



RADIATION ONCOLOGY PROVIDER PATHWAYS PROGRAM

ADMINISTRATIVE GUIDE

Guidelines for qualifying professional and facility providers

Program effective with service dates beginning March 1, 2015

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INTRODUCTION

Purpose

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, safety and value for their employees.

Radiation Oncology Provider Pathways Program overview

Effective with dates of service on or after March 1, 2015, qualifying providers will experience the following changes with respect to radiation oncology services.

- Providers are no longer required to complete the standard physician worksheet when requesting authorization for treatment for Bone Metastases & Brain Metastases.
 - Providers are only required to submit minimum information such as treatment technique and primary cancer.
 - Providers will obtain auto authorization without requiring clinical review after submitting the minimum information requested via NaviNet.
 - Claims payment will be based on the basket of codes approved for the episode of care.
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IMPORTANT

Reimbursement for all radiation oncology services are not impacted by this program and will remain unchanged.

PROGRAM GUIDELINES

Qualifying criteria

The Radiation Oncology Provider Pathways Program has a defined set of metrics that will determine inclusion in the Provider Pathways process. All providers must meet or exceed all metrics for each disease category (Bone Metastases & Brain Metastases) to qualify for the Radiation Oncology Provider Pathways Program. Baseline performance is based on two years of data from January 1, 2013 through December 31, 2014. The following Key Performance Indicators from utilization management data analysis provide the basis for the Provider Pathway Qualifying Criteria:

Key Performance Indicator ¹	THRESHOLDS
Total Requests	≥10
UM Request Denial Rate	< 2%
UM Request Partial Approval Rate	< 13%
Provider is not under any financial or clinical investigation or under a settlement agreement with Highmark Financial Investigations and Provider Review.	

NOTE 1: The thresholds on All key performance indicators must be met or exceeded during the measurement period (01/01/2013 to 12/31/2014) for Radiation Oncology Provider Pathways qualification.

NOTE 2: Qualification for one of the disease categories does not guarantee provider qualification for both Bone Metastases & Brain Metastases.

If a provider does not meet the criteria in one year, it does not impact payments of claims for the year during which the provider qualifies.

All qualifying providers will receive a Provider Pathways scorecard in the 4th Quarter of every year detailing their performance and their Provider Pathways eligibility for the subsequent year.

Qualifying providers

Providers who qualify for the Radiation Oncology Provider Pathways Program either for Bone Metastases, Brain Metastases or both were notified by letter in February, 2015.

Qualifying providers can submit authorization requests for all practicing locations associated with their Blue Shield identification number.

Qualifying providers must remain 85% compliant with the qualifying criteria.

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PROGRAM GUIDELINES, Continued

Authorization submitted via NaviNet

Qualifying providers must submit authorization requests via NaviNet to take advantage of their Provider Pathway qualification status. Providers are only required to submit minimum clinical information on the pathway worksheets for Bone Metastases and Brain Metastases.

Request can be submitted beginning March 2015 for dates of service on or after March 1, 2015.

Guidelines for the treatment of Bone Metastases

Qualifying providers must remain 85% compliant with the following criteria. In the treatment of bone metastases with radiation therapy, the following are considered to be guideline concordant:

EXTERNAL BEAM RADIATION THERAPY (EBRT)

Up to ten fractions of radiation therapy utilizing complex treatment planning (77307) or electrons may be used in the treatment of bone metastases. The use of 3D conformal radiation therapy or Intensity-Modulated Radiation Therapy (IMRT) may only be used when reirradiation is necessary. If it is clinically required to treat multiple bone metastases, all such bone metastases should be treated simultaneously.

STEREOTACTIC BODY RADIATION THERAPY (SBRT)

SBRT may be used in the treatment of bone metastases if the histology is considered to be radio resistant (i.e., renal cell, melanoma, and sarcoma) and the lesion is located within the vertebral body. SBRT may also be used when reirradiation is necessary. If SBRT is clinically required to treat multiple bone metastases, all such bone metastases should be treated simultaneously.

IMAGE GUIDED RADIATION THERAPY (IGRT)

The use of IGRT is not medically necessary except when there is documentation that the use of current immobilization techniques and weekly report films will not work or has not worked (i.e., due to morbid obesity). IGRT may also be used when the current treatment field is adjacent to or overlapping a previously treated field.

