HIGHMARK WESTERN NEW YORK

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Magellan HEALTHCARE

Frequently Asked Questions
Highmark Blue Cross Blue Shield of Western New York [1]
for Radiation Oncologists and Cancer Treatment Facilities
Revised Program : November 1, 2019

GENERAL	
Why did Highmark Blue Cross Blue Shield of Western New York implement a radiation oncology benefits management program?	There continues to be a tremendous amount of activity in the field of radiation oncology including new technology, a widening panel of providers performing these services and upward trending costs. For these reasons, Highmark Blue Cross Blue Shield of Western New York are taking steps to address critical issues such as quality, patient safety and medically appropriate care in the field of radiation oncology. Highmark Blue Cross Blue Shield of Western New York Radiation Oncology Benefits Management Program includes all cancer and conditions. This Program was developed by and will be managed with the assistance of Magellan Healthcare[2].
Why do radiation therapy treatments require medical necessity review?	The purpose of this program is to ensure that members receive the most appropriate radiation therapy treatment consistent with our medical policy, evidence-based clinical guidelines and standards of care followed for treatment. These clinical guidelines are aligned with national standards and peer review literature, and will be totally transparent and available to the provider community.
Why did Highmark Blue Cross Blue Shield of Western New York select Magellan Healthcare to manage the outpatient radiation oncology services?	Magellan Healthcare was selected because of their clinically-driven program designed to effectively manage quality and patient safety, while ensuring the appropriate utilization of resources for members. Highmark Blue Cross Blue Shield of Western New York believes that Magellan Healthcare will bring a strong clinical track record and clinical expertise focused on the radiation oncology area.
Where can providers obtain the program's clinical guidelines?	Radiation oncology clinical guidelines can be found on Magellan Healthcare's website, www.RadMD.com. For new users to access these Web-based documents, a RadMD account ID and password must be created.

Where can providers obtain the list of procedures requiring prior authorization for reimbursement?	Please refer to the document titled, "Radiation Oncology Utilization Review Matrix," for a list of CPT-4 codes that Magellan Healthcare authorizes on behalf of Highmark Blue Cross Blue Shield of Western New York. The matrix can be found on www.RadMD.com. Payment will be denied for procedures performed without a necessary authorization.
PROGRAM IMPLEMENTATION	
What types of radiation oncology benefits will be managed.	Magellan Healthcare provides utilization management services for all outpatient radiation therapy treatments to include all cancer and all conditions.
What radiation therapy treatment requires medical necessity review for prior authorization?	All outpatient radiation therapy treatment will require prior authorization based on medical necessity review to include: ▪ 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) ▪ Stereotactic Radiosurgery (SRS) ▪ Stereotactic Body Radiation Therapy (SBRT) ▪ Proton Beam Radiation Therapy (PBT) ▪ Intra-Operative Radiation Therapy (IORT) ▪ Neutron Beam Therapy ▪ Hyperthermia
Will inpatient radiation therapy procedures require prior authorization?	**No.** Inpatient radiation therapy services *do not* require prior authorization by Magellan Healthcare and will not be affected by this program. If a patient began ***inpatient*** radiation therapy and continues ***subsequent outpatient*** treatment***, outpatient*** radiation therapy will not require prior-authorization for medical necessity review. Providers should fax a completed Radiation Therapy Treatment Notification Form for each patient to 1-888-656-1321.
MEDICAL NECESSITY REQUESTS	
Is medical necessity review required if Highmark Blue Cross Blue Shield of Western New York is not the member's primary insurance?	**Yes.** Medical necessity review requirements apply when Highmark Blue Cross Blue Shield of Western New York is the primary and secondary insurer.
Who is responsible for requesting medical necessity review for prior authorization	The Radiation Oncologist determining the treatment plan and providing the radiation therapy is responsible for submitting the prior authorization and medical necessity review request on behalf of Highmark Blue Cross Blue Shield of Western New York members. The Radiation Oncologist is responsible for obtaining the authorization number prior to initiating

