



**Palmetto Provider**  
**UNIVERSITY**

**Radiation Oncology  
Solutions Program**



BlueCross BlueShield of South Carolina and  
BlueChoice HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

*Note! Contents are subject to change and are not a guarantee of payment.*

- **Introduction**
- Services and Treatments
- Authorization Process
- Notification of Determination
- Clinical Information
- Other Important Information
- Provider Tools
- Provider Relations Contact Information

On January 1, 2015, BlueCross BlueShield of South Carolina and BlueChoice HealthPlan launched a Radiation Oncology Utilization Management Program. We selected NIA Magellan to provide these radiation oncology benefit management services through its Radiation Oncology Solution program. NIA Magellan is an independent company that provides utilization management services on behalf of BlueCross and BlueChoice®.

Physicians designed NIA Magellan's Radiation Oncology Solution, for physicians, to ensure that services within the radiation therapy treatment plan are clinically appropriate for each patient's specific condition. It is consistent with nationally recognized clinical guidelines and ensures treatments are conducted in the most efficient and outcome-oriented manner.

## Radiation Therapy Management

BlueCross and BlueChoice are expanding the existing partnership with NIA Magellan for radiation oncology which:

- Complements NIA Magellan's expertise in diagnostic imaging management.
- Incorporates oncology diagnostic imaging and therapeutic radiology into the utilization management process.
- Will use NIA Magellan systems, tools and infrastructure to deliver the radiation oncology capability.



## Participating Plans

BlueCross and BlueChoice plans:

1. Fully insured
2. BlueCross Exchange plans
3. BlueChoice Exchange plans
4. BlueChoice commercial plans

BlueCross and BlueChoice plans **not** participating with the program include:

1. Federal Employees Program (FEP)
2. State Health Plan
3. Self-funded plans
4. Out-of-state members (BlueCard<sup>®</sup>)

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## Encompasses

- All radiation therapy treatment

## Excludes

- Hospital inpatient
- Observation
- Emergency room
- Surgery center

Program includes management of all radiation therapy modalities:

- 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)
- Image Guided Radiation Therapy (IGRT)
- Stereotactic Radiosurgery (SRS)
- Stereotactic Body Radiation Therapy (SBRT)
- Proton Beam Radiation Therapy (PBT)
- Intra-Operative Radiation Therapy (IORT)
- Neutron Beam Therapy
- Hyperthermia



- Review the Radiation Oncology Utilization Review Matrix to determine procedures NIA Magellan manages. Find procedures and their allowable billed groupings on [www.RadMD.com](http://www.RadMD.com), [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).
- Defer to health plan policies for procedures we didn't list in the matrix.



BlueCross BlueShield of South Carolina and  
BlueChoice HealthPlan of South Carolina  
Independent licensees of the Blue Cross and Blue Shield Association

## Radiation Oncology Utilization Review Matrix 2015

NIA has developed this matrix in an effort to help its clients set up their claim processing systems. NIA is an independent company that provides utilization management services on behalf of BlueCross BlueShield of South Carolina and BlueChoice HealthPlan.

NIA designed this matrix to assist in the resolutions of claims adjudication and claims questions related to radiation oncology services. The matrix contains the CPT-4 codes NIA manages for the Radiation Oncology program. The codes are set up using what you would see on a professional HCFA 1500 claim. The inclusion of a code doesn't imply that we will approve the service, only that if we received a request for that service, NIA would manage it.

The "Allowable Billed Groupings" indicates that if NIA authorizes a given procedure, that you could submit any of the listed procedure codes on a claim representing that service. This assumes that you perform the service within the validity period. If an allowable billed grouping of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

NIA did not list codes representing contrast agents, radiopharmaceuticals and supplies on this matrix. This table also does not include facilities using CMS Outpatient PPS logic (C codes) that submit codes.

Please note: NIA will not manage radiation services initiated while the patient is in a hospital inpatient setting, emergency room or observation room.

- Introduction
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## Radiation Oncologist

- Determining the treatment plan
- Submitting the request for prior authorization
- Providing radiation therapy

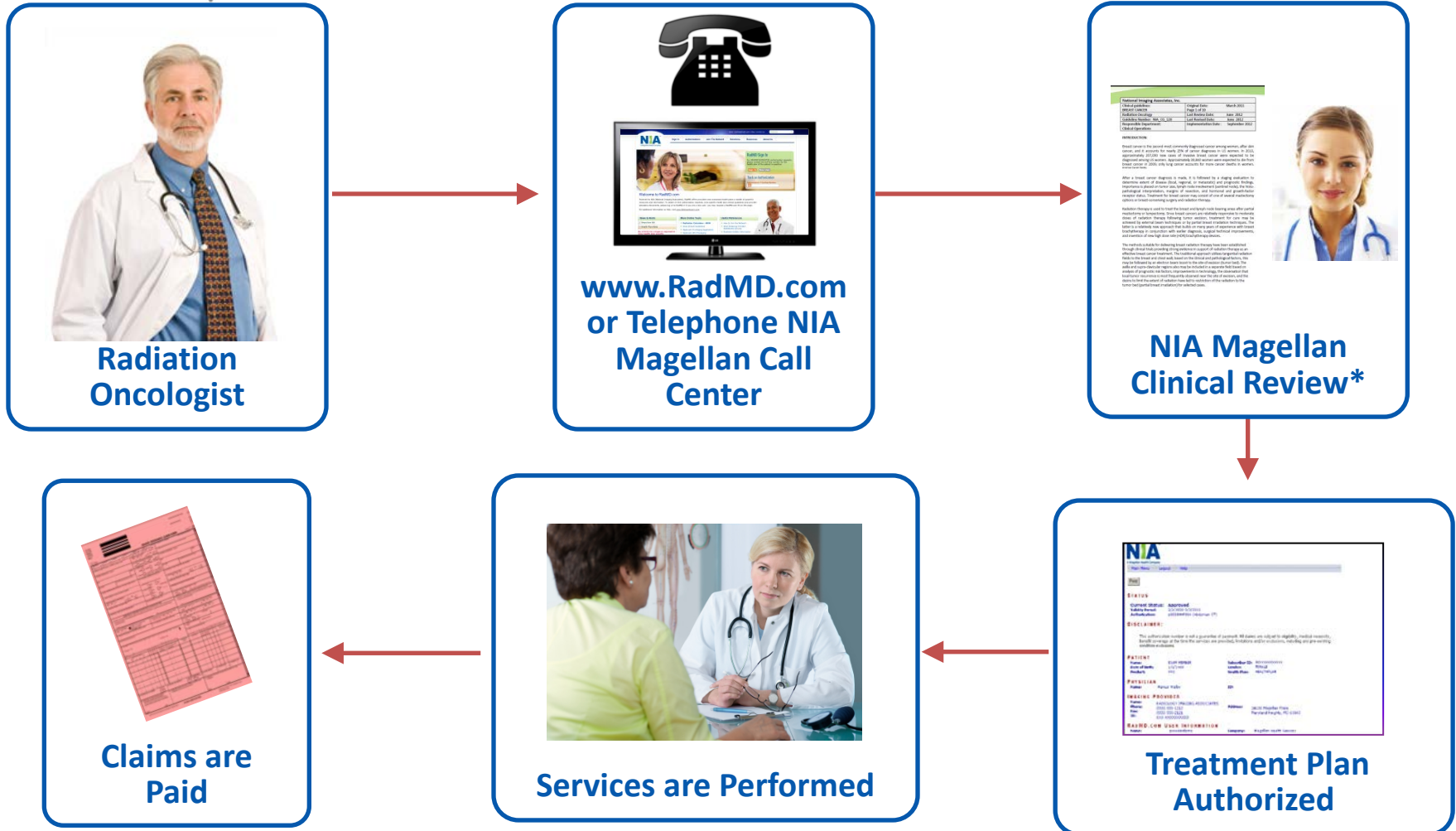


## Radiation Oncologist and Cancer Treatment Facility

Ensures the receipt of prior authorization prior to providing services.



