



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association



# Oncology management program

## Frequently asked questions for providers

**For UAW Retiree Medical Benefits Trust PPO non-Medicare members —  
Eff. Jan. 1, 2019**

**For BCN HMO<sup>SM</sup> (commercial) members —  
Eff. Aug. 1, 2019**

**For Medicare Plus Blue<sup>SM</sup> PPO and BCN Advantage<sup>SM</sup> members —  
Eff. Jan. 1, 2020**

**For Blue Cross' PPO (commercial) fully insured members —  
Eff. Dec. 1, 2020**

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## General information

The oncology management program is a utilization management program that requires providers to request authorization for therapeutic and supportive chemotherapy and immunotherapy. This program promotes optimal cancer care by enabling providers to compare planned cancer treatment regimens against evidence-based cancer care, and it ensures that prescribed regimens are aligned with Blue Cross Blue Shield of Michigan and Blue Care Network medical policy.

### Who administers the program?

AIM Specialty Health® administers the program on behalf of Blue Cross and BCN.

### How does the program benefit my practice and my patients?

The program will benefit your practice and your patients in the following ways:

- **Enhanced reimbursement:** When your practice prescribes a cancer treatment regimen for a patient and submits it to AIM for review, the regimen is compared against evidence-based AIM Cancer Treatment Pathways. By choosing cancer treatment pathways when clinically appropriate, your practice may be eligible for enhanced reimbursement.\* If your regimen isn't aligned with a Pathway, information on available Pathway regimens may be presented for your review.



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- **Synchronization with plan medical policy:** Prescribed regimens are reviewed in real time against Blue Cross and BCN medical policy.

\*For services to UAW Retiree Medical Benefits Trust PPO non-Medicare members, providers in Alabama, Arkansas, California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Michigan, Missouri, Nevada, New Hampshire, New York, North Carolina, Ohio, Virginia or Wisconsin may be eligible to receive enhanced reimbursement. For services to BCN HMO members, only BCN-contracted providers may be eligible for enhanced reimbursement. Starting Jan. 1, 2020, Medicare Advantage reimbursement rules apply and may differ. For services to Blue Cross' PPO (commercial) fully insured members, providers are not eligible for enhanced reimbursement. This does not affect services to UAW Retiree Medical Benefits Trust PPO non-Medicare, BCN HMO (commercial), Medicare Plus Blue PPO or BCN Advantage members.

### Is this program applicable to all members?

No. The oncology management program applies to select members as listed below.

Line of business	Effective date	Card image
UAW Retiree Medical Benefits Trust PPO non-Medicare members	Jan. 1, 2019	



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Line of business	Effective date	Card image
BCN HMO (commercial) members	Aug. 1, 2019	
Medicare Plus Blue members	Jan. 1, 2020	
BCN Advantage members	Jan. 1, 2020	



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Line of business	Effective date	Card image
<p>Blue Cross' PPO (commercial) fully insured members</p> <p>Note: This program does not apply to Blue Cross commercial fully insured members covered through the Federal Employee Program<sup>®</sup> and the Michigan Education Special Services Association.</p>	Dec. 1, 2020	

### What drugs are included in the oncology management program?

The program applies to medical oncology and supportive care drugs. Medical oncology drugs are medications covered under the medical benefit that require administration by a health care professional. Oncology drugs on the pharmacy benefit (for example, oral cancer drugs) may still require authorization from Blue Cross or BCN or from the member's pharmacy benefit manager.

### Are drugs included in the medical oncology program the same for all members?

No. While most drugs are the same for Blue Cross and BCN members, there are some differences. Complete drug lists are available at [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com). Click either *Blue Cross* or *BCN* and then click *AIM-Managed Procedures*.

### How to submit a request

#### How do I participate in the program through AIM?

The most efficient way to participate in the program is to use the AIM *ProviderPortal*<sup>SM</sup> ([providerportal.com](http://providerportal.com)). It's available 24/7 with the exception of Sundays for maintenance from 1:30 to 7 p.m. Eastern time. Once you're registered on the portal, you can:



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- Initiate new order requests
- Update existing order requests
- Identify AIM Cancer Treatment Pathways
- Retrieve your order summaries

For information about registering for and accessing AIM *ProviderPortal*, see the [Frequently asked questions page on the AIM Specialty Health website](#)\*.

\*Blue Cross Blue Shield of Michigan and Blue Care Network don't own or control this website.

