

Provider Update

Radiation Therapy Services – Contact AIM for Delivery, Amerigroup for Planning

Prior authorization of outpatient radiation therapy services for Amerigroup* Community Care Medicare Advantage and Medicare Medicaid Plan members is required.

Providers should continue to request prior authorization for the radiation therapy modalities and services listed below:

- Intensity Modulated Radiation Therapy (IMRT)
- 3D Conformal/ External Beam Radiation Therapy (EBRT)
- Brachytherapy
- Proton Beam Therapy
- Stereotactic body radiation therapy (SBRT) and Stereotactic radiosurgery (SRS)

The type of review needed will determine the prior authorization steps to be taken:

1. Planning – Prior authorization is administered by contacting Amerigroup via Availity.
2. Planning & Delivery – Prior authorization is administered by AIM Specialty Health[®] (AIM).
3. Delivery - Prior authorization is administered by AIM Specialty Health[®] (AIM).

AIM reviews certain treatment plans against clinical appropriateness criteria to ensure the care aligns with established medical best practices and Medicare/Medicaid guidelines as appropriate.

If you are ready to **deliver** any of the services listed above, please contact AIM. AIM reviews authorizations for **delivery and planning** services under the umbrella of radiation therapy modalities. To submit your request, go to the AIM **ProviderPortal**sm at www.aimspecialtyhealth.com/goweb. From the dropdown menu, select Amerigroup MA. For additional assistance you may also call AIM toll free at 800-714-0040, Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.

If you are **ONLY** requesting authorization for the **planning** codes, and not yet ready to request the delivery codes or radiation therapy is being performed as part of an inpatient admission, you may request approval by contacting **Amerigroup** through Availity.

If you are **ONLY** requesting authorization for the **planning** codes, and not yet ready to request the delivery codes **or** radiation therapy is being performed as part of an inpatient admission, you may request approval by contacting Amerigroup via Availity. Detailed prior authorization requirements for Medicare Advantage members are available to the contracted provider by accessing the Provider Self-Service Tool through the Availity web portal.

From the Patient Registration drop down box on the top menu bar on Availity, select Authorizations & Referrals, then Authorizations. 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.

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*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.

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.

<Radiation Oncology

Prior Authorization



Are you ready to deliver services....



YES

Contact AIM



AIM reviews authorizations for **delivery and planning** services under the umbrella of certain modalities.

AIM will review for the indicated modality and appropriate related codes.