# Authorization Process



*\* NIA Magellan makes determinations within two days for general requests, 24 hours for urgent requests.*

## Step 1: Gather necessary patient and therapy information

### GENERAL

- Name and office phone number of radiation oncologist planning and delivering radiation therapy
- Member name and ID number
- Name of treatment facility performing the procedures
- Anticipated treatment start date

### CLINICAL INFORMATION

- Disease site being treated
- Stage (T, N, M stage)
- Treatment intent

### TECHNIQUE

Requested radiation therapy modality (initial and/or boost stages)

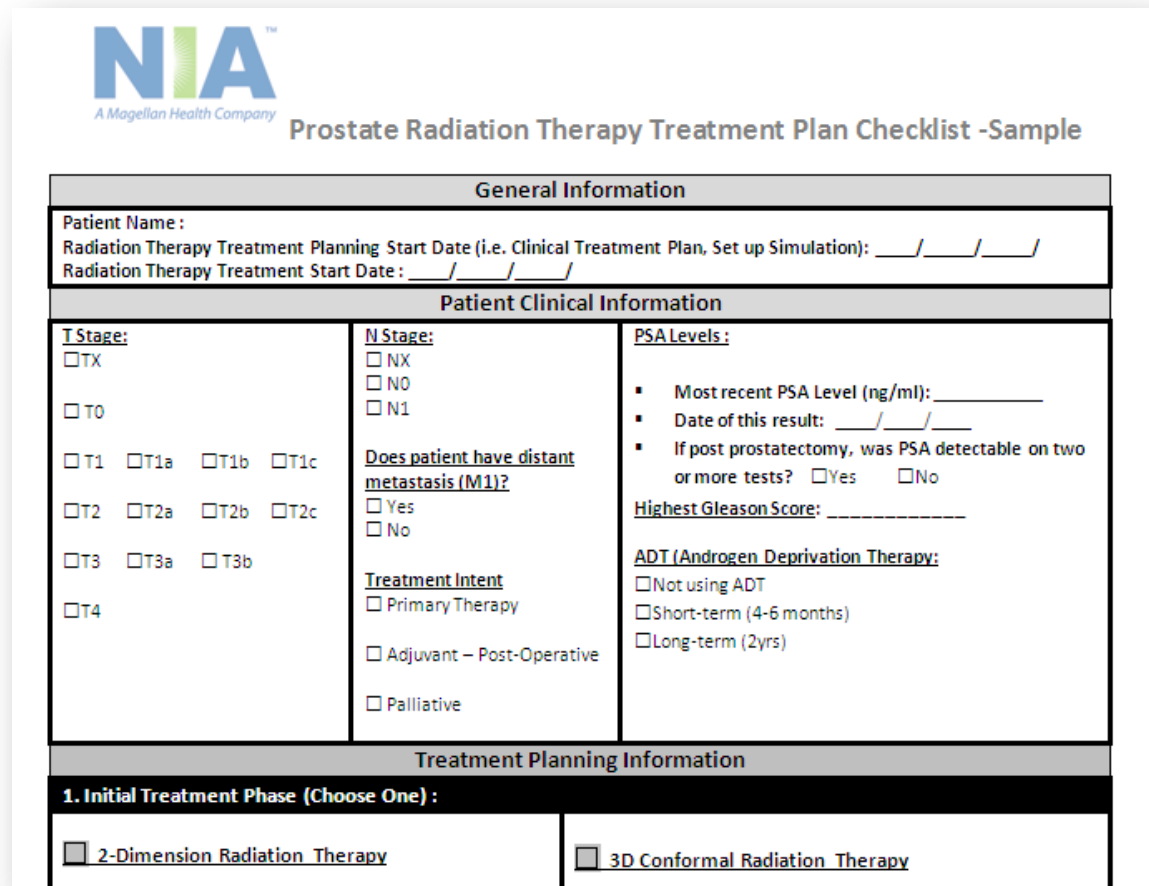
- Ports/angles
- Total dose
- Fractions
- IGRT type
- Brachytherapy insertions and fractions

*NIA Magellan may need additional information depending on the cancer site and treatment modality.*

## Step 1: Gather necessary patient and therapy information

### Cancer Site Checklist Example

Refer to the treatment plan checklists to determine what information we need. Checklists are specific to the type of cancer being treated and can assist in documenting clinical information and the treatment plan.

