NIA 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

Medical Specialty Solutions
NIA

- Diagnostic imaging
- Cardiac imaging and interventional procedures
- Radiation Oncology
- Pain Management

Behavioral Health Solutions
Magellan BH

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

Pharmacy Solutions
TDS

- Total drug management
- Medical pharmacy
- Specialty pharmacy
- Pharmacy benefits

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 Facts

- Providing Client Solutions since 1995
- Magellan Acquisition (2006)
- Avon CT with ~500 National NIA Employees
- Business supported by two National Call Operational Centers

## Industry Presence

- 54 Health Plan Clients serving 17M National Lives
- 10M Commercial; 1M Medicare; 6M Medicaid
- 26 states
- Doing business in New Jersey with Horizon NJ Health since 2006

## 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

- Diagnostic Imaging (Advanced and selected non-advanced)
- Cardiac Solutions
- Radiation Oncology
- OB Ultrasound
- Pain Management
- Spine Surgery
- Sleep Management
- Emergency Department, Physician Profiling & Practice Management Analysis

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NCQA Certified & URAC Accredited

NIA—A Magellan Health Company
Why a 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
National Imaging Associates (NIA) Prior Authorization Program

Effective 12/1/2013, Horizon NJ Expands its Relationship with NIA.

Radiation Treatment Requiring Prior Authorization

All Radiation Therapy Treatment

Excluded from Program: Procedures Performed in the Following Settings:

- Hospital Inpatient
- Observation
- Emergency Room
Radiation Therapy Modalities

Program includes management of all 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)
- Intra-Operative Radiation Therapy (IORT)
- Neutron Beam Therapy
- Hyperthermia
List of CPT Procedure Codes Requiring Prior Authorization

- Review Claims/Utilization Review Matrix to determine procedures managed by NIA
- Procedures and their Allowable Billable Groupings
- Located on RadMD
- Defer to Health Plan Policies for Procedures not on Claims/Utilization Review Matrix

Radiation Oncology Claim Resolution Matrix 2013
Horizon NJ Health

The matrix below contains all of the CPT-4 codes for which National Imaging Associates (NIA) authorizes on behalf of Horizon NJ Health. 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 not 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.

<table>
<thead>
<tr>
<th>CPT Codes Requiring Authorization</th>
<th>Description</th>
<th>Allowable Billed Groupings</th>
</tr>
</thead>
<tbody>
<tr>
<td>19296</td>
<td>Brachytherapy Applicator Insertion</td>
<td>19296, 19297, 19298</td>
</tr>
<tr>
<td>19297</td>
<td>Brachytherapy Applicator Insertion</td>
<td>19296, 19297, 19298</td>
</tr>
<tr>
<td>19298</td>
<td>Brachytherapy Applicator Insertion</td>
<td>19296, 19297, 19298</td>
</tr>
<tr>
<td>76995</td>
<td>Ultrasonic Guidance - IGRT</td>
<td>76995, 77014, 77421</td>
</tr>
<tr>
<td>77014</td>
<td>CT Guidance - Planning or IGRT</td>
<td>76995, 77014, 77421</td>
</tr>
<tr>
<td>77280</td>
<td>Simulation - Set-Up Simple or Verification</td>
<td>77280</td>
</tr>
<tr>
<td>77285</td>
<td>Simulation - Set-Up Complex/ Interna.</td>
<td>77285, 77290</td>
</tr>
<tr>
<td>77290</td>
<td>Simulation - Set-Up Complex/ Interna.</td>
<td>77285, 77290</td>
</tr>
<tr>
<td>77295</td>
<td>3D Simulation Plan</td>
<td>77295</td>
</tr>
</tbody>
</table>
Responsibility for Authorization

**Radiation Oncologist**

- Determining the treatment plan and providing the radiation therapy is responsible for submitting the prior authorization

**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 at www.RadMD.com or Telephone NIA’s Call Center
3. NIA Clinical Review
4. Treatment Plan Authorized
5. Services are Performed
6. Claims are Paid