Qualifying providers must remain 85% compliant with this criterion.

Guidelines for the treatment of Brain Metastases

Qualifying providers must remain 85% compliant with this criterion. In the treatment of brain metastases with radiation therapy, the following are considered to be guideline concordant:

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PROGRAM GUIDELINES, Continued

Guidelines for the treatment of Brain Metastases (continued)

WHOLE BRAIN RADIATION THERAPY (WBRT)

In the majority of patients, up to ten fractions of whole brain radiation therapy utilizing complex treatment planning (77307) may be used. The use of 3D conformal radiation therapy or IMRT is not guideline concordant when treating the whole brain.

PARTIAL BRAIN RADIATION THERAPY using SRS INITIAL TREATMENT:

At initial presentation, in select patients who have a good prognosis (i.e., a good performance status, limited systemic disease, systemic disease controlled) and when all lesions can be encompassed in a single treatment plan, Stereotactic Radiosurgery (SRS) may be used in the treatment of any number of lesions.

PRIOR TREATMENT:

In the setting of having received prior WBRT, in select patients who have a good prognosis (i.e., good performance status, limited systemic disease, systemic disease controlled) and when all lesions can be encompassed in a single treatment plan, Stereotactic Radiosurgery (SRS) may be used in the treatment of any number of lesions.

In the setting of having received prior SRS, in select patients who have a good prognosis (i.e., a good performance status, limited systemic disease, systemic disease controlled), when 3 or fewer lesions are evident, when the previous course of SRS was delivered over 90 days ago and when all lesions can be encompassed in a single treatment plan, Stereotactic Radiosurgery (SRS) may be used. When 4 or more lesions are evident, the use of whole brain radiation therapy is appropriate.

PARTIAL BRAIN RADIATION THERAPY using 3D-CRT OR IMRT

At initial presentation, in select patients who have a good prognosis (i.e., good performance status, limited systemic disease, systemic disease controlled), up to twenty fractions of 3D conformal radiation therapy or IMRT may be used.

How providers qualify or remain eligible

Qualifying providers must remain 85% compliant with this criterion. In order to qualify or remain eligible for the Radiation Oncology Provider Pathways Program, providers must continue to adhere to the program's requirements as described in the performance monitoring sections of this guide.

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PROGRAM GUIDELINES, Continued

How providers qualify or remain eligible (continued)

If a provider's actual performance results meet or exceed the clinical target parameters:

- A current non - qualifying provider will be eligible for the Radiation Oncology Provider Pathways Program, or,
- A current qualifying provider will continue as a qualifying provider under the Provider Pathway Program

If a provider's actual performance results do not meet the qualifying criteria:

- A current non - qualifying provider will continue with the current prior authorization process, or
- A current qualifying provider will transition to the current prior authorization process.

Unless otherwise stated, provider qualification status for each disease category will be effective on March 1, of every year.

Non-compliant determination

Providers who qualify for the Radiation Oncology Provider Pathways Program for the current year but do not meet all the qualifying criteria for the Radiation Oncology Provider Pathways Program the following year will be entitled to a Compliance Review process by Highmark. Providers may submit information to Highmark to establish a rationale and basis for not meeting the qualification criteria. Additional information can be submitted by a Reconsideration form that will be available on the Radiation Oncology Management page within Highmark's Provider Resource Center in 2015.

Reconsiderations & appeals

The Provider Pathway Program will offer a reconsideration option for any qualifying provider who is required to transition to the current prior authorization process because of a failure to meet the qualifying criteria.

Note: A Qualifying provider may exercise any rights of reconsideration or appeal under its network participation agreement.

MEDICAL RECORDS DOCUMENTATION

Overview

Qualified providers will be required to submit medical records for medical necessity review when untimely requests are submitted or incorrect information has been entered as outlined below. The submission should include medical records that pertain to the current request.

**Untimely
authorization
request
submitted by
qualifying
providers**

Authorization requests must be submitted no later than ten (10) calendar days after the service start date to be considered timely. An untimely request will be pended for medical necessity review and medical records will be requested.

Highmark Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association.

NaviNet, Inc. is a separate company that provides a secure, web-based portal between providers and health care insurance plans.

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