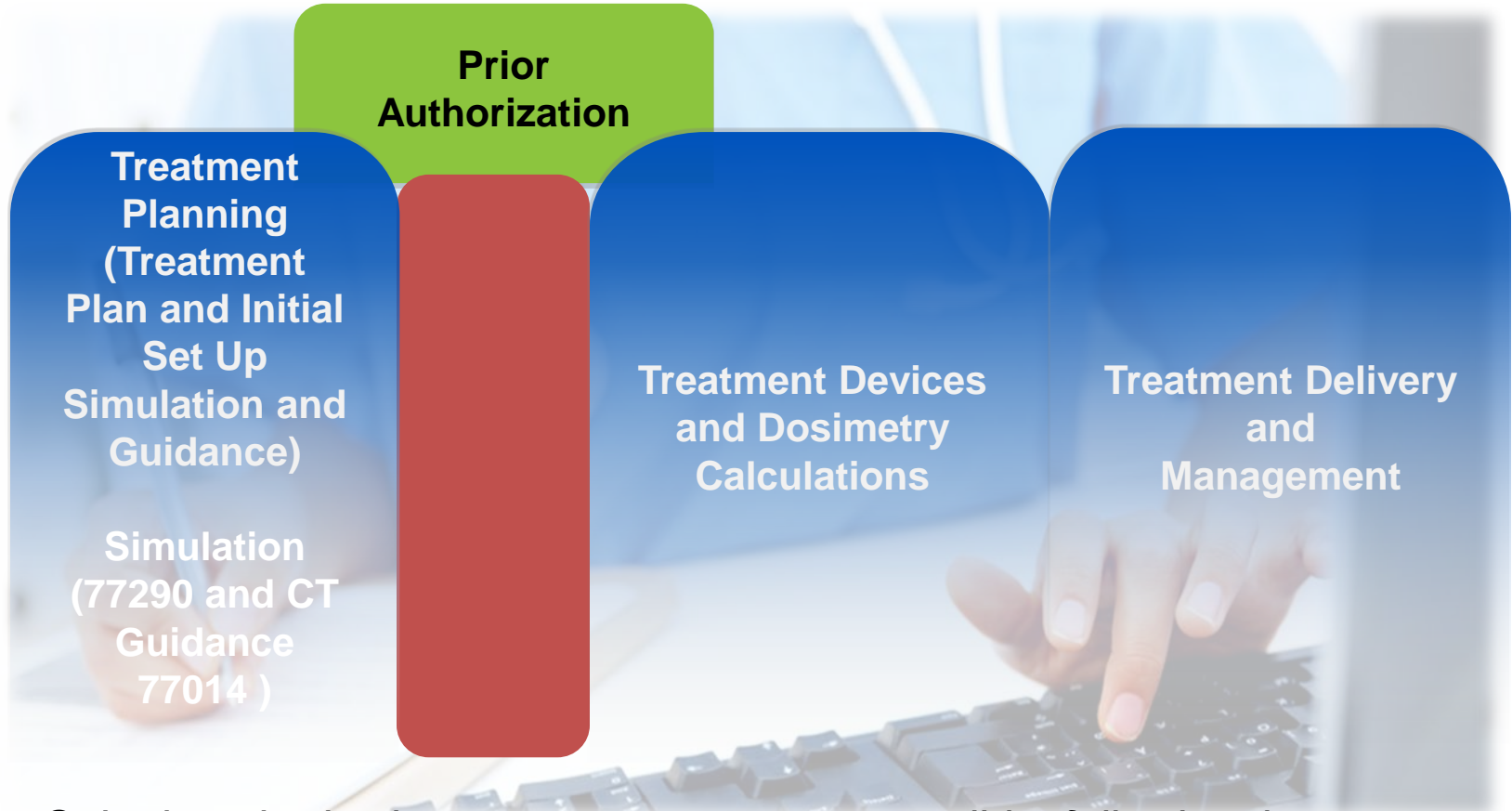


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Prostate Radiation Therapy Treatment Plan Checklist - Sample

General Information		
Patient Name :		
Radiation Therapy Treatment Planning Start Date (i.e. Clinical Treatment Plan, Set up Simulation): ____/____/____		
Radiation Therapy Treatment Start Date : ____/____/____		
Patient Clinical Information		
<b>T Stage:</b> <input type="checkbox"/> TX  <input type="checkbox"/> T0  <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T1c <input type="checkbox"/> T2 <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T2c <input type="checkbox"/> T3 <input type="checkbox"/> T3a <input type="checkbox"/> T3b <input type="checkbox"/> T4	<b>N Stage:</b> <input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1  <b>Does patient have distant metastasis (M1)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Treatment Intent</b> <input type="checkbox"/> Primary Therapy  <input type="checkbox"/> Adjuvant – Post-Operative  <input type="checkbox"/> Palliative	<b>PSA Levels :</b>  <ul style="list-style-type: none"> <li>▪ Most recent PSA Level (ng/ml): _____</li> <li>▪ Date of this result: ____/____/____</li> <li>▪ If post prostatectomy, was PSA detectable on two or more tests? <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> </ul> <b>Highest Gleason Score:</b> _____  <b>ADT (Androgen Deprivation Therapy):</b> <input type="checkbox"/> Not using ADT <input type="checkbox"/> Short-term (4-6 months) <input type="checkbox"/> Long-term (2yrs)
Treatment Planning Information		
<b>1. Initial Treatment Phase (Choose One) :</b>		
<input type="checkbox"/> 2-Dimension Radiation Therapy	<input type="checkbox"/> 3D Conformal Radiation Therapy	

## Step 2: Submit necessary information



*Submit authorization requests as soon as possible, following the set up simulation, to avoid delay in claims processing.*

## Step 2: Submit necessary information

### How to Submit Authorization Requests

Initiate requests using [www.RadMD.com](http://www.RadMD.com), the preferred method:

1. Identify patient, physician and treatment facility
2. Outline the treatment plan
3. Complete the cancer site checklist
4. Describe the reason for treatment
5. Answer clinical questions
6. Confirm the information
7. Submit the request

*Submit authorization requests as soon as possible, following the set up simulation, to avoid delay in claims processing.*



## Step 3: Treatment plan review

### Evidence-Based Clinical Guidelines for Radiation Oncology

- Nurses will review all services that are part of the treatment plan to determine appropriateness and medical necessity.
- Nurses review medical necessity based on nationally recognized, evidence-based clinical guidelines and standards of care.

National Imaging Associates, Inc.	
Clinical guidelines: COLORECTAL CANCER	Original Date: March 2011 Page 1 of 7
Radiation Oncology	Last Review Date: October 2014
Guideline Number: NIA_CG_121	Last Revised Date: June 2012
Responsible Department: Clinical Operations	Implementation Date : October 2014

#### INTRODUCTION:

Colorectal cancer, also called colon cancer or large bowel cancer includes cancerous growths in the colon, rectum and appendix. With nearly 700,000 deaths worldwide per year, it is the fifth most common form of cancer in the United States and the third leading cause of cancer-related death in the Western world.

Invasive cancers that are confined within the wall of the colon (TNM stages I and II) are curable with surgery. If untreated, they spread to regional lymph nodes (stage III), where up to 78% are curable by surgery and chemotherapy. Cancer that metastasizes to distant sites (stage IV) is usually not curable, although chemotherapy can extend survival, and in rare cases, surgery and chemotherapy together have seen patients through to a cure.

Colorectal cancer frequently presents with no symptoms. A genetic model of carcinogenesis has been developed, starting with adenomatous polyps that progress in a stepwise process to malignancy. Screening tests can detect colorectal polyps, some of which have the potential to become cancerous. Colonoscopy, an endoscopic examination of the entire colon, allows polyp detection and enables biopsy or the removal of the polyps during the procedure. Colorectal cancer diagnosis is established by histopathological examination of the tissue obtained from biopsy of the tumor.

The method of treatment for colorectal cancer depends on whether the cancer is in the colon or the rectum and on the stage of the disease. Staging occurs after colorectal cancer has been diagnosed and it evaluates the disease location and extent. Treatment may include surgery, chemotherapy, radiation therapy, or biological therapy; it may also include some combination of these treatments. Cancers of the colon are generally treated with surgery and chemotherapy. Patients whose cancer has spread beyond the colon to other parts of the body may be given palliative radiation therapy to control symptoms of metastatic disease. Cancers of the rectum are more prone to loco-regional recurrence, and radiation therapy and chemotherapy are given either before, during or after surgery.

#### GOAL OF THE GUIDELINE:

This guideline outlines several methods suitable for the employment of radiation therapy in conjunction with colon and rectal cancer treatment. These include the use of external radiation (three-dimensional conformal radiation therapy (3D-CRT), intra-operative radiation treatment (IORT), and rarely, internal radiation (brachytherapy). Advanced approaches such as intensity modulated radiation therapy (IMRT) and/or image guided radiation therapy (IGRT) are not indicated as standard treatment for colorectal cancer. The

## Step 3: Treatment plan review



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## Evidence-Based Clinical Guidelines for Radiation Oncology

- NIA Magellan Evidence-Based Clinical Guidelines are available on [www.RadMD.com](http://www.RadMD.com).
- Health plan medical directors review and approve all NIA Magellan clinical guidelines.

## Step 3: Treatment plan review



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## Evidence-Based Clinical Guidelines for Radiation Oncology

- If NIA Magellan does not approve a treatment plan based on the information received, it is then reviewed by a radiation oncologist prior to rendering a denial.
- If NIA Magellan does not approve the treatment plan **after** the radiation oncologist's review, the oncologist will reach out to the requesting physician to review and discuss the treatment plan.