Radiation Oncologist

Online at www.RadMD.com or Telephone NIA’s Call Center

NIA Clinical Review

Treatment Plan Authorized

Services are Performed

Claims are 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
Patient and Clinical Information Required
Information 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
- 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 - *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

<table>
<thead>
<tr>
<th>T Stage</th>
<th>N Stage</th>
<th>PSA Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>T0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T1</td>
<td>□ T1a</td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ T1b</td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ T1c</td>
<td>□</td>
</tr>
<tr>
<td>T2</td>
<td>□ T2a</td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ T2b</td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ T2c</td>
<td>□</td>
</tr>
<tr>
<td>T3</td>
<td>□ T3a</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>□ T3b</td>
<td>□</td>
</tr>
<tr>
<td>T4</td>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>

- **Does patient have distant metastasis (M1)?**
  - □ Yes
  - □ No

- **Highest Gleason Score:** __________

#### Treatment Planning Information

1. **Initial Treatment Phase (Choose One):**
   - □ 2-Dimension Radiation Therapy
   - □ 3D Conformal Radiation Therapy

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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 Cancer Site 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 clinical guidelines are reviewed and approved by Health Plan Medical Directors

- NIA’s Evidence-Based Clinical Guidelines are available on www.RadMD.com
Prior Authorization Process

1. **Intake level**
   - Requests are evaluated using our clinical algorithm
   - Requests may:
     1. Approve
     2. Require additional clinical review
     3. Pend for clinical validation of medical records

2. **Initial Clinical Review**
   - Nurses will review request and may:
     1. Approve
     2. Send to NIA physician for additional clinical review

3. **Physician Clinical Review**
   - Physicians may:
     1. Approve
     2. Partially Approve
     3. Facilitate an Ordering Physician Withdrawal

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

Timeframes

**Treatment Plan Submission**

- **Response from NIA 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

**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
• 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 Horizon NJ Health (available on RadMD)
Sample Authorization for Partial Approval

<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>
</tr>
</thead>
<tbody>
<tr>
<td>77290</td>
<td>5/17/12 6:26AM</td>
<td>Initial Treatment</td>
<td>Simulation - Setup - Intern/Complex</td>
<td>1</td>
<td>0</td>
<td>Billable Codes</td>
</tr>
<tr>
<td>77334</td>
<td>5/17/12 6:26AM</td>
<td>Initial Treatment</td>
<td>Treatment Devices</td>
<td>2</td>
<td>0</td>
<td>Billable Codes</td>
</tr>
<tr>
<td>77014</td>
<td>5/17/12 6:26AM</td>
<td>Initial Treatment</td>
<td>CT Guidance - Planning</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>77338</td>
<td>5/17/12 6:26AM</td>
<td>Initial Treatment</td>
<td>Treatment Devices - IMRT (MLC)</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>77301</td>
<td>5/17/12 6:26AM</td>
<td>Initial Treatment</td>
<td>Dosimetry - Calculation</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>77418</td>
<td>5/17/12 6:26AM</td>
<td>Initial Treatment</td>
<td>Treatment Deliveries - IMRT (MLC)</td>
<td>44</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>77427</td>
<td>5/17/12 6:26AM</td>
<td>Initial Treatment</td>
<td>Treatment Management - 5 Treatments</td>
<td>9</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>77336</td>
<td>5/17/12 6:26AM</td>
<td>Initial Treatment</td>
<td>Weekly Physics Consultation</td>
<td>9</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>77014</td>
<td>5/17/12 6:26AM</td>
<td>Initial Treatment</td>
<td>CT Guidance - IGRT</td>
<td>44</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>77470</td>
<td>5/17/12 6:26AM</td>
<td>Initial Treatment</td>
<td>Special Treatment Management</td>
<td>1</td>
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<td></td>
</tr>
<tr>
<td>77280</td>
<td>5/17/12 6:26AM</td>
<td>Initial Treatment</td>
<td>Simulation - Verification</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
## Notification of Determination

