

ACCC **2023**

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Oncology  
**Reimbursement**  
MEETINGS

**Navigating  
Prior Authorizations  
and Denials in Radiation  
Oncology**



Association of Community Cancer Centers



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# Objective



- To offer insight and possible solutions to prior authorization challenges
- Increase dialogue and awareness regarding payer tactics and radiation oncology business management companies' prior authorization processes that lead to denials
- Denials and steps we can take to limit them

# Prior Authorizations



- Burden on physician's offices and hospital staff has increased
- Required by most commercial payers
- Time frame for approval can vary from same day to 30 days dependent upon the request and the payer
- Failure to obtain prior authorizations can lead to denials and ultimately loss of reimbursement
- Radiation Oncology Benefit Managers

# Radiation Oncology Benefit Managers



- **Evicore**
- **Health Help**
- **Carelon (Formerly AIM)**
- **Optum**

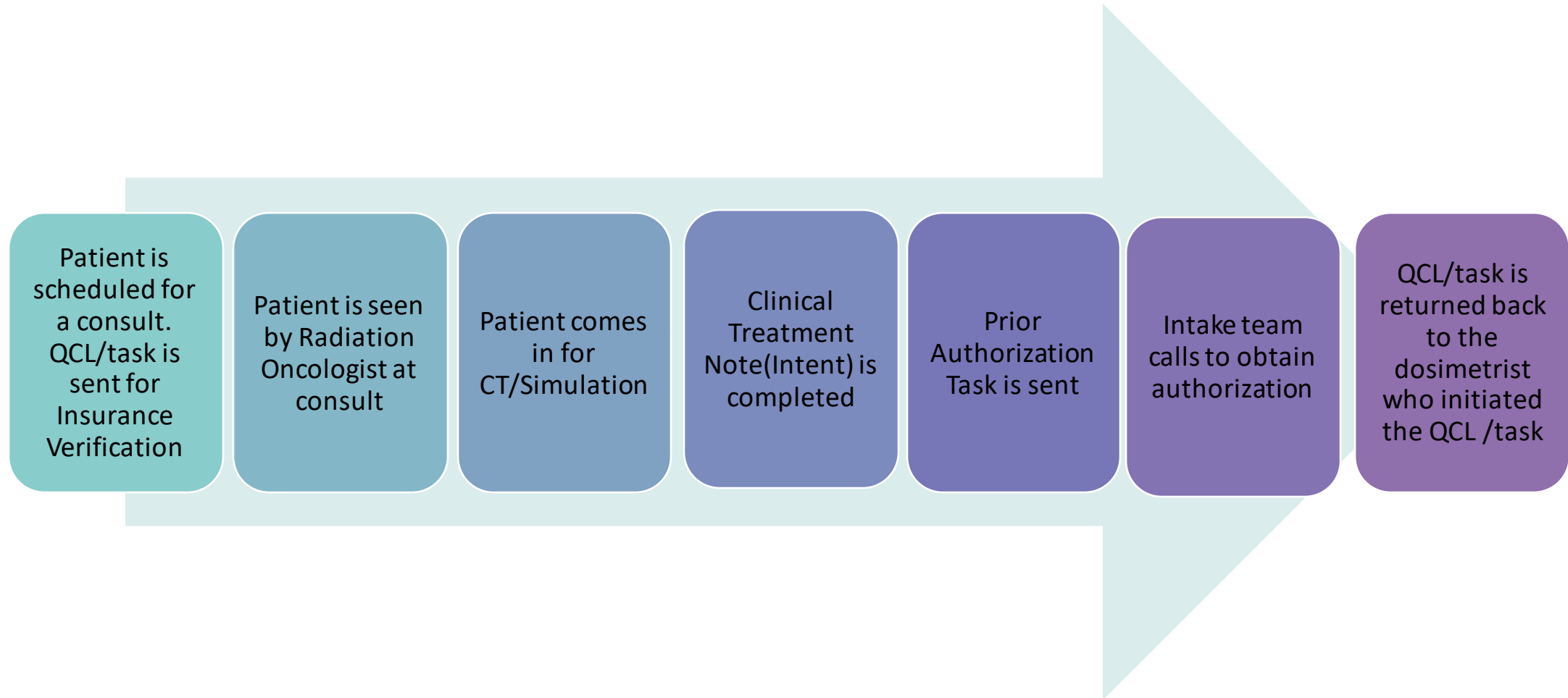
# ASTRO's Position Statement on ROBM's



**“The utility of ROBMs as a method of reducing costs while maintaining the quality of care for patients receiving radiation therapy remains unproven; indeed, there is a risk of increased cost and reduced quality.** ROBMs can add an administrative burden that raises the cost of care for cancer patients. ROBM processes can impede access to personalized cancer care for patients who need radiation oncology services. In addition, the activities of ROBMs can devalue personal physician judgment and undermine the patient-doctor relationship.”