## Step 3: Treatment plan review

### 1 Intake Level



Requests are evaluated using NIA Magellan's clinical algorithm

Requests can:

1. Approve
2. Require additional clinical review
3. Pend for clinical validation of medical records

### 2 Initial Clinical Review



Nurses will review request and can:

1. Approve
2. Send to NIA Magellan physician for additional clinical review

### 3 Physician Clinical Review

Physicians can:

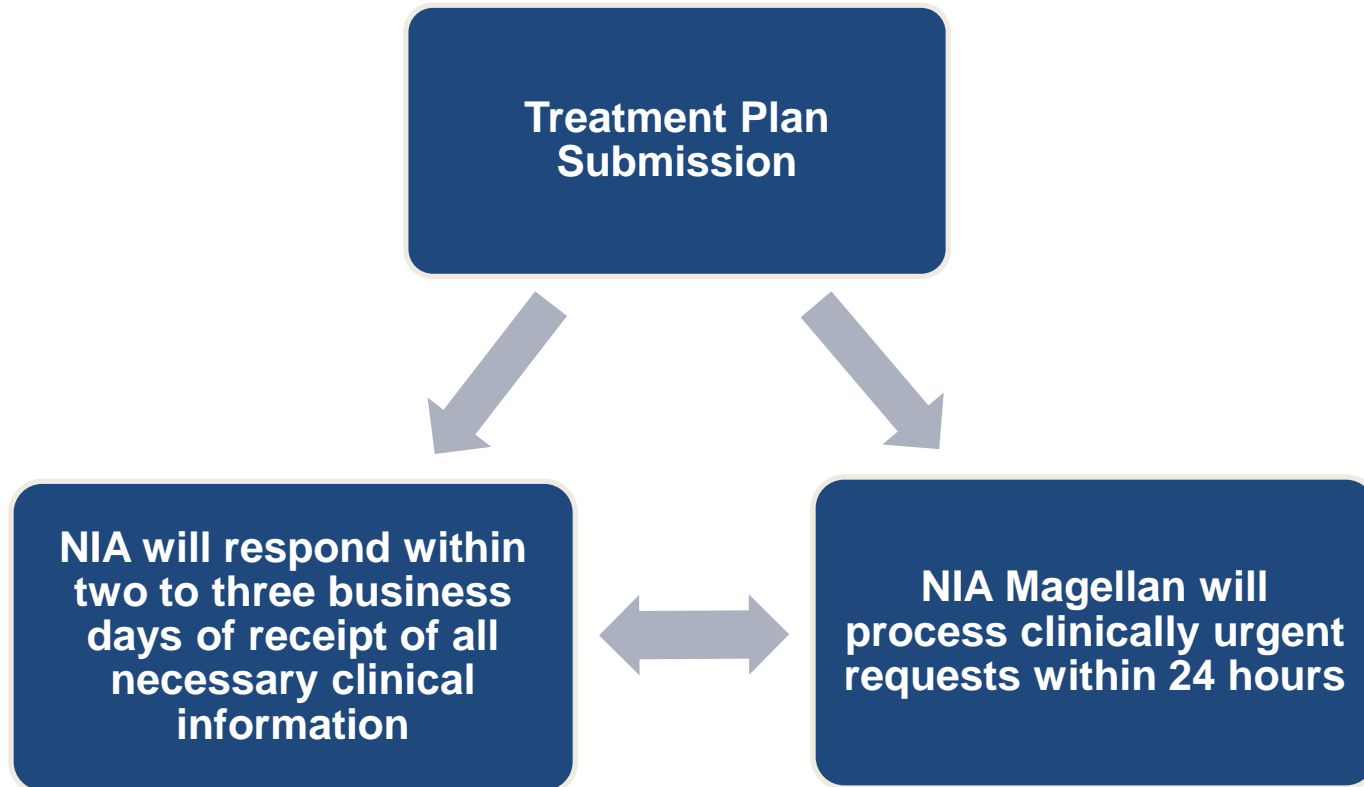
1. Approve
2. Partially approve
3. Facilitate an ordering physician withdrawal



**A peer-to-peer discussion is always available!**

## Step 3: Treatment plan review

### Timeframes



*Use the tracking number to check the status of the request*

## Step 3: Treatment plan review

### Potential Outcomes

Treatment Plan Outcomes:

- Approved
- Partially Approved
- Denied

One authorization number encompasses all authorized procedures in a treatment plan.

*NOTE: Only an NIA Magellan radiation oncologist can make a denial determination.*

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# Notification of Determination

You will receive the treatment plan determination:

- Written and verbal provider notification (separate member notification)
- Approved requests include a list of authorized procedures
- Authorization detail also available on [www.RadMD.com](http://www.RadMD.com)

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**REQUEST VERIFICATION: DETAIL**

Print Fax Coversheet

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**Patient Information**

Name: Terrence A. ...      Gender: ...  
 Date of Birth: 08/21/1941      Member ID: 0066002100  
 Health Plan: Health Plan ...

---

**Referring Physician**

Name: Brown MD, Robert L.      Phone: ...  
 Tax ID: ...      UPIN: ...  
 Specialty: Radiation Oncology

---

**Treatment Facility**

Name: Brown Cancer Center      Address: 1 Park Avenue Suite 500  
 Tax ID: ...      Any City, Any State 63115

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**Case Information**

Case Description: Prostate Cancer - 3D-Conformal Radiation Therapy with Brachytherapy, LDR Boost  
 Request ID: 9148B007      Request Date: 02/01/2011  
 Status: Approved      ICD9: 185  
 Validity Dates: 01/23/2011 - 05/22/2011  
 Treatment Start Date: 02/23/2011

---

3D Conformal Radiation Therapy				Brachytherapy, LDR Boost			
CPT4	Procedure Category	Units	Billable Codes	CPT4	Procedure Category	Units	Billable Codes
77290	Simulation - Initial	1	<a href="#">Billable Codes</a>	77014	CT Guidance - Planning	1	
77280	Simulation - Verification	1		77328	Brachytherapy Isodose Plan	1	<a href="#">Billable Codes</a>
77014	CT Guidance - Planning	1		77332	Treatment Devices	1	<a href="#">Billable Codes</a>
77334	Treatment Devices	7	<a href="#">Billable Codes</a>	77331	Dosimetry Special	1	
77300	Dosimetry Calculation	7		77778	Treatment Deliveries - Brachytherapy-LDR	1	<a href="#">Billable Codes</a>
77413	Treatment Deliveries - EBRT	25	<a href="#">Billable Codes</a>				
77427	Treatment Management	5					
77336	Weekly Physics Consultation	5					
77417	Port Films	5					

