

Special Bulletin

Dec. 1, 2011

Attention Specialists Participating In Highmark's Networks:

MORE INFORMATION NOW AVAILABLE ON HIGHMARK RADIATION THERAPY AUTHORIZATION PROGRAM TO TAKE EFFECT JAN. 1, 2012

- **IMPORTANT NOTE: Please Register Treatment Plans for Members Who Are Currently in Treatment, Before 1/1/12**
- **List of Products Included in Program**
- **Step-by-step Instructions for Submitting Authorization Requests Via NaviNet®**
- **Frequently Asked Questions and Answers Document Enclosed (UPDATED DEC. 2012)**

IMPORTANT NOTE: *You are receiving this Special Bulletin because you or your practice/group participates in one or more of Highmark's networks as an oncology or urology provider.*

This communication is a follow-up to the Special Bulletin dated Aug. 1, 2011 that announced Highmark will launch a Radiation Therapy Authorization Program (referred to in the initial bulletin as the "Radiation Oncology Authorization Program") that will take effect with dates of service of Jan. 1, 2012 and beyond. As this effective date draws near, Highmark wants to ensure that you have the information you'll need in order to follow the program's requirements and guidelines and that your claims will process smoothly and quickly.

Background

As noted in the previous bulletin, Highmark has contracted with CareCore National, LLC to provide medical necessity review and authorization where applicable for select radiation therapy services. Highmark is implementing this program to help enhance patient safety and ensure that the radiation therapy services provided to our members are consistent with nationally recognized clinical guidelines. Additionally, our employer group customers have voiced an increasing demand for products that promote quality, medically appropriate care and value for their employees. CareCore is an evidence-based specialty benefit management company that has provided specialized management of oncology drugs and therapeutic agents since 2007. Together with a panel of Radiation Oncologists, CareCore has developed and implemented a series of disease-specific, evidence-based criteria to manage the appropriate utilization of radiation therapy services. For general information about CareCore, visit www.carecorenational.com. To obtain the list of procedure codes that are included in Highmark's Radiation Therapy Authorization Program, visit the *Highmark Radiation Therapy Authorization Program* link under *Clinical Reference Materials* on our online Provider Resource Center, which is accessible via NaviNet® or through the *Providers* tab on our website. Click on *Highmark Radiation Therapy Authorization Program Administrative Guide*, which includes the list of procedure codes that require authorization.

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IMPORTANT NOTE: Please Register Treatment Plans for Members Who Are Currently in Treatment, Before Program's 1/1/12 Effective Date

If you have a Highmark patient who is already receiving radiation therapy in advance of the program's Jan. 1, 2012 launch date and who will continue to receive therapy beyond Jan. 1, 2012, please be sure to register his or her treatment plan. Registration of these patients' treatment plans should be done either through NaviNet (following the instructions starting below for requesting an authorization) or by calling CareCore via your regional Highmark Provider Service Center (using the appropriate regional telephone number noted below). Registration of treatment plans will ensure accurate claims payment for claims submitted after Jan. 1, 2012, but there will be no impact to the patient's existing treatment plan.

List of Products Included in the Program*

Following is a list of the Highmark products that will be included in the Radiation Therapy Authorization Program:

- *Direct Blue*® (group members only)
- *PPO Blue* (group members only)
- *PPO Blue* HDHP (group and direct-pay members)
- *Preferred Blue* (direct-pay members only)
- *FreedomBlue* PPO (group and direct-pay members)
- *Short Term Blue* PPO (direct-pay members only)
- Western Region Commercial HMO (group, direct-pay, CHIP and Caring Program members)
- Western Region Medicare Advantage HMO (group and direct-pay members)
- *Advance Blue*

***PLEASE NOTE:** This list is not all-inclusive, and exceptions may apply. Certain employer groups may elect to opt out of the program and not require authorization for radiation therapy.

For Highmark patients requiring radiation therapy services effective Jan. 1, 2012 or beyond, please be sure to use NaviNet or the appropriate HIPAA electronic transactions (beginning Jan. 1, 2012) to check their eligibility and benefits and whether the Radiation Therapy Authorization Program applies to them.

Ordering providers who don't yet have NaviNet or who don't have access to the HIPAA electronic transactions may call their regional Highmark Provider Service Center; Western Region providers must call, toll-free, 1-800-547-3627, Option 5; Central, Eastern and Northeastern Region providers must call, toll-free, 1-866-731-8080, Option 5.

Requesting Authorizations Electronically is the Fastest and Easiest Way to Do So

Submitting your authorization requests for radiation therapy for your Highmark patients is fast and easy when you use NaviNet. Electronic submission of your authorization requests is the preferred method because your request will be received almost instantly and a decision will be returned to you in seconds, if your request includes all of the necessary information and doesn't require physician review. Submitting an authorization request to CareCore via NaviNet is simple. Here's how:

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1. Before logging into NaviNet, be sure to have the following required information available about your Highmark patient:
 - Ordering provider
 - Patient information (name, member identification number, etc.)
 - Diagnosis
 - Place of service
 - Patient history (recent test results, workup, current clinical condition)
 - Treatment plan specifics, which may include immobilization techniques, treatment plan, treatment technique, fields/angles, fractions and boost

2. In NaviNet, hover on the *Referral/Authorization Submission* link, and click *Authorization Submission* from the fly-out menu.
 - On the NaviNet Selection Form, select the billing provider information.
 - Enter the proposed date of service, which must start with the member's first date of treatment in 2012.
 - Enter the Member ID number.
 - Choose the procedure category (Radiation Therapy) and the service (e.g., "Breast cancer," "Prostate adenocarcinoma," etc.) from the dropdown menus.
 - Follow the remaining prompts and/or enter information in the remaining required fields, and click the Submit button.

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. CareCore will then issue either an authorization number or a denial. In the event of a denial, you may request a peer-to-peer consultation. Treatment decisions and other medical decisions will be made only by qualified medical personnel.

Please note that claims for services provided without authorization will be rejected and the member will be held harmless and will not be responsible for payment.

Frequently Asked Questions and Answers Document Enclosed

Enclosed with this Special Bulletin is a frequently asked questions and answers document to provide you with more detailed information about Highmark's Radiation Therapy Authorization Program. Please review this helpful document closely with your office staff so that your practice knows the basics of how the program will function when it takes effect Jan. 1, 2012. Click here to access the [Frequently Asked Questions document](#), which was updated in December 2012.

If, after reviewing the enclosed frequently asked questions and answers document, you have additional questions or need more information, please contact your Highmark Provider Relations representative via Provider Service.

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