



HIGHMARK RADIATION THERAPY AUTHORIZATION PROGRAM

ADMINISTRATIVE GUIDE

Program effective with service dates beginning January 1, 2023

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MANUAL

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INTRODUCTION

Background

Highmark developed the Radiation Therapy Authorization Program in an effort to help ensure that the radiation therapy services provided to our members are consistent with nationally recognized clinical guidelines. The program enhances quality and patient safety for our members who require radiation therapy services.

The development of this program was due, in large part, to increasing requests from our employer group customers for programs that promote medically appropriate care, quality, and value for their employees.

Program overview

Effective with dates of service January 1, 2023, and beyond, authorizations will be required for select outpatient radiation therapy services performed in either a professional or facility setting. Specialists, such as radiation oncologists and urologists who formulate the treatment plan and provide and/or coordinate the radiation therapy treatment, will be responsible for requesting medical necessity determinations for Highmark members whose coverage requires authorization.

Highmark has contracted with eviCore healthcare (“eviCore” – formerly CareCore National) to support the Radiation Therapy Authorization Program by completing medical necessity reviews and authorizations where applicable for select outpatient radiation therapy services.

EviCore is a specialty benefit management company that has provided specialized management of oncology drugs and therapeutic agents since 2007. They have developed disease-specific, evidence-based criteria to manage the appropriate utilization of radiation therapy services.

For general information about eviCore, visit [evicore.com](https://www.evicore.com).

PROGRAM GUIDELINES

Effective date

Effective with dates of service of January 1, 2023 and beyond, authorizations must be obtained for select radiation therapy services prior to performing the services for Highmark members whose coverage requires authorization.

Applicable services and diagnoses

The prior authorization process applies to select outpatient radiation therapy services performed in either a professional or facility setting (i.e., office, outpatient hospital, and ambulatory surgical center). **A list of procedure codes is available at the end of this guide.**

Radiation therapy services for these diagnoses will require a medical necessity determination and authorization prior to rendering service:

- Adrenal Cancer
 - Anal Canal Cancer
 - Bile Duct Cancer
 - Bladder Cancer
 - Bone Metastases
 - Brain Metastases
 - Breast Cancer
 - Central Nervous System Lymphoma
 - Central Nervous System Neoplasm
 - Cervical Cancer
 - Endometrial Cancer
 - Esophagus Cancer
 - Gallbladder Cancer
 - Gastric (stomach) Cancer
 - Head or Neck Cancer
 - Hepatobiliary Cancer
 - Hodgkins Lymphoma
 - Kidney Cancer
 - Liver Cancer
 - Lung Cancer -- Non-Small Cell
 - Lung Cancer -- Small Cell
 - Multiple Myeloma*
 - Non-Hodgkins Lymphoma
 - Pancreatic Cancer
 - Prostate Cancer
 - Rectal Cancer
 - Skin Cancer
 - Soft Tissue Sarcoma
 - Testicular Cancer*
 - Urethral Cancer
 - Vulvar Cancer*
 - Non-Cancerous Diagnosis
 - Other Cancer Types
- * Effective July 15, 2016*

If a patient will require radiation therapy treatment for multiple sites at the same time (e.g., brain and bone), authorization requests can be submitted at the same time.

Note: This program addresses radiation oncology therapy and non-cancer radiation therapy services only; chemotherapy drugs are not included in this authorization program.

Applicable products

The Radiation Therapy Authorization Program applies to many of Highmark's commercial products and to Highmark Medicare Advantage products. Certain self-funded employer groups may elect to opt out of the program and not require authorization for radiation therapy. Please use NaviNet® or the appropriate HIPAA electronic transaction to verify eligibility and benefits prior to rendering services.

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PROGRAM GUIDELINES, Continued

When Highmark coverage is not primary

If the patient has Highmark coverage that requires authorization for radiation therapy services but their primary coverage is through another insurer, an authorization is still required if a claim will be submitted to Highmark for any portion of payment.

REMINDER: Verify eligibility and benefits

Please use NaviNet® or the appropriate HIPAA electronic transaction to verify eligibility and benefits and to determine whether the member’s coverage requires authorization for radiation therapy services.

In NaviNet, the “Radiation Therapy Management” indicator will display in the **Group Information** section of the **Eligibility and Benefits Details** screen. If the member’s coverage requires authorization through eviCore, the indicator will say “YES.”

| Group Information | | | |
|-------------------|-----------------|--------------------------------------|--------------------------|
| Effective Date: | 01/01/2008 | Term Date: | 00/00/0000 |
| Group Number: | 01997408 | Group Name: | FREEDOMBLUE PPO STANDARD |
| Product: | FREEDOMBLUE PPO | Advanced Imaging UM by NIA: | YES |
| Plan Area: | 378 | Radiation Therapy Management: | YES |
| Group Renewal: | | Physical Medicine Management: | YES |
| Alpha Prefix: | FER | Current ID Card Info: | OV \$15;SP \$25;ER \$65 |

Note: If you begin a request in NaviNet for a member whose plan does not require an authorization or you enter a date of service prior to January 1, 2012, you will receive the following NaviNet Informational Message: “eviCore does not manage Radiation Therapy authorizations for this member.”