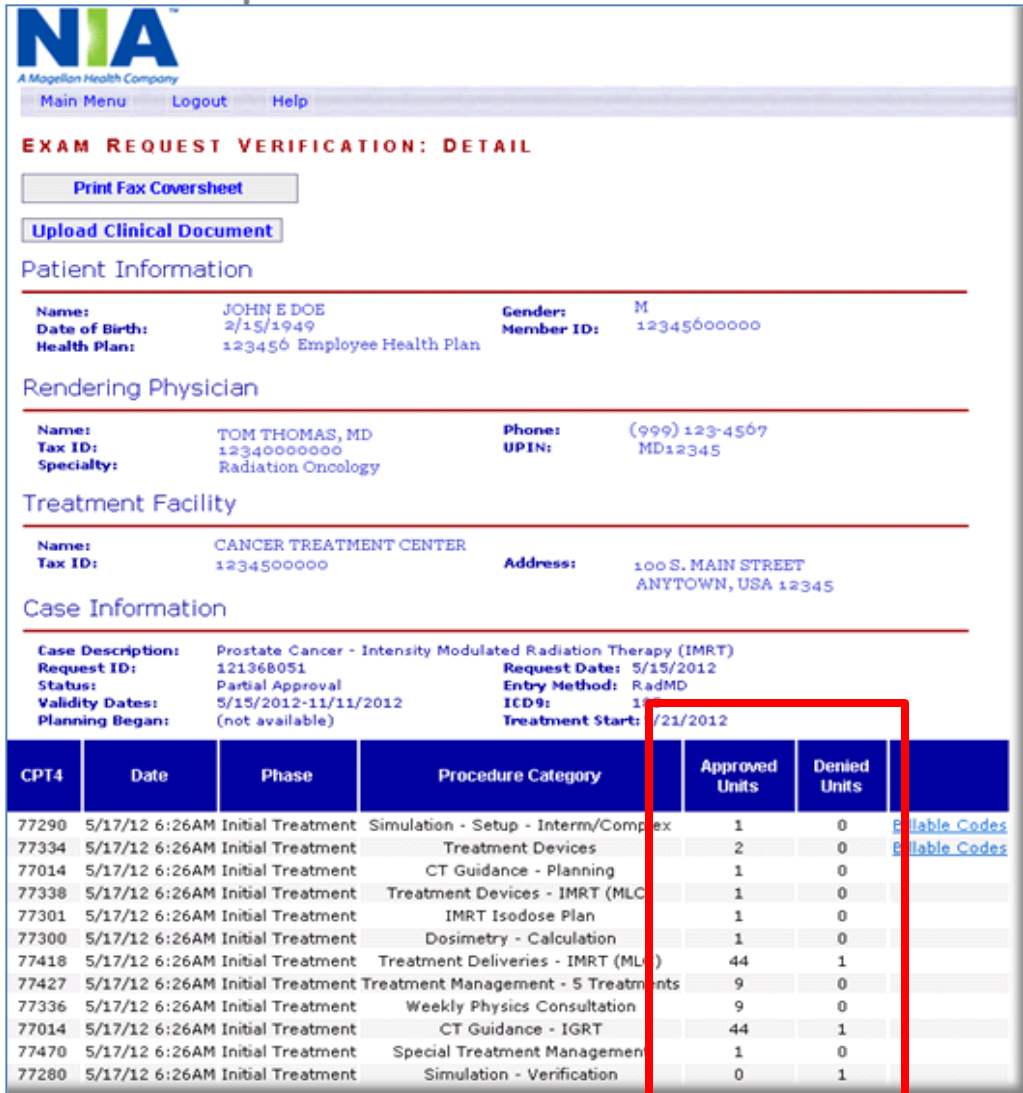
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**Medical Necessity Evaluation**

Question	Answer
Please be advised that all data was current as of Thursday, May 01 2008 at 12:34 PM MST	



# Notification of Determination



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**EXAM REQUEST VERIFICATION: DETAIL**

[Print Fax Coversheet](#)

[Upload Clinical Document](#)

**Patient Information**

Name: JOHN E DOE    Gender: M  
 Date of Birth: 2/15/1949    Member ID: 12345600000  
 Health Plan: 123456 Employee Health Plan

**Rendering Physician**

Name: TOM THOMAS, MD    Phone: (999) 123-4567  
 Tax ID: 12340000000    UPIN: MD12345  
 Specialty: Radiation Oncology

**Treatment Facility**

Name: CANCER TREATMENT CENTER  
 Tax ID: 1234500000    Address: 100 S. MAIN STREET  
 ANYTOWN, USA 12345

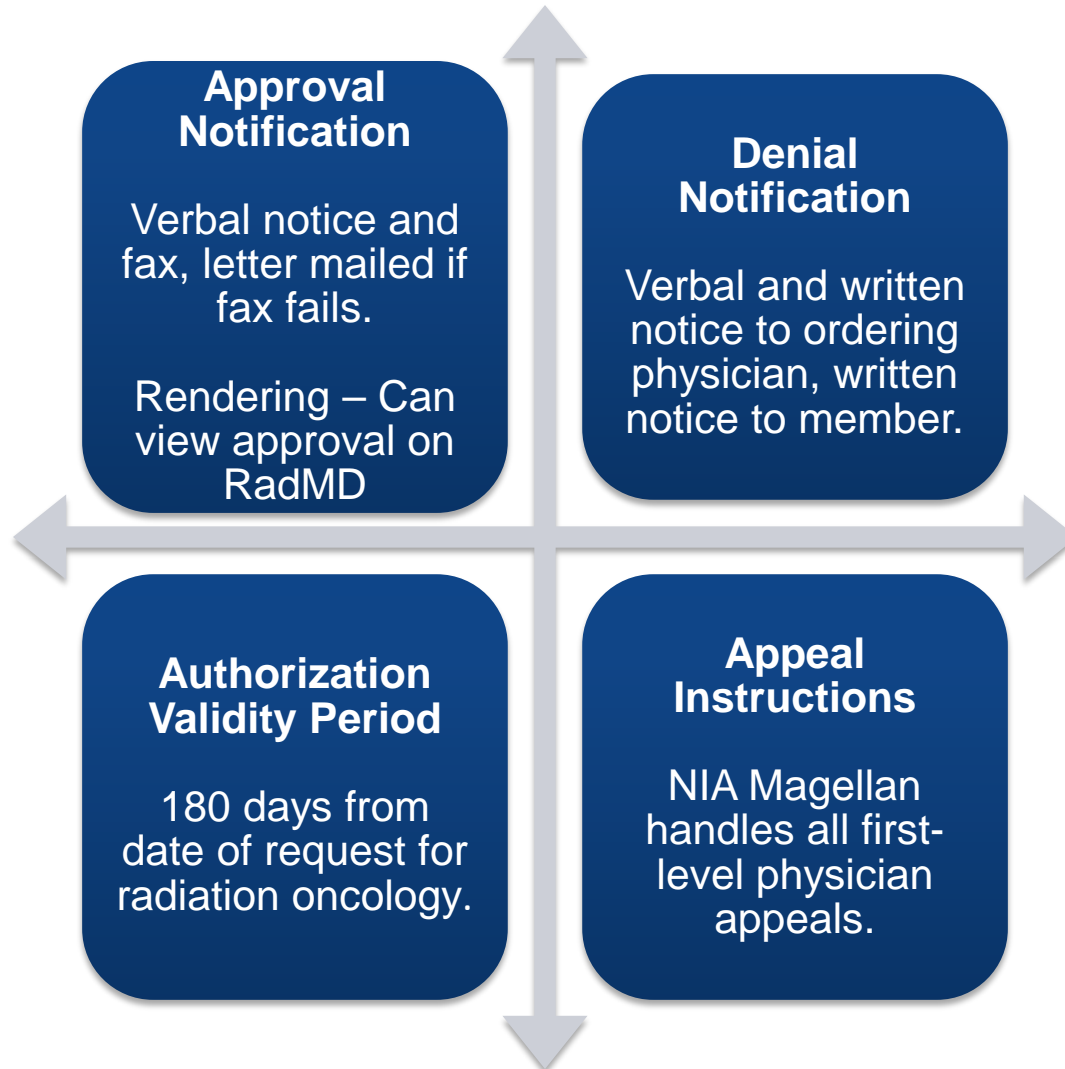
**Case Information**

Case Description: Prostate Cancer - Intensity Modulated Radiation Therapy (IMRT)  
 Request ID: 121368051    Request Date: 5/15/2012  
 Status: Partial Approval    Entry Method: RadMD  
 Validity Dates: 5/15/2012-11/11/2012    ICD9: 1840  
 Planning Began: (not available)    Treatment Start: 5/21/2012