*American Society for Radiation Oncology- 2012*

# Prior Authorization Workflow



# Prior Authorization Worksheets



## Radiation Therapy Prostate Cancer Request

For NON-URGENT requests, please complete this document for authorization along with any relevant clinical documentation requested within this document (i.e. radiation therapy consultation, comparison plan, etc.) before submitting the case by web, phone, or fax. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on eviCore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. **URGENT (same day) requests must be submitted by phone.**

Patient/ Member	First Name:	Middle Initial:	Last Name:
	DOB (mm/dd/yyyy):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Health Plan:		Member ID:

Clinical Information	ICD-10 Code(s):	
	What is the radiation therapy treatment start date (mm/dd/yyyy)?	
	<b>For best results, the answers to these questions should be submitted online.</b>	
	1. Does the patient have a history of distant metastases (stage M1) (i.e. to brain, lung, liver, bone)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	2. What is the treatment intent? <input type="checkbox"/> Definitive/curative (no prior surgery) [Continue to question 3] <input type="checkbox"/> Oligometastases/curative [Continue to question 8] <input type="checkbox"/> Post prostatectomy [Continue to question 4] <input type="checkbox"/> Palliative (non-curative, to alleviate symptoms) [Continue to question 5] <input type="checkbox"/> Other: _____ [Continue to question 8]	
	3. If no distant metastases and definitive/curative treatment, then will the patient be receiving one of the following treatment regimens? <input type="checkbox"/> Hypofractionation: 20 to 28 fractions of IMRT/Rotational Arc/VMAT/Tomotherapy with IGRT [continue to question 6] <input type="checkbox"/> Up to 5 fractions of SBRT [continue to question 7] <input type="checkbox"/> Other [Continue to question 8]	
	4. If no distant metastases and post prostatectomy treatment, then will the patient be receiving the following treatment regimen? <input type="checkbox"/> 32 to 40 fractions of IMRT/Rotational Arc/VMAT/Tomotherapy with IGRT [continue to question 6] <input type="checkbox"/> Other [Continue to question 8]	
	5. If no distant metastases and palliative treatment OR there is a history of distant metastases, then will the patient be receiving the following treatment regimen? <input type="checkbox"/> 15 fractions of 3D conformal without IGRT [continue to question 7] <input type="checkbox"/> Other [Continue to question 8]	
	6. If an IMRT regimen was selected, please specify the type of IMRT technique. <input type="checkbox"/> IMRT <input type="checkbox"/> Rotational Arc/VMAT <input type="checkbox"/> Tomotherapy	
	7. Please specify the number of fractions: _____	
<b>If one of the above treatment regimens was selected, no additional questions are required.</b>		

Clinical Information	8. What was the T stage at initial diagnosis? <input type="checkbox"/> T0 <input type="checkbox"/> T2a <input type="checkbox"/> T3b <input type="checkbox"/> T1a <input type="checkbox"/> T2b <input type="checkbox"/> T4 <input type="checkbox"/> T1b <input type="checkbox"/> T2c <input type="checkbox"/> Other <input type="checkbox"/> T1c <input type="checkbox"/> T3a			
	9. Has the cancer spread to any of the regional lymph nodes (N1 disease)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
	10. What is the patient's PSA level (ng/mL)? _____ ng/mL			
	11. What is/was the patient's Gleason score (range: 2 to 10)? <input type="checkbox"/> <= 6 <input type="checkbox"/> 8 <input type="checkbox"/> 3 + 4 = 7 <input type="checkbox"/> 9 or 10 <input type="checkbox"/> 4 + 3 = 7 <input type="checkbox"/> Unknown			
	12. If high-risk or very high-risk, will the pelvic lymph nodes be treated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
	13. How many fractions will be used for each phase?			
	Phase 1	Phase 2	Phase 3	Treatment Technique
				Conventional isodose planning, complex
				Electron Beam Therapy
				3D conformal
				Intensity Modulated Radiation Therapy (IMRT)
				Tomotherapy (IMRT)
				Rotational Arc Therapy/VMAT
				Proton Beam Therapy
			Stereotactic Body Radiation Therapy (SBRT)	
			Low Dose Rate (LDR) Brachytherapy	
			High Dose Rate (HDR) Brachytherapy	
			N/A	
14. Will image guided radiation therapy (IGRT) be used for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
<b>Please be prepared to submit consult note, results of imaging from the past 60 days and radiation prescription or clinical treatment plan in order to expedite the review process. Failure to provide all relevant information may result in a delay.</b>				
Additional Comments/Information:				