If you need help using the AIM *ProviderPortal* or need assistance with troubleshooting, call AIM at 1-800-252-2021. You can also initiate or update requests by calling AIM at 1-800-728-8008. AIM is available Monday through Friday from 8 a.m. to 5 p.m. EST.

### What if the servicing provider I want isn't available in the AIM ProviderPortal?

Contact AIM *ProviderPortal* support at 1-800-252-2021.

### Will I be required to provide medical records or other clinical documents?

Medical records are required only if requested by an AIM clinician.

### What happens if I provided a service, but I did not request authorization through AIM?

If you don't get authorization from AIM for the oncology treatment or supportive drugs you prescribe, your related claims will be denied. We encourage you to obtain authorization prior to the start of services.

Here's what you need to know about the requirements for retroactive authorizations.

Line of business	Submitting retroactive authorizations to AIM
Blue Cross' PPO fully insured	You have one calendar year after the start of the services to submit retroactive requests.



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Line of business	Submitting retroactive authorizations to AIM
UAW Retiree Medical Benefits Trust PPO non-Medicare	You have up to two business days after the start of the services to submit retroactive authorizations. After two days, Blue Cross will process requests for up to two calendar years. You can fax requests to the Blue Cross Pharmacy Help Desk at 1-866-915-9187.
Medicare Plus Blue	You have 90 days after the start of the services to submit retroactive requests.
BCN HMO	You have up to one calendar year after the start of the services to submit retroactive requests.
BCN Advantage	You have one calendar year after the start of the services to submit retroactive requests.

### How long will it take AIM to respond to my authorization request?

Requests that meet criteria receive a response instantly either on the AIM *ProviderPortal* or by phone with the AIM contact center.

When a request can't be approved immediately, it will be transferred to an oncology nurse for further review. No adverse determination is made until the ordering provider has an opportunity to discuss the request with an AIM physician.

AIM will review cases and provide responses within the following time frames. The time frame begins when AIM receives the request.

	Blue Cross' PPO fully insured members	UAW Retiree Medical Benefits Trust PPO non-Medicare members	Medicare Plus Blue members	BCN HMO members	BCN Advantage members
<b>Standard requests</b>	10 business days	10 business days	72 hours (calendar)	3 business days	72 hours (calendar)





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	Blue Cross' PPO fully insured members	UAW Retiree Medical Benefits Trust PPO non-Medicare members	Medicare Plus Blue members	BCN HMO members	BCN Advantage members
<b>Urgent requests</b>	72 hours (calendar)	72 hours (calendar)	24 hours (calendar)	72 hours (calendar)	24 hours (calendar)

### How does AIM communicate authorizations?

AIM will include an order ID for authorized drugs on an order summary in the *ProviderPortal*, regardless of submission method. Order summaries may also include an order ID for each drug within a requested regimen that isn't subject to authorization.

### Can both the ordering and servicing providers view required authorizations for patients (when the ordering and servicing providers are different for a member)?

Yes, both ordering providers and servicing providers can view authorizations on the AIM *ProviderPortal*.

Note: For Medicare Plus Blue and BCN Advantage, AIM will also send a determination letter to ordering and servicing providers.

### Will all AIM authorization cases show in the Blue Cross e-referral system?

Yes.

### How can providers appeal?

Here's what you need to know or where to find information about appeals.

For Blue Cross' fully insured members and UAW Retiree Medical Benefits Trust PPO non-Medicare members, the information is in the PPO (commercial) provider manual. Follow these steps to access the manual.

1. Visit [bcbsm.com/providers](https://bcbsm.com/providers).
2. Click *Login* and log in to Provider Secured Services.





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3. Click *BCBSM Provider Publications and Resources* on the right side of the page.
  4. Click *Blue Cross PPO Provider Manual* on the left.
  5. Select a Provider Type and click on Search.
  6. Go to the *Blue Pages Directory* chapter
  7. Look in the “AIM Specialty Health” section.

**For Medicare Plus Blue members**, the information is in the *Medicare Plus Blue PPO Manual*. Follow these steps to access the manual.

1. Visit [bcbsm.com/providers](http://bcbsm.com/providers).
2. Click *Medicare Advantage*.
3. Click *Medicare PPO*.
4. Click [Medicare Plus Blue PPO Manual](#).
5. Locate the “Utilization Management” section.
6. Look in the “Preauthorization of Prescription Drugs Covered under the Medical Benefit — Medicare Part B” subsection.