CPT4	Date	Phase	Procedure Category	Approved Units	Denied Units	
77290	5/17/12 6:26AM	Initial Treatment	Simulation - Setup - Interm/Complex	1	0	<a href="#">Table Codes</a>
77334	5/17/12 6:26AM	Initial Treatment	Treatment Devices	2	0	<a href="#">Table Codes</a>
77014	5/17/12 6:26AM	Initial Treatment	CT Guidance - Planning	1	0	
77338	5/17/12 6:26AM	Initial Treatment	Treatment Devices - IMRT (MLC)	1	0	
77301	5/17/12 6:26AM	Initial Treatment	IMRT Isodose Plan	1	0	
77300	5/17/12 6:26AM	Initial Treatment	Dosimetry - Calculation	1	0	
77418	5/17/12 6:26AM	Initial Treatment	Treatment Deliveries - IMRT (MLC)	44	1	
77427	5/17/12 6:26AM	Initial Treatment	Treatment Management - 5 Treatments	9	0	
77336	5/17/12 6:26AM	Initial Treatment	Weekly Physics Consultation	9	0	
77014	5/17/12 6:26AM	Initial Treatment	CT Guidance - IGRT	44	1	
77470	5/17/12 6:26AM	Initial Treatment	Special Treatment Management	1	0	
77280	5/17/12 6:26AM	Initial Treatment	Simulation - Verification	0	1	

Sample Authorization  
for Partial Approval

# Notification of Determination



## Notification of Determination

### Retrospective Review Process

- For Radiation Oncology - 14 calendar days from date of service, NIA Magellan will review request based on medical necessity.

### Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room), please call NIA Magellan immediately. To get prior authorization, call 866-500-7664.

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**FACSIMILE TRANSMITTAL SHEET**  
**PLEASE FAX THIS FORM TO: 1-888-656-1321**

Date:

ORDERING PHYSICIAN:			
FAX NUMBER:		TRACKING NUMBER:	
RE:	Authorization Request	MEMBER ID:	
PATIENT NAME:			
HEALTH PLAN:			
<p>We have received your request for RADONC_PROC_DESC. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible. Please limit your responses to the most current information related to this request.</p>			

**Request for Further Clinical Information.** We have received your request for RADONC\_PROC\_DESC. Please use this tool to assist us with the preauthorization process, by submitting by fax # 1-888-656-1321 or phone all relevant information requested below. For information regarding NIA clinical guidelines used for determinations, please see [www.radmd.com](http://www.radmd.com) CLINICAL GUIDELINES. To speak with an Initial Clinical Reviewer please call: 877-642-0522

**THE FOLLOWING ADDITIONAL CLINICAL INFORMATION MAY BE NEEDED:**

1. Clinical Rationale for Requested Therapy
2. TNM Staging
3. Margin status
4. Pathology Report

If additional clinical information is needed to complete an authorization request review:

- NIA Magellan will send a fax to the radiation oncologist detailing what clinical information it needs along with a fax coversheet.
- We stress the need to provide the clinical information as quickly as possible so NIA Magellan can make a determination.



**FACSIMILE TRANSMITTAL SHEET**  
PLEASE FAX THIS FORM TO: 1-888-656-1321

Date:

ORDERING PHYSICIAN:			
FAX NUMBER:		TRACKING NUMBER:	
RE:	Authorization Request	MEMBER ID:	
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**THE FOLLOWING ADDITIONAL CLINICAL INFORMATION MAY BE NEEDED:**

1. Clinical Rationale for Requested Therapy
  
2. TNM Staging
  
3. Margin status
  
4. Pathology Report

- The timeframe for rendering a determination begins after receipt of clinical information.
  
- Provide clinical information as soon as possible to ensure timely processing of request.

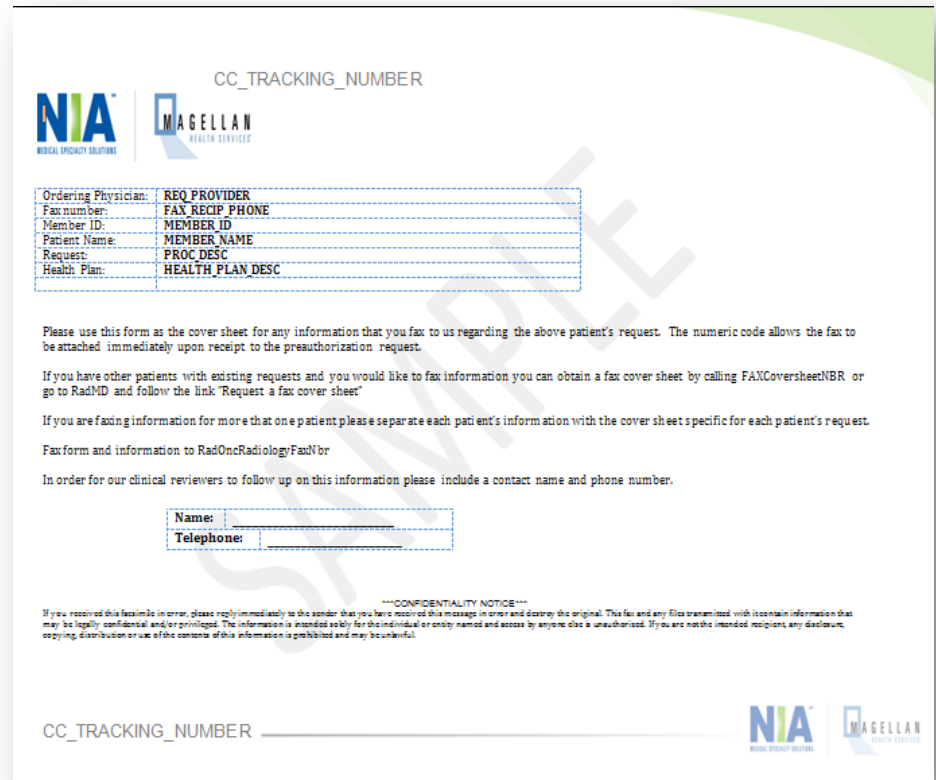
Two ways to submit clinical information to NIA Magellan:

## 1. RadMD Upload

- Upload clinical documentation electronically

## 2. Fax

- Use the fax cover sheet when faxing clinical information to NIA Magellan.