<table>
<thead>
<tr>
<th><strong>Authorization Validity Period</strong></th>
<th><strong>Approval Notification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• 180 days from date of request for Radiation Oncology.</td>
<td>• Verbal notice and fax, letter mailed if fax fails.</td>
</tr>
<tr>
<td></td>
<td>• Rendering – May view approval on RadMD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Denial Notification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Verbal and written notice to Ordering Physician, written notice to Member</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Appeal Instructions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• NIA handles all 1\textsuperscript{st} and 2\textsuperscript{nd} level physician appeals.</td>
</tr>
</tbody>
</table>
### NIA’s Retrospective Review and Urgent/Expedited Authorization Process

**Retrospective Review Process**

- **For Radiation Oncology** - 14 calendar days from date of service, NIA will review request based on medical necessity.

<table>
<thead>
<tr>
<th>Urgent/Expedited Authorization Process</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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 1-800-642-7299.</strong></td>
</tr>
</tbody>
</table>
Other Authorization Requirements

- Providing Additional Clinical Information
- 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.
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.

1. Clinical Rationale for Requested Therapy
2. TNM Staging
3. Margin status
4. Pathology Report
Submitting Additional Clinical Information/Medical Records to NIA

- Two ways to submit clinical information to NIA
  - Via Fax
  - Via RadMD Upload
- Use the Fax Coversheet (when faxing clinical information to NIA)
- Additional copies of Fax Coversheets can also be printed from RadMD or requested via the Call Center @ 888-642-7649

Be sure to use the NIA Fax Coversheet for all transmissions of clinical information!
Modifying Treatment Plans

**Authorizations**

- Call all modifications of approved treatment plan requests 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
Radiation Therapy Treatment Notification for Transition Cases

- Notify NIA of all patients actively undergoing treatment on December 1, 2013
- Complete the Radiation Therapy Treatment Notification Form and fax to NIA 1-800-965-6286
- Forms available on [www.RadMD.com](http://www.RadMD.com)
- No Medical Necessity Review Required for these patients
- Submit forms no later than November 29, 2013 to avoid any delays in payment for services rendered to these patients.
- NIA will confirm receipt of notification 48 hours from receipt.
Complete this Radiation Therapy Treatment Notification Form to notify Horizon NJ Health about radiation treatment impacted by one of the following scenarios:

- Patient began radiation therapy prior to the program start of 12/1/2013
- Patient began radiation therapy prior to coverage by Horizon NJ Health
- Patient began radiation therapy while in 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 Horizon NJ Health by fax at: 800-965-6286.
- A confirmation notification will be faxed to the provider within 48 hours of receipt.

<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>Date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Member Information**
- Name (Last, First)
- Address
- Gender [M, F]
- DOB
- Member ID

**Provider Information**
- Radiation Oncologist Name
- Address
- Phone #
- Fax #
- Physician Tax ID
- Radiation Therapy Facility
Program Components

Provider Network

Claims Process

Appeals Process
Provider Network:

- NIA will use the Horizon NJ Health’s network of Radiation Oncologists and Cancer Treatment Facilities as it’s preferred providers for delivering Radiation Oncology Solutions to Horizon NJ Health members throughout New Jersey.
### How Claims Should be Submitted

- Radiation Oncologists and Cancer Treatment Centers should continue to send their claims directly to Horizon NJ Health.
- Provider are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the Horizon NJ Health website at [www.horizonnjhealth.com](http://www.horizonnjhealth.com)

### Claims Appeals Process

- In the event of a prior authorization or claims payment denial, Providers may appeal the decision through Horizon NJ Health.
- Physicians should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.
Provider Tools

• Toll free authorization and information number – 1-800-642-7299
  Available Monday through Friday, 8 a.m. to 8 p.m. and Saturday 8:00 a.m. to 1:00 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 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
Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.

**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-approved user name 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-approved user name and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.
NIA Dedicated Provider Relations Manager:
Name: Charmaine S. Gaymon
Phone: 410-953-2615
Email: csgaymon@magellanhealth.com

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

• Liaison between Horizon NJ Health Provider Relations and NIA.