Special Temporary Instructions for Submitting Authorizations for Radiation Oncology Services

Prior authorization should be obtained for radiation oncology services prior to performing services. This was effective Jan. 1, 2016 for Medicare Advantage BlueMedicareSM HMO and BlueMedicareSM PPO health plans and is effective May 1, 2016, for:

- Large group: non-grandfathered BlueOptionsSM (NetworkBlue), BlueCare® HMO (Health Options, Inc.) and BlueChoice® (Preferred Patient Care) plans
- Small group: ACA BlueOptions (NetworkBlue), BlueCare HMO (Health Options, Inc.), BlueSelect (BlueSelect network) plans
- Individual: ACA BlueOptions (NetworkBlue), BlueCare HMO and myBlue HMO (Health Options, Inc.), BlueSelect (BlueSelect network) plans

This program does not apply to members covered through self-insured administrative services only (ASO) plans or to any members of other Blue Cross and/or Blue Shield Plans that may access the above networks through the BlueCard® program.

AIM Specialty Health manages the radiation oncology program for the above plans on behalf of Florida Blue and Florida Blue HMO (Health Options, Inc.). Authorization requests should be directed to AIM Specialty Health by phone at (844) 423-0879 or through their secure web portal at www.providerportal.com.

If you use Availity® to check benefits and/or submit authorization transactions for radiation oncology services, you may receive an incorrect message. To streamline administrative processes, we implemented a triage process. The goal is to provide you with appropriate guidelines for submitting authorizations for services subject to this program. The following instructions will remain in place until we enhance our system logic to process authorization requests correctly for these services. Please refer to the table below for instructions.

<table>
<thead>
<tr>
<th>Member Scenario</th>
<th>Instructions</th>
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</thead>
<tbody>
<tr>
<td>1. If member ID card is available and designates &quot;...a self-insured plan&quot; AND card designates BlueCare HMO</td>
<td>Send an authorization transaction to Florida Blue via precertification fax line # (877) 219-9448</td>
</tr>
<tr>
<td>2. If member ID card is available and it does not designate &quot;...a self-insured plan&quot;, however it does designate BlueSelect or BlueCare HMO</td>
<td>Send an authorization to AIM Specialty Health by calling AIM’s toll free number (844) 423-0879 or through AIM’s secure web portal at <a href="http://www.providerportal.com">www.providerportal.com</a></td>
</tr>
</tbody>
</table>
| 3. All other member scenarios, please follow these instructions to obtain directions for proper authorization submission | Send an email to the following email box to obtain submission instructions: NonDelegatedAuthorizationsMSK_SMS_RadOnc@bcbsfl.com  
Please make sure to:  
- Fill out and include the attached Routing Inquiry Form  
- Add “Secured1” to the subject line of any emails to this address.  
Florida Blue is committing to a two (2) business day turnaround to provide directions with the appropriate authorization process. |

1Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity’s website at www.availity.com.  
900-1601-0316
The radiation oncology utilization management program will help to ensure radiation therapy treatment plans are clinically appropriate for each patient’s specific condition, conducted in the most efficient manner and delivered according to nationally recognized clinical guidelines.

Clinical review of the following modalities will be conducted to ensure consistent, effective and clinically appropriate radiation oncology treatments. Note: Florida Blue may periodically change the procedure list below:

- Intensity modulated radiation therapy (IMRT) including reviews for:
  - Image guidance (IGRT), hypo fractionation for bone metastases and breast cancer
- 3D conformal (EBRT)
  - Registration only except for bone metastases and breast cancer including reviews for Image guidance (IGRT), hypo fractionation for bone metastases and breast cancer
- Proton beam therapy
- Stereotactic body radiation (SBRT)
- Stereotactic radiosurgery (SRS)
- Brachytherapy
- Associated services review for special procedures and consults (CPT codes 77370 and 77470)

If you have questions or require additional information, please call the Florida Blue Provider Contact Center at (800) 727-2227 or contact AIM Specialty Health at (844) 423-0879.

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900-1601-0316
Preservice Triage: Specifically for Pain Management, Sleep/Titration Study/Spine Care/Surgery and Radiation Oncology Services

Routing Inquiry Form

**Instructions**

1. Complete this cover sheet thoroughly including any additional information.
2. If applicable, include the completed associated Certificate of Medical Necessity (CMN) for the requested care or treatment.

   Email to: NonDelegatedAuthorizationsMSK_SMS_RadOnc@bcbsfl.com

**Information**

<table>
<thead>
<tr>
<th>Re:</th>
<th>Date:</th>
<th>No. of Pages:</th>
</tr>
</thead>
</table>

**Physician Information/Requesting Provider**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FB Provider #:</th>
<th>National Provider Identifier (NPI):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Phone:</td>
<td></td>
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</tbody>
</table>

**Member Information**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Member/Contract Number:</th>
</tr>
</thead>
</table>

**Request Type**

- [ ] Interventional Pain Management
- [ ] Sleep / Titration Study
- [ ] Spine Care/Surgery
- [ ] Radiation Oncology

**If one of the above does not apply – please submit your request via www.availity.com**

<table>
<thead>
<tr>
<th>Procedure Code:</th>
<th>Date of Service:</th>
</tr>
</thead>
</table>

**Place of Service:**

- [ ] Office Setting
- [ ] Inpatient
- [ ] Outpatient Facility

  **Note:** Inpatient setting is not included in the radiation oncology delegated vendor program

**Additional Information**

**Note**

The information in this document is confidential and intended solely for the use of the individual or entity for which it is addressed. This document may contain material that is privileged or protected from disclosure under applicable law.

**Action:** If you are not the intended recipient or the individual responsible for delivering to the intended recipient:

  - Be advised that any use, dissemination, forwarding, or copying of this document is strictly prohibited.
  - Notify the sender immediately by telephone and destroy this document immediately.

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