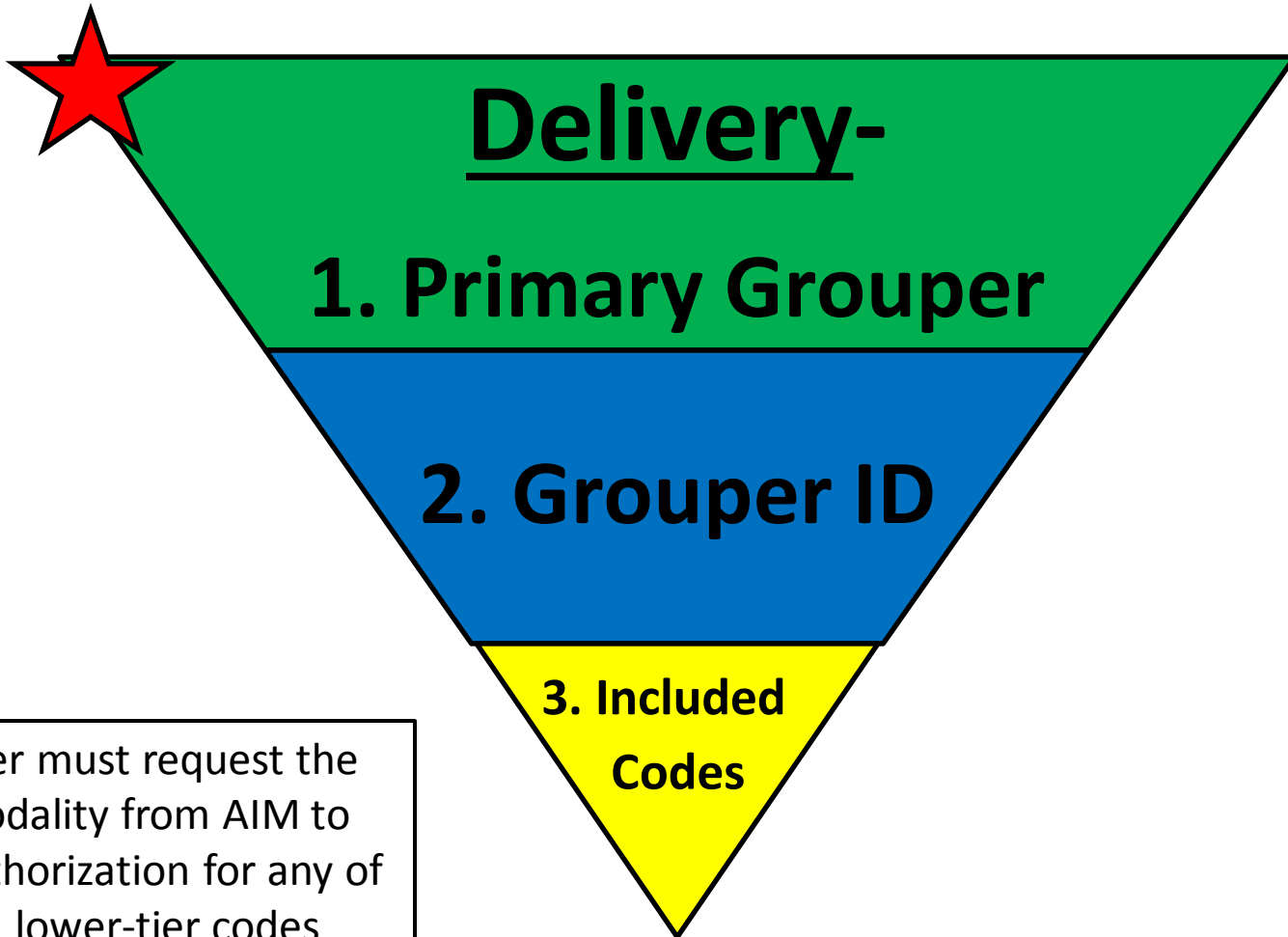


NO

Contact <Plan Name>

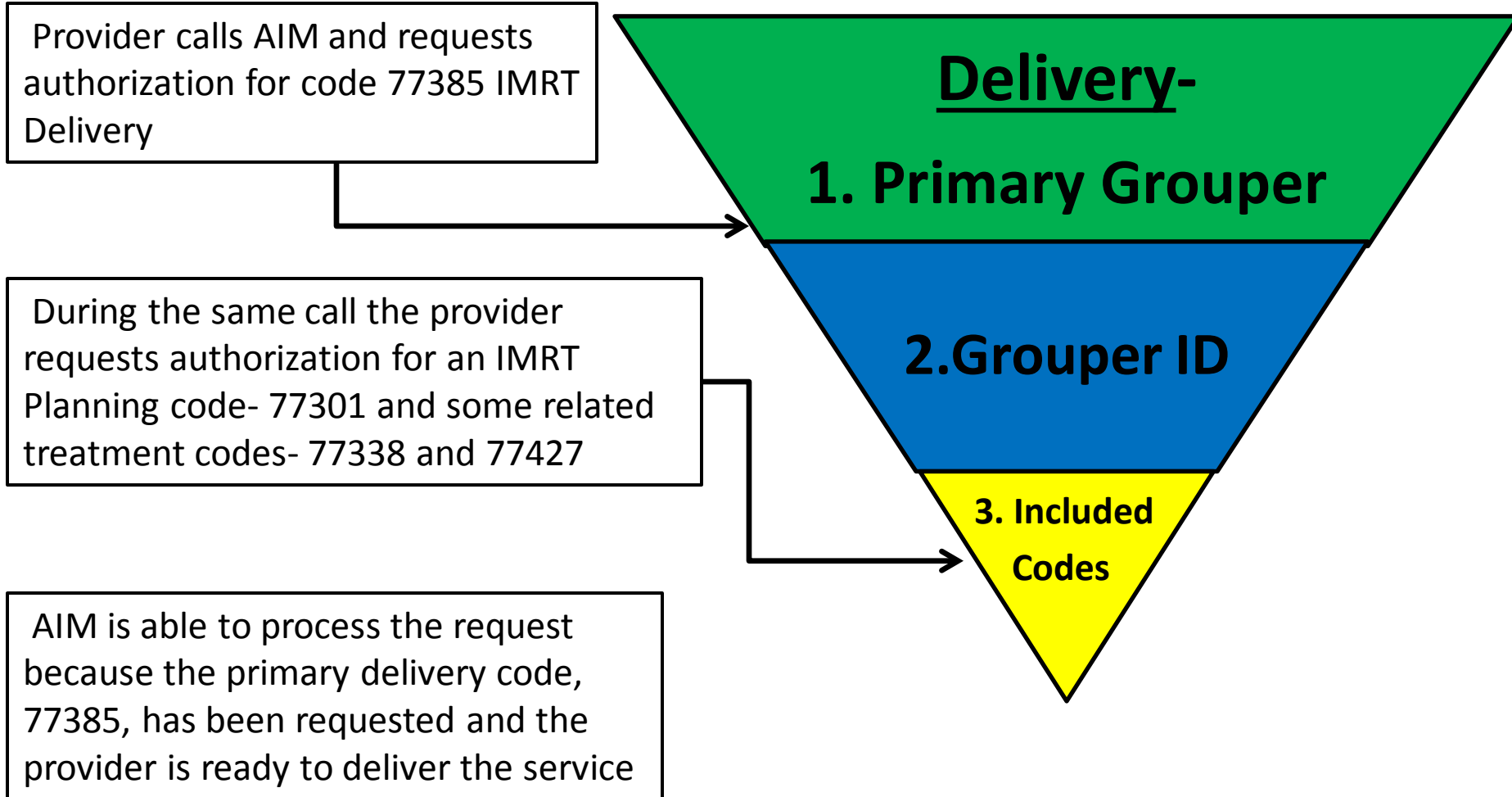
If you are **ONLY** requesting authorization for the **planning** codes, and not yet ready to request the delivery codes or radiation therapy is being performed as part of an inpatient admission, you may request approval by contacting **<Plan Name>** through Availity.

