

## **Radiation Therapy: Select Brachytherapy, IMRT CPT codes require prior authorization**

Effective **May 1, 2016**, HealthKeepers, Inc., requires prior authorization (PA) for the following outpatient radiation therapy CPT codes:

- Brachytherapy 77316, 77317 and 77318
- Intensity Modulated Radiation Therapy 77386, G6015 and G6016

Prior authorization requests will be handled by AIM Specialty Health® (AIM), an affiliate of HealthKeepers, Inc.

Prior authorization can be obtained by calling AIM at **1-800-714-0400** or by visiting **[www.providerportal.com](http://www.providerportal.com)**.

For the provider to receive a benefit payment under the terms of the contract, AIM must authorize 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 AIM or attempted to notify AIM *and* that the service is medically necessary. **Network physicians and facilities cannot bill the member if the services are denied for the failure to obtain a required precertification.**

For treatment plans that are scheduled to begin on or after **May 1, 2016**, contact AIM 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 the HealthKeepers, Inc. 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 and location)
- Radiation therapy provider information (name and location)
- Treatment modality being requested (for example, IMRT, SBRT and SRS)
- Cancer type, and stage
- Goal (curative, palliative)
- Pathology (e.g., squamous cell for lung cancer)

- Performance status
- Body part
- Patient age, height, weight and gender
- Whether a boost will be administered
- Total dose, fractions, and dose per fraction
- Clinical symptoms/indications (intensity/duration)
- Servicing provider information (name and location)