

provider bulletin

VOLUME 17 • ISSUE 11 • NOVEMBER 2015

Newsletter Excerpt

Radiation Therapy Authorization Program

Program Will Launch in NEPA Region Jan. 1, 2016 continued on page 2

Highmark Blue Cross Blue Shield is committed to ensuring that the radiation therapy services provided to our members with cancer are consistent with nationally recognized clinical guidelines. That's why we have partnered with eviCore National, LLC (eviCore), formerly CareCore, to provide medical necessity review and authorization for select radiation therapy services.

Effective Jan. 1, 2016, Highmark's Radiation Therapy Authorization Program will apply to all Highmark members—including those covered by commercial plans, members enrolled in Highmark's Freedom Blue PPO, a Medicare Advantage Plan, and those who have transitioned from BCNEPA to Highmark plans.

How the Program Works

Beginning Jan. 1, 2016, ordering providers will need to obtain authorizations for select outpatient radiation therapy services performed in either a professional or facility setting. Claims for services provided without authorization will be denied and the member (your patient) will be held harmless.

Providers will be able to submit authorization requests via the Authorization Submission transaction on Highmark's NaviNet®. eviCore will review the request and determine medical necessity. **It is extremely important to ensure that your practice is NaviNet-enabled and that members of your staff are trained in its use.** Providers who do not currently have NaviNet access should call **Provider Relations at 1-800-451-4447** to obtain NaviNet. In the interim, providers without NaviNet should call **eviCore at 1-888-564-5492**.

Eligibility and Benefits Details		Print	HIGHMARK
Patient Information			
Member ID Number:		Patient Name:	
Member Address:		Patient Date of Birth:	
Date of Service From:		Relationship to Subscriber:	
		Date of Service To:	
Other Insurance Applies:	NO	Other Insurance Effective Date:	05/21/2001
Reverification Date:	11/05/2011	COB Review Status:	FINALIZED
COB Investigation Method:	Pursue and Pay		
Group Information			
Effective Date:		Term Date:	00/00/0000
Group Number:		Group Name:	
Product:		Advanced Imaging UM by NIA:	YES
Plan Area:		Radiation Therapy Management:	YES
Group Renewal:		Physical Medicine Management:	YES
Alpha Prefix:			

Certain groups may choose to opt out of these management programs. Always check Benefits and Eligibility in NaviNet to determine if a group follows the Advanced Imaging, Radiation Therapy or Physical Medicine Management programs.

Radiation Therapy Authorization Program

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Request Authorizations Online

Submitting authorizations is fast and easy when you use NaviNet. Electronic submission of your radiation therapy authorization requests is the preferred method because your request is received almost instantly and a decision will be returned to you in seconds, if all necessary information is included and the request doesn't require physician review.

Here's how to submit an authorization via NaviNet. Before you submit the request, you will need to have the following information available about your Highmark patient:

- Ordering provider's name
- Patient information (name, member identification number, etc.)
- Diagnosis
- Place of service
- Patient history (recent test results, workup and current clinical condition)
- Treatment plan specifics, which may include immobilization techniques, treatment plan, treatment technique, fields/angles, fractions and boost

Once you have that information, log in to NaviNet, and hover on the **Authorization Submission** link. Then, click Auth Submission from the fly-out menu.

- On the *Billing Provider Selection Form*, select the appropriate billing provider information from the drop-down menu and click Submit.
- On the Selection Form, select a Service Provider from the drop-down menu and then enter the Proposed Date of Service, which must start with the member's first date of treatment after Jan. 1, 2015.
- Enter the member ID number.
- Choose the procedure category (Radiation Therapy) and the service (e.g., breast cancer, prostate adenocarcinoma, etc.) from the two drop-down menus.
- Follow the remaining prompts and/or enter information in the remaining required fields.
- Click Submit.

If your request meets the clinical criteria, an authorization number will be provided. However, if the request requires additional clinical information, you will receive a request for additional information via fax. This request must be completed within 12 days of your receipt of the request. eviCore will then issue either an authorization number or a denial. In the event of a denial, you may request a peer-to-peer consultation. All aspects of clinical criteria development, medical review and peer-to-peer consultation are managed and administered by board-certified radiation oncologists.

Patients Currently Receiving Treatment

Effective Jan. 1, 2016, if you're treating a BCNEPA member who has transitioned to a Highmark health plan and that member will continue to receive radiation therapy, you will need to register the patient's treatment plan. Registration can be done through NaviNet (see the *Request Authorizations Online* section) or by calling eviCore.

Tools and Resources

We have created a dedicated page for the Radiation Therapy Authorization program on the Provider Resource Center (PRC). From the PRC home page, select **Clinical Reference Materials**, and then click on **Highmark Radiation Therapy Authorization Program**. Here you'll find program materials, frequently asked questions and the program's *Administrative Guide*. You'll find the complete list of procedure codes that are included in the Radiation Therapy Authorization Program in the *Administrative Guide*.

Radiation Oncology Provider Pathways Program

Provider Pathways was designed to give Highmark's MM&P a formal process and framework for identifying and rewarding high-performing providers. Highmark uses utilization management and claims data to determine which providers qualify for this program. Please note that this program may not apply to you at this time.