

# Provider Update

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## Radiation Therapy: Select Brachytherapy, IMRT CPT Codes to Require Prior Authorization

Amerigroup\* Community Care requires prior authorization of the following outpatient radiation therapy CPT codes for our individual Medicare Advantage members:

- Brachytherapy 77316, 77317 and 77318
- Intensity Modulated Radiation Therapy (IMRT) 77386, G6016

Prior Authorization requirements for individual Medicare Advantage members are available to the contracted provider by accessing the Provider Self-Service Tool within Availity. Go to Auths and Referrals/Authorizations from the left navigation menu. Select Amerigroup Medicare Advantage from the drop down box. You will be directed to the Medicare Advantage Precertification site which includes the precertification submissions and inquiries link and Patient360, which can be found under the Patient Information tab. Providers will find precertification requirements there as well via the Precertification look-up tool. Providers also may contact Provider Services at the number on the back of the member's ID card.

For the provider to receive a benefit payment under the terms of the contract, the health plan must authorize or precertify the covered services prior to them being rendered. Failure to obtain a prior authorization will result in an administrative denial.

Members cannot be billed for an administrative denial.

If you do not notify us within the required timeframe, you may file an appeal. As part of the appeal, providers must demonstrate that they did notify Amerigroup or attempted to notify Amerigroup AND that the service is medically necessary. Amerigroup also reminds all providers – network physicians and facilities -- that they cannot bill the member if the services are denied for the failure to obtain a required precertification.

Please refer to your provider agreement, the Medicare Advantage HMO & PPO Provider Guidebook and the Medicare Advantage Precertification Guidelines found at the Medical Policy, UM Guidelines and Precertification Requirements link on the Amerigroup provider home page at <https://providers.amerigroup.com/pages/home.aspx> for further information on existing precertification requirements and provider appeals.

*For treatment plans beginning on or after Nov. 1, 2015*, contact Amerigroup for prior authorization for the outpatient radiation therapy modalities listed above.

Radiation therapy performed as part of an inpatient admission will continue to be reviewed through Amerigroup's inpatient review process.



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## Required Information for Radiation Therapy Requests

Please use the checklist below as a guideline to help ensure you have all the information necessary for a radiation therapy request:

- Treatment Planning and Treatment start date (Date of Service)
- Member's identification number, name, date of birth, and health plan
- Ordering physician information (name, location)
- Radiation therapy provider information (name, location)
- Treatment modality being requested (for example, IMRT, SBRT, SRS)
- Cancer type, and stage
- Goal (curative, palliative)
- Pathology (e.g., squamous cell for lung cancer)
- Performance status
- Body part
- Patient age, height, weight, gender
- Whether a boost will be administered
- Total dose, fractions, and dose per fraction
- Clinical symptoms/indications (intensity/duration)
- Servicing provider information (name, location)

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Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.

\*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup, Texas, Inc. In Washington, Amerigroup Washington, Inc.



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