Ordering practitioners not yet NaviNet-enabled or without access to HIPAA electronic transactions, please call your regional Highmark Provider Service Center for eligibility and benefits verification:

- **Western Region:** 1-800-547-3627
- **Central, Eastern, and Northeastern Regions:** 1-866-731-8080

The Provider Service Center toll-free service lines are available Monday through Friday from 7 a.m. to 7 p.m. (EST).

Register treatment plans for existing patients new to Highmark

To ensure accurate payment for claims submitted for services, treatment plans should be registered for those patients who started treatment while covered through another health insurer and then had a change to a Highmark plan. This will not impact the patient’s existing treatment plan.

NaviNet-enabled providers should register these patients’ treatment plans through NaviNet following the instructions for submitting an authorization request in this guide. Providers not yet NaviNet-enabled should contact eviCore at **1-888-564-5492**.

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PROGRAM GUIDELINES, Continued

Register treatment plans for existing patients new to Highmark (continued)

When registering a treatment plan, the following information is needed:

- Patient's Name and Member ID
 - Therapy classification
 - NPI or Provider ID of ordering physician or other health care professional
 - Place of service
 - Treatment start date
 - Expected completion date for treatment
-

Responsibility for requests

The treating specialists, such as radiation oncologists and urologists who formulate the treatment plan and provide and/or coordinate the radiation therapy treatment, will be responsible for requesting medical necessity determinations for Highmark members whose coverage requires authorization.

Physician Worksheets available

To help you prepare for requesting authorization of radiation therapy treatment, eviCore Physician Worksheets specific to each diagnosis are available on Highmark's online Provider Resource Center. Select **Clinical Reference Materials** from the main menu, and then choose **Highmark Radiation Therapy Authorization Program**.

The worksheets list all clinical questions that are asked by eviCore during the initial authorization review regardless of whether your request is submitted through NaviNet or by telephone. Reviewing the worksheets will help you to prepare to answer the necessary questions.

Highmark Medical Policy

The clinical criteria used by eviCore in making medical necessity determinations are consistent with Highmark Medical Policy. Highmark Medical Policy information is available on the Provider Resource Center under **Medical & Claims Payment Guidelines**.

NaviNet: The preferred method for authorization requests

Electronic submission is the preferred method for submitting authorization requests. The **Authorization Submission** function in NaviNet makes submitting your authorization requests for radiation therapy services quick and easy. Your request will be received instantly and a decision will be returned to you in seconds if your request is complete with the necessary information and physician review is not needed.

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PROGRAM GUIDELINES, Continued

NaviNet: For those practitioners who are not NaviNet-enabled, requests for authorization of radiation therapy services can be made to eviCore by calling **1-888-564-5492**.

The preferred method for authorization requests
(continued)

For instructions and information needed for submitting radiation therapy authorization requests, please see the next section of this guide, **Submitting Authorization Requests**.

Notification of determination

If you submit your authorization request through NaviNet, your authorization number will display within NaviNet. For authorization requests submitted by telephone, providers will receive a verbal notification of the authorization decision. For commercial members, providers will also receive an authorization approval letter.

All authorizations, regardless of whether requests are submitted electronically through NaviNet or by telephone, will be available for viewing in NaviNet through the **Referral/Auth Inquiry** transaction.

Changes in referring provider, treating provider, or place of service

If there is a change of referring provider, a new authorization is not required. However, any changes should be reported to eviCore to update the authorization records.

A new authorization is required if there is a change of treating provider and/or place of service.

Changes to treatment plan

Authorizations are valid for the treatment plan submitted for the requested episode of care. If, during the course of treatment, the treatment plan requires modification, you must contact eviCore. The existing authorization will be adjusted accordingly if the modifications to treatment are determined to be medically necessary.

If an authorization expires

Authorization for radiation therapy treatment is given for a specific period of time. If the approved treatment is not completed by the assigned "Last Covered Day," you must contact eviCore for an extension. You can reach eviCore by calling **1-888-564-5492**.

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PROGRAM GUIDELINES, Continued

Additional treatment

If the patient requires additional treatment, such as for a recurrence of disease or a change in the patient's clinical condition, a new authorization will be required.

Claim submission and payment

Providers should continue to submit claims to Highmark for radiation therapy services that are authorized by eviCore. The claim submission and payment processes remain the same. Highmark will process radiation therapy claims and providers will still receive payment from Highmark.

Note: Please remember that electronic claim submission is the preferred method of claim submission.

If a claim is denied because an authorization was not obtained, the member is held harmless and cannot be billed for the services. For any service that is not approved for payment, Highmark will offer all appropriate rights of appeal.

If your claim has been denied for reasons other than medical necessity, submit an inquiry via NaviNet. Providers without access to Highmark's NaviNet provider portal may call the applicable Highmark regional Provider Service Center:

- **Western Region:** 1-800-547-3627
 - **Central, Eastern, and Northeastern Regions:** 1-866-731-8080
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For additional information

Additional information related to the program, including the Physician Worksheets and FAQs, is available on Highmark's Provider Resource Center. Select **Clinical Reference Materials**, and then **Highmark Radiation Therapy Authorization Program**.