determination?	treatment. **Breast Surgeons:** The radiation oncologist is required to obtain a medical necessity review for **Accelerated Partial Breast Irradiation (APBI).** The **breast surgeon** will receive approval for the insertion of the catheters if APBI is approved as medically necessary. The surgeon can request a review for approval at www.RadMD.com or call Magellan Healthcare's toll-free number 1-800-642-7820. 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.
What is the best way to request medical necessity review for the prior authorization of radiation therapy procedures?	For the most expedient turnaround time, Magellan Healthcare suggests using www.RadMD.com for submitting requests. RadMD is available 24/7, except when maintenance is performed once every other week after business hours. Please be sure to supply **all requested information** at the time of request to ensure medical necessity can be confirmed quickly for your physicians and patients. Requests may also be submitted by telephone at 1-800-642-7820 Monday through Friday, from 8 a.m. to 8 p.m. EST.
Can multiple medical necessity requests be made for different patients during the same phone call?	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 Magellan Healthcare to request medical necessity review.
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 imaging and interventional procedures.
Can www.RadMD.com be used to request retrospective or expedited prior authorization requests?	No. The Radiation Oncologist must call to request retrospective or expedited medical necessity review requests by calling 1-800-642-7820, Monday through Friday, from 8 a.m. to 8 p.m. EST. If a patient requires emergency radiation therapy, the Radiation Oncologist should call Magellan Healthcare after the emergency treatment for approval for the course of treatment.
What information will Magellan Healthcare require before a medical necessity review can be initiated for prior authorization	The Radiation Oncologist will be asked to provide a general treatment plan information related to the radiation therapy treatment planned for each patient. To expedite the process, the Radiation Oncologist, at minimum, should have **all** of the following information available before logging on to Magellan Healthcare's website or calling Magellan Healthcare to request

determination?	prior authorization: ▪ Name and office phone number of Radiation Oncologist planning and delivering radiation therapy ▪ Patient name and ID number ▪ Disease site being treated ▪ Stage ▪ Treatment intent ▪ Requested radiation therapy modality (initial and/or boost stages). with: - Ports/angles - Total dose - Fractions - Brachytherapy insertions and fractions ▪ Name of treatment facility where procedures will be performed ▪ Anticipated treatment start date For additional details, please refer to Magellan Healthcare's disease specific treatment plan request forms, available on www.RadMD.com.
When should requests for medical necessity review be submitted?	Prior authorization is required prior to the anticipated treatment start date. Magellan Healthcare recommends requesting prior authorization immediately after completing the patient's clinical treatment plan.
When will providers receive notification of medical necessity review status and/or prior authorization?	Once all required patient clinical information is successfully submitted to Magellan Healthcare for review, a medical necessity determination is made within two to three business days. For the most expedient turnaround time, use www.RadMD.com to submit requests. Please be sure to supply **all requested information** at the time of the request to ensure medical necessity can be confirmed quickly for your physicians and patients.
What if the provider submits only part of the information required for medical necessity review?	If the information submitted is incomplete, this could cause unnecessary delays in processing the provider's request. It is imperative that all required information be submitted at the time of the initial request for the most efficient processing of requests.
What if additional information is required by Magellan Healthcare to complete the medical necessity review?	If additional information is requested to complete the medical necessity review, it can be faxed to Magellan Healthcare's dedicated clinical fax line at 1-888-656-1321. Once all required clinical information is received to complete the medical necessity review, a determination will be provided within two to three business days.
How can providers track the status of medical necessity review requests?	While the case is being reviewed for medical necessity, the Radiation Oncologist will receive a Magellan Healthcare tracking number (not the same as a prior authorization 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 my request for medical necessity?	Magellan Healthcare'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. In more complex clinical cases that require additional information or peer-to-peer discussion with the requesting Radiation Oncologist, Magellan Healthcare's physician clinical reviewers are consulted for medical necessity review. Magellan Healthcare'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 Magellan Healthcare or requested by the provider?	If necessary or requested, Magellan Healthcare's physician reviewers will conduct peer-to-peer discussions with physicians to ensure all critical information is identified and communicated about the patient case prior to a final determination. To request and schedule a peer-to-peer consultation, providers should contact Magellan Healthcare by calling 1-800-642-7820, Monday through Friday, from 8 a.m. to 8 p.m. EST. The Magellan Healthcare Call Center will work with your office staff and Magellan Healthcare's Radiation Oncologist physician reviewers to arrange for a phone-based discussion of the case.
PRIOR AUTHORIZATION DETERMINATION AND NOTIFICATION	
How will the provider be notified of the prior authorization determination?	For requests deemed medically necessary, the provider will receive written (via fax) and verbal notification of the prior authorization determination. For requests not deemed medically necessary, the provider will receive written (via U.S. Mail) and verbal notification of the prior authorization determination.
Will members be notified of the prior authorization determination?	Yes. Based on New York state regulations, Highmark Blue Cross Blue Shield of Western New York and Magellan Healthcare are required to notify members of the prior authorization determination. Magellan Healthcare will provide written (via U.S. Mail) and verbal notification to members in accordance with New York state mandates and requirements.
What does a prior authorized radiation therapy treatment request	Once medical necessity determination is made, Magellan Healthcare 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

