

Radiation therapy: select Brachytherapy, Intensity Modulated Radiation Therapy CPT codes to require prior authorization

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) requires prior authorization (PA) of the following outpatient radiation therapy CPT codes for our members:

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

Prior authorization requirements for Amerigroup STAR+PLUS MMP 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 STAR+PLUS MMP from the drop down box. You will be directed to the Amerigroup STAR+PLUS MMP 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 may also contact Provider Services at 1-855-878-1785.

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

Members cannot be billed for an administrative denial.

If your claim is denied because you did not obtain authorization prior to providing the service, you may file an appeal. As part of the appeal, providers must demonstrate that they did notify Amerigroup STAR+PLUS MMP or attempted to notify Amerigroup STAR+PLUS MMP and that the service is medically necessary. Amerigroup STAR+PLUS MMP 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 and the MMP Provider Manual found at the Amerigroup STAR+PLUS MMP provider home page at providers.amerigroup.com/TX for further information on existing precertification requirements and provider appeals.

For treatment plans that are scheduled to begin on or after November 1, 2015, contact Amerigroup STAR+PLUS MMP for PA for the outpatient radiation therapy modalities listed above.

Radiation therapy performed as part of an inpatient admission will continue to be reviewed through the Amerigroup STAR+PLUS MMP inpatient review process.

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)

What if I need assistance?

If you have any questions about this communication or need assistance with any other item, please contact Provider Services at 1-855-878-1785.