SUBMITTING AUTHORIZATION REQUESTS

Overview

The preferred method for submitting your radiation therapy authorization requests is electronic submission via NaviNet. Although telephone requests will be accepted from providers who do not have access to Highmark's NaviNet provider portal, there are no mailable or faxable authorization request forms for this program.

You may submit an authorization request up to two weeks prior to the planned start date of the patient's treatment plan. This section provides the information you need to complete the process.

Before you begin

Before logging into NaviNet to submit your radiation therapy authorization request for a Highmark member, be sure to have the following required information available for your patient:

- Patient information (Name, Highmark Member ID, date of birth)
 - Ordering practitioner
 - Place of service
 - Diagnosis
 - Patient history (recent test results, workup, current clinical condition)
 - Treatment plan specifics which may include the following: immobilization techniques, treatment plan, treatment technique, fields/angles, fractions, and boost
-

Physician Worksheets available

EviCore needs to collect sufficient clinical history and treatment plan information relevant to an authorization request for radiation therapy treatment to establish the medical necessity of the service. Physician Worksheets specific to each diagnosis-related therapy are available on Highmark's online Provider Resource Center. Select **Clinical Reference Materials** from the main menu, and then **Highmark Radiation Therapy Authorization Program**.

The worksheets list all clinical questions that are asked during the initial authorization review regardless of whether your request is submitted via NaviNet or telephone. Reviewing the worksheets will help you to prepare to answer the necessary questions. Please have the appropriate worksheet completed and the member's medical record on hand prior to initiating your request.

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SUBMITTING AUTHORIZATION REQUESTS, Continued

How to submit authorization requests through NaviNet

To submit your radiation therapy authorization request to eviCore through NaviNet, select **Authorization Submission** from the main menu on Highmark's Plan Central; and then click on **Auth Submission** from the fly-out menu.

On the **Selection Form**, complete the following:

- Select the referred from billing provider.
- Enter the proposed date of service.
- Enter the member's information.
- Select the **Procedure Category** (Radiation Therapy) and the **Service** (e.g., breast cancer, prostate adenocarcinoma, etc.) from the dropdown menus.
- Click the **Submit** button to reach the **Request Form**.

On the **Request Form**, enter information in the required fields and/or follow any prompts. Review the information you entered on the **Request Form**, and then click **Submit**.

If your request meets the clinical criteria for the treatment, an authorization number will be provided. If your authorization request is determined to be not medically necessary, you will be notified by telephone and in writing. This notice will provide detailed instructions for submitting clinical appeals.

Note: Claims for services without authorization will be rejected; the member will be held harmless and will not be responsible for payment.

If you are not NaviNet-enabled

If you do not have access to Highmark's provider portal through NaviNet, you may contact eviCore at **1-888-564-5492** to request an authorization for radiation therapy services.

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SUBMITTING AUTHORIZATION REQUESTS, Continued

Approval notification

If you submit your authorization request through NaviNet, your authorization number will display within NaviNet. For authorization requests submitted by telephone, providers will receive a verbal notification of the authorization decision. For commercial members, providers will also receive an authorization approval letter.

All authorizations will include the following:

- Authorization number (will consist of one alpha and nine numeric characters, e.g., R000011111, C000011111)
- Time period for which the authorization is valid
- Type of treatment technique approved
- Number of phases
- Number of fractions
- Select CPT codes

If you have questions about an authorization, please contact eviCore at **1-888-564-5492**.

Not medically necessary determinations

If it is determined that the radiation therapy treatment does not meet the medical necessity criteria, you will be notified by telephone and in writing. This notice will provide detailed instructions for submitting a clinical appeal.

Viewing authorizations in NaviNet

EviCore authorizations issued for radiation therapy services, regardless of how they are submitted, will be available for viewing in NaviNet through the **Referral/Auth Inquiry** transaction.

CONSULTATIONS AND APPEALS

Peer-to-peer consultation

If you do not agree with a medical necessity determination for your radiation therapy authorization request, you may contact eviCore to discuss the case in detail with an eviCore medical director.

eviCore toll-free consultation line: **1-888-564-5492, Option 4**

Written appeals

To appeal a radiation therapy clinical decision for Highmark commercial members, please mail or fax to eviCore at:

Mail to:

eviCore healthcare
Attn: Clinical Appeals Department
400 Buckwalter Place Blvd
Bluffton, SC 29910

or

Fax to: 1-866-699-8128

For Medicare Advantage members, please direct appeals to Highmark.

RADIATION THERAPY PROCEDURE CODES REQUIRING AUTHORIZATION

Procedure codes requiring authorization

Policies and a complete list of impacted procedure codes are available [here](#).

This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware, and 8 counties in western New York. All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies.

eviCore healthcare is an independent company that supports Highmark's Radiation Therapy Authorization Program.

NaviNet is a registered trademark of NaviNet, Inc. NaviNet, Inc is an independent company that provides a secure, web-based portal between providers and health care insurance companies.

Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association.

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