REFERENCES – Medical Necessity Determination (MND)

| Horizon Provider and Member Services: | 1-800-624-1110 |
| CareCore National: | Phone Submissions: (866) 242-5749 |
| | Web Submissions and Status Check: www.carecorenational.com |
| | Fax submission not available for this program |

1. When does the Medical Necessity review program for these services become effective?
   February 18, 2009

   **IMPORTANT NOTE:** Providers please contact CareCore to register patients who began treatment prior to the program start date of 2/18/09 and where treatment will extend beyond the start date (i.e., treatment started 1 February 2009 is expected to be completed 15 March 2009). This will help avoid any possible delays in claims processing once this program is implemented. This registration process will require the physician to call CareCore National, with the patient’s ID number, the cancer type, the ordering MD, the rendering site, the treatment start date, and the expected treatment completion date.

2. When providing Radiation Therapy services what cancer types will require a Medical Necessity Determination?
   Bone Metastases
   Brain Metastases
   Breast Cancer
   Non-Small Cell Lung Cancer
   Small Cell Lung Cancer
   Prostate Cancer
   Cervical Cancer
   Rectal Cancer
   Head/Neck Cancer
   Endometrial Cancer
   Pancreatic Cancer
   Gastric Cancer
   Primary Central Nervous System Lymphoma
   Primary Central Nervous System Neoplasms

3. Who do I contact for a Medical Necessity Determination (MND)?
   CareCore National (CCN) will be accepting requests for Medical Necessity Determinations related to Radiation Therapy beginning February 18, 2009.
   Submit requests online at www.carecorenational.com
   Or
   Call CareCore National at (866) 242-5749
   MND’s will be provided at the end of the call if all necessary clinical information has been provided and meets clinical criteria.

4. What is the best way to obtain a Medical Necessity Determination?
The fastest way for physicians to achieve a Medical Necessity Determination is by visiting CareCore National’s website. Medical Necessity Determination decisions can be provided immediately online. If you do not have access to the internet you can request a Medical Necessity Determination by calling CareCore National at (866) 242-5749.

5. What is CareCore’s ability to issue a Medical Necessity Determination online?
CareCore’s website will allow physician’s to order Radiation Therapy Services online and obtain a Medical Necessity Determination online in real time. Physician’s unfamiliar with CareCore’s website capabilities can access a web use training module online at www.carecorenational.com or contact a CareCore provider relations representative to request an onsite web use training session.

6. Which products require a Medical Necessity Determination?
On February 18, 2009 this program will apply to Horizon BCBSNJ fully insured members with the following products:
   - Horizon HMO
   - Horizon HMO Access
   - Horizon Point of Service (POS)
   - Horizon Direct Access
   - Indemnity
   - Horizon Medicare
   - Horizon PPO
   - Small group plans

7. Which products do not require a Medical Necessity Determination?
At this time, members enrolled in self funded-Administration Services Only (ASO) groups are not included. If in the future, the employer group decides to participate they would be added.
   - ASO Groups
   - Horizon NJ Health
   - Medigap
   - SHBP NJ Plus, NJ Direct and Traditional
   - Federal Employee Program (FEP)
   - If Horizon is the secondary payer (COB and Medicare supplemental)
   - Out of State Blues Plans

8. What information is required, from the physician, for an MND?
   - Cancer type being treated with Radiation Therapy
   - Patient Information
   - Ordering Provider information
   - Rendering Site information
   - Patient History
     - Recent test results
     - Work up
     - Current clinical condition
   - Treatment Plan specifics which may include;
     - Immobilization Techniques
     - Treatment Plan
     - Treatment Technique
     - Fields
     - Fractions
     - Boost
   **Provider worksheets specific to each Cancer Type will be available to providers at www.carecorenational.com. These worksheets list all clinical questions that will be asked of the provider during the initial Medical Necessity review either online or by phone.

9. What will an MND authorize?
One MND will be assigned per treatment plan.

10. **What is the format of a Medical Necessity Determination number?**
It is the same format utilized for the Horizon Radiology Program. (1) one alpha (9) nine numerics (e.g. A000011111).

11. **Is there a way to verify if a Medical Necessity Determination number has been assigned to a MND request?**
Yes, please check the CCN website at www.carecorenational.com and click on “Authorization Lookup”.

12. **Can a Medical Necessity Determination number expire?**
Yes, please check the CCN website at www.carecorenational.com for expiration dates and click on “Authorization Lookup”.

13. **Which Place of Service requires MND?**
All Participating and Non-Participating PROFESSIONAL (office and outpatient) and OUTPATIENT INSTITUTIONAL claims are included.

14. **If administering the treatment plan in an Outpatient Hospital Center, is an MND required?**
Yes, as of February 18, 2009 MNDs are required for members with products included in the program.