include?	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 "Radiation Oncology Utilization Review Matrix" for a list of CPT-4 codes that Magellan Healthcare authorizes on behalf of Highmark Blue Cross Blue Shield of Western New York. The matrix can be found on www.RadMD.com. Payment will be denied for procedures performed without a necessary prior authorization.
What will the Magellan Healthcare authorization number look like?	The Magellan Healthcare prior authorization number consists of alpha-numeric characters.
Is a separate prior authorization number needed for each service code requested?	No. Only one prior authorization number is required for the entire process of care.
Can a provider verify an authorization number online?	Yes. Providers can check the status of a member's prior authorization quickly and easily by going to Magellan Healthcare's website, www.RadMD.com.
How long is the prior authorization number valid?	The prior authorization number is valid for 180 days from the date of request. Magellan Healthcare will use the date of request as the starting point for the 180-day period in which the treatment must be completed. If the Radiation Oncologist needs to perform the initial simulation prior to the date of request, the validity period will dated from the date of the initial simulation.
What can I do if my request does not meet medical necessity criteria and prior authorization of radiation therapy procedures 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, Magellan Healthcare will notify the physician of the adverse determination and provide him/her with appeal rights and instructions on how to appeal the case with Highmark Blue Cross Blue Shield of Western New York.
MODIFICATIONS TO PRIOR AUTHORIZED TREATMENT PROCEDURES	
If a patient requires additional treatments, will Magellan Healthcare need to be notified?	Yes. Modifications to an approved treatment plan must be made via phone by calling 1-800-642-7820, Monday through Friday, from 8 a.m. to 8 p.m. EST. 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 prior	Once all required patient clinical information is successfully submitted to Magellan Healthcare for review, a medical necessity determination for modification to treatment is made within one business day.

authorization requests?	
How will the provider 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 prior authorization determination. For requests not deemed medically necessary, the provider will receive written (via U.S. Mail) and verbal notification of the determination.
Will members be notified of the prior authorization determination for modifications to their approved treatment plan?	Yes. Based on New York state regulations, Highmark Blue Cross Blue Shield of Western New York and Magellan Healthcare are required to notify members of the prior authorization determination for modifications to their treatment plan. Magellan Healthcare will provide written (via U.S. Mail) and verbal notification to members in accordance with New York state mandates and requirements.
Will the provider be issued a new prior authorization number for the modified treatment plan and procedures?	No. The prior authorization number will remain the same throughout the course of treatment.
CHANGES TO PLACE OF SERVICE FOR RADIATION THERAPY PROCEDURES	
Is a new prior authorization required if the patient's physician or treatment location changes?	No. A new prior authorization is not required; however, providers must notify Magellan Healthcare of the change in physician or facility via fax notification to avoid unnecessary delays in the processing and payment of claims.
CLAIMS RELATED	
Where do providers send their claims for Radiation Oncology treatment?	Claims will continue to go directly to Highmark Blue Cross Blue Shield of Western New York. Please send your paper claims for services to the following address: Highmark Blue Cross Blue Shield of Western New York P. O. Box 80 Buffalo, NY 14240-0080 For electronic submissions, you can submit claims to Highmark Blue Cross Blue Shield of Western New York.
How can providers check claims status?	Providers may check claim status via Highmark Blue Cross Blue Shield of Western New York website at: www.bcbswny.com.
Who should a provider contact if they want to	Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Payment (EOP)

appeal a prior authorization or claims payment denial?	notification.
CONTACT INFORMATION	
Who can a provider contact at Magellan Healthcare for more information?	Providers can contact Charmaine Everett, Provider Relations Manager at Magellan Healthcare, at 1-800-450-7281 Ext. 32615, e mail cseverett@magellanhealth.com.or contact Highmark Blue Cross Blue Shield of Western New York Provider Service Department at 1-800-950-0052.

[1] Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. The Blue Cross®, Blue Shield®, Cross and Shield Symbols are registered service marks of the Blue Cross

Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Magellan Healthcare is a separate company.

[2] National Imaging Associates, Inc., is a subsidiary of Magellan Healthcare, Inc.