Prior authorization of outpatient radiation therapy services for Anthem Blue Cross and Blue Shield Individual 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 Anthem 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™ at www.aimspecialtyhealth.com/goweb. From the dropdown menu, select Anthem 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 Anthem 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 Anthem via Availity. Detailed prior authorization requirements for individual Medicare Advantage members are available to the contracted provider by accessing the Provider Self-Service Tool through the Availity web portal. Navigate to “More” from the top menu bar and select “Medicare Advantage – PSS Provider Self Service.” To
submit or inquire about a prior authorization request, follow these steps: From the Patient Registration drop down box on the top menu bar on Availity, select Authorizations & Referrals, then Authorizations. Select Anthem Medicare Advantage from the drop down box and follow the prompts to be directed to the Interactive Care Reviewer to complete the prior authorization.

For additional information, please review the examples below, go to www.aimprovider.com/radoncology or contact AIM at 800-714-0040.

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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.

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

- Delivery-
  1. Primary Grouper
  2. Grouper ID
  3. Included Codes

The provider must request the primary modality from AIM to request authorization for any of the related lower-tier codes.
Provider calls AIM and requests authorization for code 77385 IMRT Delivery

During the same call the provider requests authorization for an IMRT Planning code- 77301 and some related treatment codes- 77338 and 77427

AIM is able to process the request because the primary delivery code, 77385, has been requested and the provider is ready to deliver the service
1. Primary Grouper

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. Primary Modality
   - Brachytherapy Delivery
   - Brachytherapy Handling
   - Esophagus
   - Biliary Tract
   - Penile Tumor
   - Retina
   - Breast

2. Prostate
   - Muscle/Soft Tissue
   - Head/Neck
   - Pelvic
   - Bronchoscopy
   - Uterine/Vaginal

3. Prostate
   - Handling
   - Calculation
   - Delivery