CC\_TRACKING\_NUMBER

**NIA** **MAGELLAN**  
MEDICAL SECURITY SOLUTIONS HEALTH SERVICES

Ordering Physician:	REQ_PROVIDER
Fax number:	FAX_RECIP_PHONE
Member ID:	MEMBER_ID
Patient Name:	MEMBER_NAME
Request:	PROC_DESC
Health Plan:	HEALTH_PLAN_DESC

Please use this form as the cover sheet for any information that you fax to us regarding the above patient's request. The numeric code allows the fax to be attached immediately upon receipt to the preauthorization request.

If you have other patients with existing requests and you would like to fax information you can obtain a fax cover sheet by calling FAXCoversheetNBR or go to RadMD and follow the link 'Request a fax cover sheet'

If you are faxing information for more than one patient please separate each patient's information with the cover sheet specific for each patient's request.

Fax form and information to RadOncRadiology:FaxNbr

In order for our clinical reviewers to follow up on this information please include a contact name and phone number.

Name:	
Telephone:	

---CONFIDENTIALITY NOTICE---  
If you received this facsimile in error, please reply immediately to the sender that you have received this message in error and destroy the original. This fax and any files transmitted with it contain information that may be legally confidential and/or privileged. The information is intended solely for the individual or entity named and access by anyone else is unauthorized. If you are neither intended recipient, any disclosure, copying, distribution or use of the contents of this information is prohibited and may be unlawful.

CC\_TRACKING\_NUMBER \_\_\_\_\_

**NIA** **MAGELLAN**  
MEDICAL SECURITY SOLUTIONS HEALTH SERVICES

*Be sure to use the NIA Magellan fax cover sheet for all transmissions of clinical information!*

You can print additional copies of fax cover sheets from RadMD or request them via the Call Center at 888-642-7649.

CC\_TRACKING\_NUMBER \_\_\_\_\_




Ordering Physician:	REQ_PROVIDER
Fax number:	FAX_RECIP_PHONE
Member ID:	MEMBER_ID
Patient Name:	MEMBER_NAME
Request:	PROC_DESC
Health Plan:	HEALTH_PLAN_DESC

Please use this form as the cover sheet for any information that you fax to us regarding the above patient's request. The numeric code allows the fax to be attached immediately upon receipt to the preauthorization request.

If you have other patients with existing requests and you would like to fax information you can obtain a fax cover sheet by calling FAXCoversheetNBR or go to RadMD and follow the link 'Request a fax cover sheet'

If you are faxing information for more than one patient please separate each patient's information with the cover sheet specific for each patient's request.

Fax form and information to RadOncRadiology:FaxNbr

In order for our clinical reviewers to follow up on this information please include a contact name and phone number.

Name:	<input type="text"/>
Telephone:	<input type="text"/>

---CONFIDENTIALITY NOTICE---

If you received this facsimile in error, please reply immediately to the sender that you have received this message in error and destroy the original. This fax and any files transmitted with it contain information that may be legally confidential and/or privileged. The information is intended solely for the individual or entity named and access by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this information is prohibited and may be unlawful.

CC\_TRACKING\_NUMBER \_\_\_\_\_




*Be sure to use the NIA Magellan fax cover sheet for all transmissions of clinical information!*



Modifying  
Treatment Plans

Change or add additional services  
for an approved treatment plan

**Authorizations**

- Call all modifications of approved treatment plan requests into the Call Center.
- NIA Magellan will review modifications for medical necessity.
- Be prepared to supply additional clinical information if necessary.
- NIA Magellan will make a determination after it receives all requested information.
- Authorization number will NOT change

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## Other Important Information

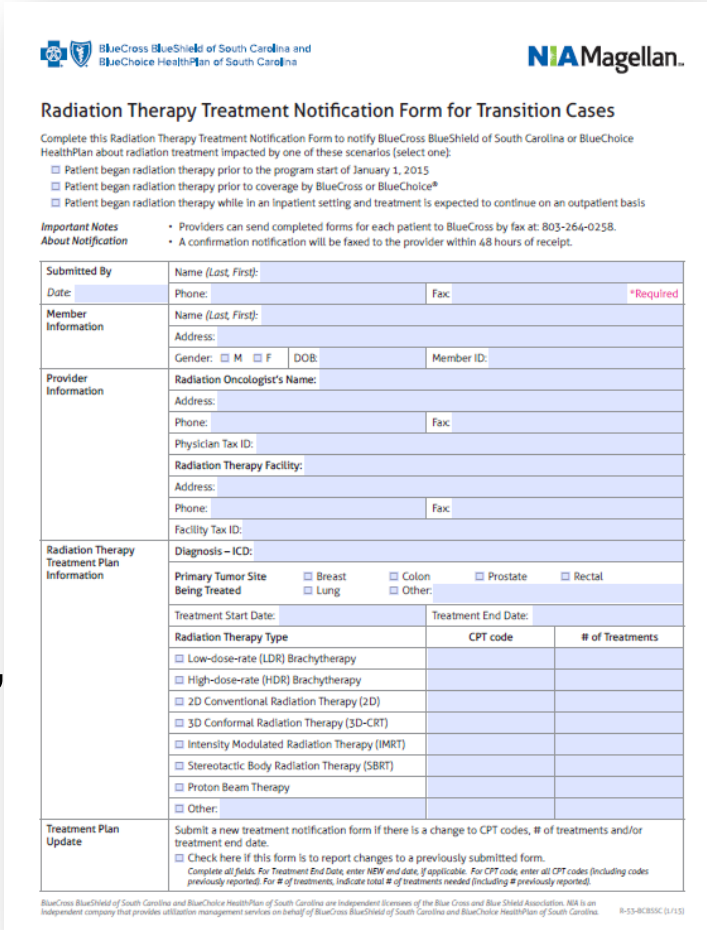
- You cannot initiate authorizations via fax.
- Submit additional clinical information via fax or RadMD upload after you have initiated a request.
- You do not need a cover sheet to upload records on RadMD.
- Provide any clinical information as quickly as possible so NIA Magellan can make a determination.
- The timeframe for rendering a determination begins after receipt of clinical information.

# Other Important Information

## Transition Cases

Complete the Radiation Therapy Treatment Notification Form and fax to BlueCross at 803-264-0258

- Complete this form to notify BlueCross about radiation treatment for members who started treatment prior to January 1, 2015.
- Form is available at [www.RadMD.com](http://www.RadMD.com), [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)
- We do not require a medical necessity review for these patients.



**BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina** **NIA Magellan.**

**Radiation Therapy Treatment Notification Form for Transition Cases**

Complete this Radiation Therapy Treatment Notification Form to notify BlueCross BlueShield of South Carolina or BlueChoice HealthPlan about radiation treatment impacted by one of these scenarios (select one):

- Patient began radiation therapy prior to the program start of January 1, 2015
- Patient began radiation therapy prior to coverage by BlueCross or BlueChoice\*
- Patient began radiation therapy while in an inpatient setting and treatment is expected to continue on an outpatient basis

**Important Notes About Notification**

- Providers can send completed forms for each patient to BlueCross by fax at: 803-264-0258.
- A confirmation notification will be faxed to the provider within 48 hours of receipt.