AIM Radiation Oncology Prior Authorization Modality Based



The provider must request the primary modality from AIM to request authorization for any of the related lower-tier codes

AIM Radiation Oncology Prior Authorization **Modality Based- IMRT Scenario 1**



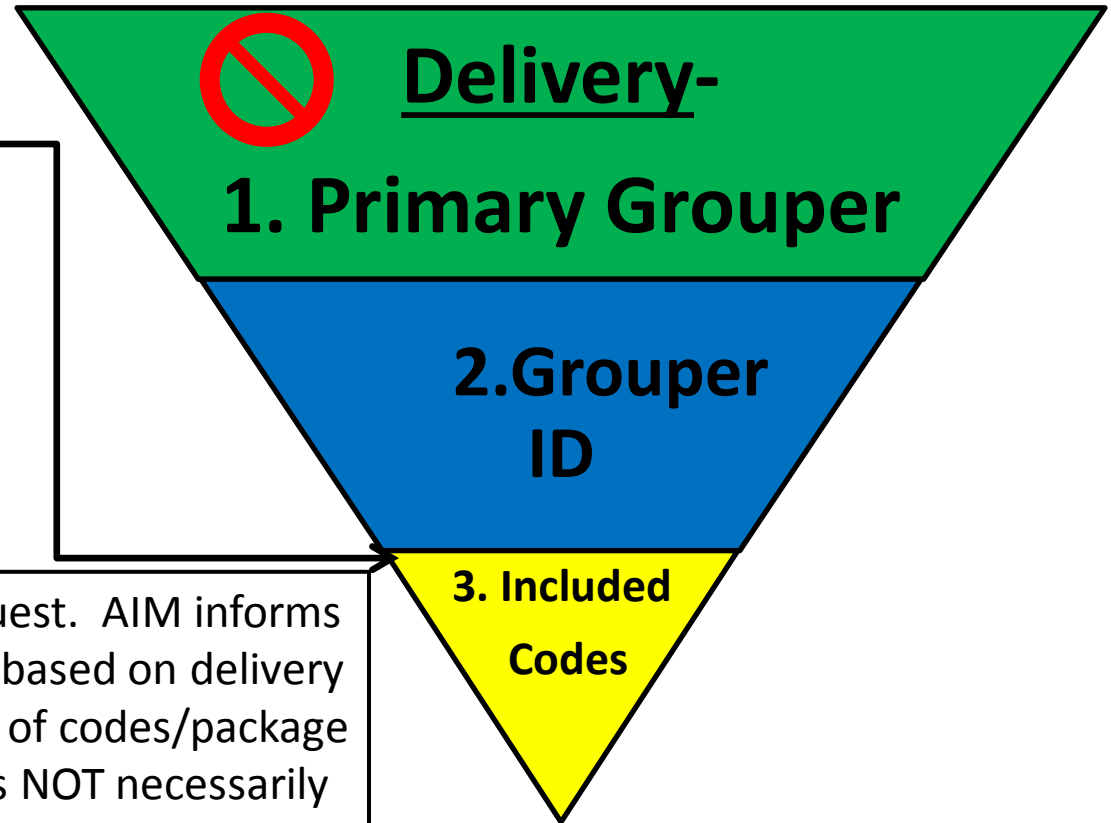
AIM Radiation Oncology Prior Authorization Modality Based- IMRT Scenario 2