# Prior Authorization Template Example



IMRT -Complex					
CPT HCPCS Code	Professional	Technical	Description	Total Quantity	
77263	✓		Initial Treatment Planning	1	
77301	✓	✓	IMRT Treatment Plan	1	
77300	✓	✓	Basic Dose Calculation		
77338	✓	✓	IMRT Treatment Device	1	
77332	✓	✓	Simple Device		
77336		✓	Weekly Physics		
77334	✓	✓	Complex Treatment Device		
77386		✓	IMRT Radiotherapy Treatment		
77427	✓		Radiation TX Management		
G6002	✓		KV/KV IGRT (Professional)		
77014	✓		Cone Beam CT Professional		
G6017	✓		Vision RT		
77470	✓	✓	Special Treatment procedure		
77370		✓	Special Physics Consult		
77293	✓	✓	Motion Management		

**All other diagnosis (excludes Prostate & Breast)**

# Medicare

Although Medicare does not require prior authorization there are some coverage limitations for certain modalities depending on patient diagnosis. You should review your intermediaries LCD or Billing guidelines to ensure the patient's diagnosis is medically necessary for treatment protocol ordered.

# How to limit barriers in the prior authorization process



- Educate your team
- Stay abreast of the payer medical policies/clinical guidelines for specific modalities
- Understand quantity limitations per payer
- Peer to Peer reviews matter
- Create templates and tools that can help ensure your team is requesting authorization for the correct CPT codes.
- Communication between your administrative staff and clinical staff is imperative.

# Denials in Radiation Oncology

# Top Reasons for Claims Denials

- **Patient Benefits**
- **No Authorizations**
- **Medical records request/ post payment reviews**
- **Charge Capture Errors**
- **Bundled Codes**

# Tips To Decrease Denials - Patient Benefits

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## Verify All Insurance Coverage

To avoid problems with insurance companies over patient insurance coverage, make sure to consistently update your patient records. Implementing a step in your billing workflow that verifies the patient's insurance at every visit can prevent any denials due to insurance coverage ineligibility. By doing so, you can catch potential disruptions, such as terminated coverage, services not authorized, services not covered by the plan, or maximum benefits reached.

# Tips To Decrease Denials - No Authorization

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- Authorizations are not always CPT code specific, many ROBM's give approvals based on modality. Be sure to keep a list of the CPT codes you requested along with all other pertinent documentation so you can appeal denials for no authorization.
- Payers change their prior authorization requirements frequently, be sure someone on your team receives payer newsletters and notifications.
- Make sure the codes that are being billed are the codes that were authorized by the payer, including number of units.

# Tips To Decrease Denials - Medical Records Request/ Payment Reviews



- Medical Records request from payers are prevalent in Radiation Oncology. You should ensure that supporting documentation is available for all services provided.
- Payers who may not require prior authorization, will request records to conduct a pre or post payment review. Poor or insufficient documentation could result in non-payment or a recoupment of previous payments.

**Remember if it's not documented it didn't happen!!**



# Tips To Decrease Denials - Charge Capture



**Educate your team on the importance of capturing charges accurately.**

- Correct dates of service
- Correct radiation oncologist
- Correct CPT code for the procedure
- Claims should be submitted in a timely manner, delays in billing could lead to denials

# Tips To Decrease Denials - Bundled Charges

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- Bundled or inclusive charges is one of the top reasons we receive denials in radiation oncology.
- Bundled charges are not just based on CCI Edits, payers have specific reimbursement guidelines you need may need to be aware of.

# Tips To Decrease Denials - Bundled Codes

## Charge Scrubber

Charge Scrubbers identify medical coding and billing issues. This software reviews charges before the charge enters the revenue cycle billing system. If the charge scrubber identifies an error, it is flagged so that your biller can make the corrections before a claim is created. The scrubbed charges enter the RCM system accurate and ready to be submitted as a claim.

- Identifies bundled codes
- Allows you to create payer specific edits

# Example of Bundling in Radiation Oncology



## 77301- IMRT Plan

Services incidental to IMRT Plan include CPT codes 77014, 77280, 77285, 77290, 77295, 77306, 77307, 77316, 77317, 77318, 77321, 77331, and 77370 reported with a date of service 30 days after or 90 days prior to the date of service reported for the IMRT plan are considered included in the IMRT plan when reported by the Same Group Physician and/or Other Health Care Professional.

- Center for Medicare and Medicaid Services

# Example of Bundling in Radiation Oncology



Dose Calculations (77300) bundles with  
Isodose Plans (77306, 77307, 77321).

**They are not separately billable.**

# Conclusion



- A strong prior authorization workflow is a must.
- Continuous education on payer guidelines and requirements is essential.
- Encourage your radiation oncologist to participate in peer-to-peer reviews.
- Denials can be caused by several reasons; be sure you have processes in place to identify denials in a timely manner and provide feedback to the team as needed.
- Have strong documentation available to submit with appeals for denied claims.



Questions?

THANK YOU FOR YOUR  
PARTICIPATION!