Submitted By	Name (Last, First):				
Date:	Phone:	Fax:	*Required		
Member Information	Name (Last, First):				
	Address:				
	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Member ID:		
Provider Information	Radiation Oncologist's Name:				
	Address:				
	Phone:	Fax:			
	Physician Tax ID:				
	Radiation Therapy Facility:				
Radiation Therapy Treatment Plan Information	Address:				
	Phone:	Fax:			
	Facility Tax ID:				
	Diagnosis – ICD:				
	Primary Tumor Site Being Treated	<input type="checkbox"/> Breast	<input type="checkbox"/> Colon	<input type="checkbox"/> Prostate	<input type="checkbox"/> Rectal
		<input type="checkbox"/> Lung	<input type="checkbox"/> Other:		
	Treatment Start Date:	Treatment End Date:			
	Radiation Therapy Type	CPT code	# of Treatments		
	<input type="checkbox"/> Low-dose-rate (LDR) Brachytherapy				
	<input type="checkbox"/> High-dose-rate (HDR) Brachytherapy				
<input type="checkbox"/> 2D Conventional Radiation Therapy (2D)					
<input type="checkbox"/> 3D Conformal Radiation Therapy (3D-CRT)					
<input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT)					
<input type="checkbox"/> Stereotactic Body Radiation Therapy (SBRT)					
<input type="checkbox"/> Proton Beam Therapy					
<input type="checkbox"/> Other:					
Treatment Plan Update	Submit a new treatment notification form if there is a change to CPT codes, # of treatments and/or treatment end date.				
	<input type="checkbox"/> Check here if this form is to report changes to a previously submitted form.				
	<small>Complete all fields. For Treatment End Date, enter NEM end date, if applicable. For CPT code, enter all CPT codes (including codes previously reported). For # of treatments, indicate total # of treatments needed (including # previously reported).</small>				

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina are independent licensees of the Blue Cross and Blue Shield Association. NIA is an independent company that provides utilization management services on behalf of BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina. 8-13-09/0302/01/13

*NIA Magellan does not require a medical necessity review for radiation therapy that started prior to January 1, 2015.*



## Other Important Information

### **Provider Networks**

NIA Magellan will use the existing BlueCross and BlueChoice network of radiation oncologists and cancer treatment facilities as its preferred providers for delivering radiation oncology solutions to BlueCross and BlueChoice members throughout South Carolina.



## Other Important Information

### Claims Process

#### Claim Submission

- Radiation oncologists and cancer treatment centers should continue to submit claims to BlueCross and BlueChoice
- Providers are strongly encouraged to file claims using EMC (Electronic Media Claims)
- Providers can also submit claims online using My Insurance Manager<sup>SM</sup> available at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)
- Providers can also check claim status through My Insurance Manager .

#### Appeal Process

- In the event of a prior authorization or claims payment denial, providers can appeal the decision through BlueCross.
- Physicians should follow the instructions on their non-authorization letters or remittance notifications.

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## RadMD Website



- Available 24/7
- Ordering physicians can request authorization and view authorization status
- Upload additional clinical information
- Access NIA Magellan resources
  - List of CPT procedure codes requiring preauthorization
  - Cancer site checklists
  - Evidence-based clinical guidelines (by diagnosis)
  - Outpatient Radiation Therapy Billable CPT® Codes Claim Resolution Matrix
  - Radiation Oncology Utilization Quick Reference Guide





## Interactive Voice Response (IVR) System

- Toll-free authorization and information number, 866-500-7664
- Monday through Friday, 8 a.m. to 8 p.m.
- Saturday 8 a.m. to 1 p.m. EST

[www.RadMD.com](http://www.RadMD.com)

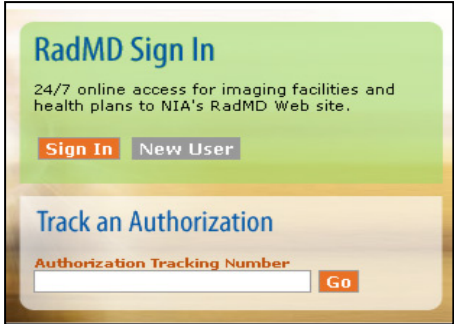
**IMPORTANT:** We require everyone in your organization to have his or her own separate username and password due to HIPAA regulations.

**Steps for radiation oncologists:**

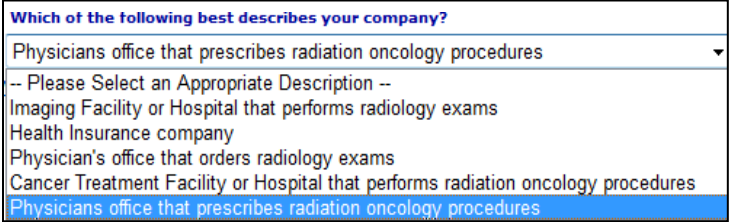
1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that prescribes radiation oncology procedures.”
3. Fill out the application and select “Submit.”
  - You must include your email address in order for the webmaster to respond to you with your NIA Magellan-approved username and password.

**NOTE:** On subsequent visits to the site, select “Sign In” to proceed.

1



2



3



**IMPORTANT:** Designate an “administrator” for the facility who manages the access for the entire facility.

**Steps for cancer treatment facilities:**

1. Click the “New User” button on the right side of the home page.
2. Select “Cancer Treatment Facility or Hospital that performs radiation oncology procedures.”
3. Fill out the application and select “Submit.”
  - You must include your email address in order for the webmaster to respond to you with your NIA Magellan-approved username and password.

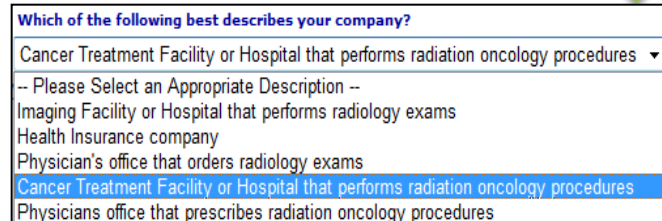
**NOTE:** On subsequent visits to the site, select “Sign In” to proceed.

# Provider Tools

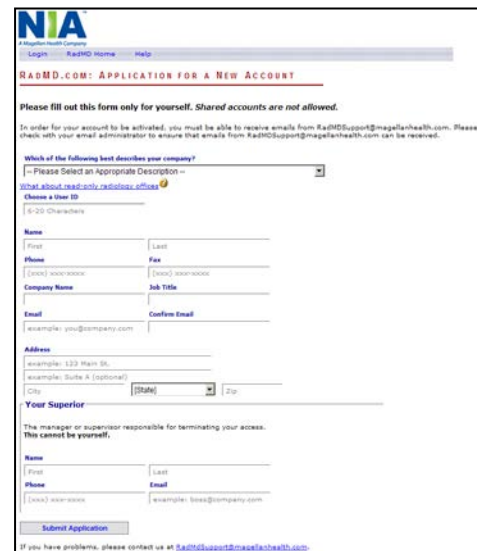
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## Provider Relations Contact Information

### **NIA Magellan Dedicated Provider Relations Manager**

- Name: Anthony (Tony) Salvati
- Phone: 800-450-7281, ext. 75537
- Email: [alsalvati@magellanhealth.com](mailto:alsalvati@magellanhealth.com)

Tony is the liaison between BlueCross Provider Relations and NIA Magellan.

### **BlueCross and BlueChoice Provider Relations and Education**

- Phone: 803-264-4730
- Email: [Provider.Education@bcbssc.com](mailto:Provider.Education@bcbssc.com)

Providing educational tools to radiation oncologists and treatment facilities on processes and procedures.