Denial Notification

- Authorization Validity Period
  - Radiation Oncology = 180 days from the date of the request

- Appeal Instructions
  - In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.
Other Authorization Requirements
Request for Additional Clinical Information

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 Magellan Healthcare

- Two ways to submit clinical information to Magellan Healthcare
  - Via Fax
  - Via RadMD Upload
- Use the Fax Coversheet (when faxing clinical information to Magellan Healthcare)
- Additional copies of Fax Coversheets can also be printed from RadMD or requested via the Call Center @ [Telephone Number]

Be sure to use the Magellan Healthcare Fax Coversheet for all transmissions of clinical information!
Magellan Healthcare’s Urgent/Expedited Authorization Process

Urgent/Expedited Authorization Process

• If an urgent clinical situation exists (outside of a hospital emergency room), please call Magellan Healthcare immediately. The number to call to obtain a prior authorization is 1-800-424-4524
## Modifying Treatment Plans

<table>
<thead>
<tr>
<th>Changing Services for an Approved Treatment Plan</th>
<th>Adding Additional Services to an Approved Treatment Plan</th>
</tr>
</thead>
</table>

### 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.
Forms for transition cases (radiation therapy began prior to effective date of the program) must be received by July 26, 2017 to avoid claims denials.

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

Fax the completed form to Magellan Healthcare at 1-888-656-1321.
No Medical Necessity Review Required for these patients.
Magellan Healthcare will confirm receipt of form within 48 hours from receipt.

Radiation Therapy Treatment Notification Form for Transition Cases

Complete this Radiation Therapy Treatment Notification Form to notify Magellan Complete Care of Virginia about radiation treatment impacted by one of the following scenarios (select one):
- Patient began radiation therapy prior to the program start date
- Patient began radiation therapy prior to the program effective date
- Patient began radiation therapy prior to coverage by Magellan Complete Care of Virginia
- Patient began radiation therapy while an inpatient setting and treatment is expected to continue on an outpatient basis

Important Notes Regarding Notification
- Providers can send completed forms for each patient to Magellan Healthcare by fax at [fax number].
- A confirmation notification will be faxed to the provider within 48 hours of receipt.

 Radiation Therapy Treatment Notification Form for Transition Cases

<table>
<thead>
<tr>
<th>Submitted By</th>
<th>Name (Last, First)</th>
<th>Phone #</th>
<th>Fax #</th>
<th>*Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Information</td>
<td>Name (Last, First)</td>
<td>Address</td>
<td>Gender: □ M, □ F, □ DOB, □ Member ID</td>
<td></td>
</tr>
<tr>
<td>Provider Information</td>
<td>Radiation Oncologist Name</td>
<td>Address</td>
<td>Phone #</td>
<td>Fax #</td>
</tr>
<tr>
<td></td>
<td>Physician Tax ID</td>
<td>Radiation Therapy Facility Address</td>
<td>Phone #</td>
<td>Fax #</td>
</tr>
<tr>
<td></td>
<td>Radiation Therapy Treatment Plan Information</td>
<td>Diagnosis: □ CO</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Site Being Treated: □ Brain, □ Colon, □ Prostate, □ Rectal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treatment Start Date</td>
<td>Treatment End Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Radiation Therapy Type</td>
<td>CPT code</td>
<td># of Treatments</td>
<td></td>
</tr>
</tbody>
</table>

- Low-dose-rate (LDR) Brachytherapy
- High-dose-rate (HDR) Brachytherapy
Using Magellan Complete Care of Virginia’s Network

Provider Network:

• Magellan Complete Care of Virginia will use their existing network of Radiation Oncologists and Cancer Treatment Facilities as it’s preferred providers for delivering Radiation Oncology Solutions to Magellan Complete Care of Virginia members throughout the State of Virginia.
# 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 Magellan Complete Care of Virginia</td>
<td>In the event of a prior authorization or claims payment denial, providers may appeal the decision through Magellan Complete Care of Virginia</td>
</tr>
<tr>
<td>Provider 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 Magellan Complete Care of Virginia website at: <a href="http://www.mccofva.com">www.mccofva.com</a></td>
<td></td>
</tr>
</tbody>
</table>

*Note: This table provides instructions on how to submit claims and the process for appeals.*
Provider Tools

- **Toll free authorization and information number -1-800-424-4524**
  - Available Monday through Friday, 8 a.m. to 8 p.m.
    - 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, Magellan Healthcare Frequently Asked Questions (FAQs) For Radiation Oncologists and Cancer Treatment Facilities
  - List of CPT procedure codes requiring preauthorization
  - Cancer site checklists
  - Evidence-based Clinical Guidelines (by diagnosis)
  - Outpatient Radiation Therapy Billable CPT® Codes Claim Resolution Matrix
  - 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 Magellan Healthcare-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 Magellan Healthcare-approved username and password.

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

Magellan Healthcare Dedicated Provider Relations Manager:

Name: Charmaine S. Everett
Phone: 1-800-450-7281 ext. 32615 or at (410) 953-2615
Email: cseverett@magellanhealth.com

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

Magellan Complete Care of Virginia provider Service Department
Phone: 1-800-424-4524
Confidentiality Statement for Providers

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