Provider calls AIM and requests authorization for code 77301, an IMRT-related planning code

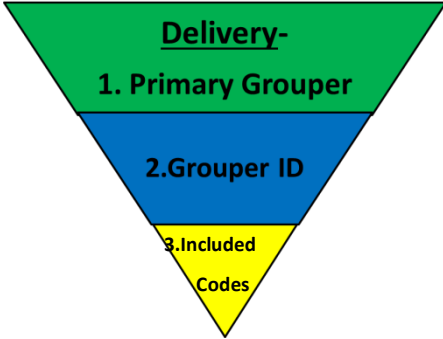
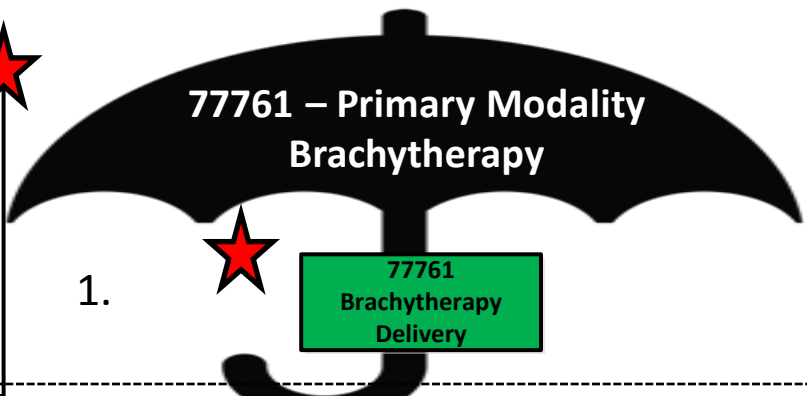
The provider is NOT ready to deliver services at this time and does NOT request authorization for the primary modality delivery code (77385)

AIM is NOT able to process the request. AIM informs the caller that it authorizes services based on delivery of a treatment modality (a grouping of codes/package of services) AIM indicates that this is NOT necessarily a denial of services and the provider is given two options:

Contact AIM when ready to deliver services and request approval for delivery and related codes at that time



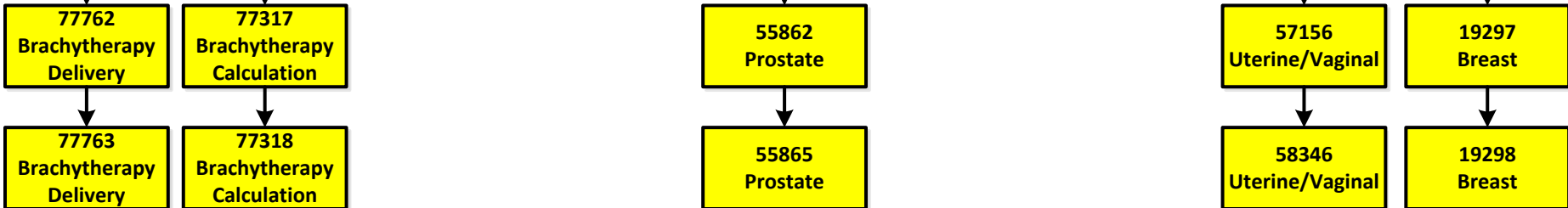
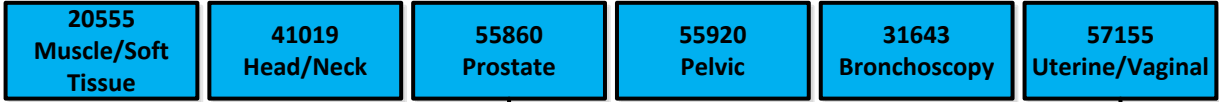
The provider must request the primary modality from AIM (Tier 1, Green) to request authorization for any of the related lower-tier codes (Tier 2-Blue or Tier 3- Yellow) Otherwise, planning codes **alone** should go through the health plan.



1.



2.



3.