15. **Will urgent requests be accepted?**
Yes, urgent requests will be accepted and a determination expedited if clinically indicated.

16. **How soon can I submit a request for a Medical Necessity Determination?**
Once the program has been implemented, a Medical Necessity Determination request may be made for up to two weeks prior to the planned administration of the treatment plan.

17. **How quickly will a Medical Necessity Determination be provided?**
Determinations will be made as soon as possible, but no later than 3 business days from the receipt of all required clinical information.

18. **What if a physician does not agree with CCN’s determination?**
The physician can contact the CCN Peer to Peer Consultation line. The physician will be able to discuss the case in detail with a CCN Medical Director.

Toll Free: 1-866-242-5749 and select the Peer to Peer service menu option.

The provider can appeal a clinical decision in writing to: CareCore National, Attn: Clinical Appeals, Mail Stop 600, 400 Buckwalter Place Blvd, Bluffton, SC 29910. Appeal Fax number is 866-699-8128.

19. **If calling CareCore to request an Advanced Imaging Service can a request for a Medical Necessity Determination for Radiation Therapy be made at the same time?**
Yes, simply alert the Clinical Reviewer that you wish to initiate a Medical Necessity Determination for the RadCare program at the completion of your Advanced Imaging review.

20. **What is CareCore’s Customer Service number for the Horizon RadCare Program?**
Dial 1-866-242-5749 and select the Customer service menu option.

21. **What if a Medical Necessity Determination is NOT obtained?**
While obtaining a pre-service medical necessity determination is voluntary, if you do not do so, your claim will be denied pending a post-service medical necessity review to determine medical necessity. This post-service medical necessity review will be conducted by CCN applying the same medical policies referenced above. The requesting time limit for an MND is 18 months from the date of service.

22. **What if a claim has been denied?**
A claim can deny for different reasons. Please look at the denial reason code and description on the explanation of benefits to see which company to contact.

- If your claim has been denied due to lack of a Medical Necessity Determination and you have not contacted CareCore for a Medical Necessity Determination, immediately call CareCore and submit the request. If your request does not demonstrate Medical Necessity, you will be notified in writing. This notice will provide detailed instruction for submitting clinical appeals.
- If your claim has been denied due to a pre-existing condition, eligibility, provider/site participation or another benefit plan related issue please contact Horizon BCBS NJ at 1-800-624-1110.
- If you are having problems with getting Radiation Therapy claims paid call CareCore Customer Service at 1-866-242-5749.

23. What is a partial approval notice?
This document will inform the provider of approved and non-approved services for the requested treatment plan. It will also contain clinical appeal information.

Note: If you received a partial approval you will need to submit additional clinical information to CareCore National for the remainder of the treatment plan.

24. Will the Criteria used to make a Medical necessity Determination for the Radiation Therapy program be available for review?
Yes, go to www.carecorenational.com under the Radiation Therapy section to view these criteria and Horizon Medical Policy. Horizon Medical Policy is always available on the Horizon website.

25. If a member changes referring providers or site of service will a new MND be required?
No

26. Medical Necessity Determination Forms:
For this program there are no Medical Necessity Determination FAX request forms. Requests must be submitted on the web or by telephone. Worksheets specific to each managed cancer type are available on CareCore’s website in the Provider Resource area. These forms will assist the physician ordering the Radiation Therapy treatment in outlining the clinical and treatment plan information that will be required when submitting a Medical Necessity Determination.

27. Is a new Medical Necessity Determination required if the patient requires additional treatment (such as a recurrence of disease or change in patient clinical condition)?
Yes. The Medical Necessity Determination is valid for the treatment plan that has been requested by the physician (an Episode of Care). If the physician is going to provide the member with another episode of care a new Medical Necessity Determination will be required.

If during a course of treatment the physician intends to modify an approved Treatment Plan he/she should call a CareCore Medical Director to discuss the new treatment plan to allow the existing Medical Necessity Determination to be adjusted appropriately. The modifications to the Treatment Plan that are determined to be Medically Necessary will be communicated to the physician during the physician to physician call.

28. Can a Medical Necessity Determination be obtained for multiple sites of therapy for the same patient at the same time?
Yes, when Medically Necessary.

29. Who is responsible for obtaining a Medical Necessity Determination?
The Radiation Oncologist who has determined the type of Radiation Therapy treatment the patient will receive to include the Treatment Plan.

30. Are Chemotherapy drugs included in this program?
No, this program is addressing Radiation Therapy treatment.

31. **If the patient begins radiation therapy treatment with one Radiation Therapy facility and decides to change Radiation Therapy facilities (different TIN) during a course of treatment is a new Medical necessity Determination required?**
Yes. If the patient is seeing a new physician that is part of a different practice a new treatment plan will be devised, therefore, a new Medical Necessity Determination must be issued to the physician.