**For BCN HMO and BCN Advantage members**, the information is in the *BCN Provider Manual*. Follow these steps to access the manual.

1. Visit [bcbsm.com/providers](http://bcbsm.com/providers).
2. Click *Login* and log in to Provider Secured Services.
3. Click *BCN Provider Publications and Resources* on the right side of the page.
4. Click *Provider Manual* on the left.
5. Click the *Pharmacy* chapter in the list of chapters on the right.
6. Click *Drugs covered under the medical benefit* in the table of contents.
7. Look in the “Appealing determinations made on authorization requests” subsection.



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## About AIM Cancer Treatment Pathways

### What are AIM Cancer Treatment Pathways?

AIM Cancer Treatment Pathways are developed by AIM oncologists and pharmacists in consultation with a panel of academic and community-based oncologists. Together they apply a rigorous process to evaluate regimens supported by national guidelines, such as National Comprehensive Cancer Network guidelines and oncology professional society practice guidelines and peer-reviewed, published data. Factors considered include:

- Clinical benefit (efficacy)
- Side effects (toxicity) — especially those that lead to hospitalizations or impact quality of life
- When efficacy and toxicity are equal, cost

Because standards of oncologic care evolve rapidly, AIM Pathways are updated through a systematic review of medical evidence at least quarterly, and more often when new data emerges, or national guidelines change.

### Where can I find a copy of the AIM Cancer Treatment Pathways?

The Pathways are posted at [aimproviders.com/oncology/BCBSM/Resources.html](http://aimproviders.com/oncology/BCBSM/Resources.html).

### What should I consider when selecting a Pathway?

Selecting a Pathway depends upon a number of factors, including the type of cancer, the stage of disease and the biomarkers or specific genetic profile of the patient's cancer. Within each cancer type, separate Pathways are usually available for early stage through advanced cancer, subtypes of cancer (for example, HER2 positive) and different lines of therapy.

### What if a Pathway regimen isn't available for my patient?

AIM Cancer Treatment Pathways include multiple regimens for different clinical situations. However, if a Pathway regimen isn't available for a particular type of cancer or line of therapy, you must still enter the prescribed regimen in the AIM *ProviderPortal* to ensure alignment with Blue Cross and BCN medical policy.



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### Do Pathways apply to pediatric patients?

AIM Cancer Treatment Pathways exist for cancers observed most often — but not exclusively — in adults; these pathways can be considered for any relevant patient regardless of age. If a Pathway regimen isn't available for a particular type of cancer or line of therapy for a pediatric or adult patient, you must still enter the prescribed regimen into the AIM *ProviderPortal* to ensure alignment with Blue Cross and BCN medical policy.

### What happens if I don't select a treatment regimen designated as an AIM Cancer Treatment Pathway?

The requested treatment regimen will be reviewed for alignment with Blue Cross and BCN medical policy. A regimen that isn't a Pathway regimen may still be authorized. Blue Cross will pay the claim for that regimen, but enhanced reimbursement won't be available.

### How often are the AIM Cancer Treatment Pathways updated?

AIM Cancer Treatment Pathways are reviewed at least quarterly or more frequently, as needed.

### Are supportive care drugs included in the Pathways?

Supportive care drugs, such as those that manage side effects of chemotherapy, aren't included in the AIM Cancer Treatment Pathways. However, you should include the entire cancer treatment drug regimen, including supportive care drugs, in the order request. This is because certain supportive care drugs may be on the list of drugs that require review against applicable Blue Cross and BCN medical policies or clinical guidelines.

## About pharmacy benefit programs

### What should I do if the drugs I'm ordering require authorization through the health plan or a pharmacy benefit manager?

Some drugs used to treat cancer may require authorization through the health plan or a pharmacy benefit manager. Include all drugs when submitting an order request to the program to determine if the regimen is on a Pathway, and see which drugs, if any, need



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authorization. The AIM *ProviderPortal* will direct you as needed to the appropriate management channel.

## About enhanced reimbursement

### What is enhanced reimbursement?

AIM Cancer Treatment Pathways support high-quality, high-value cancer treatment. By choosing designated AIM Cancer Treatment Pathway regimens when clinically appropriate, the ordering provider may be eligible for enhanced reimbursement.\* Refer to Blue Cross and BCN provider fee schedules.

\*For services to UAW Retiree Medical Benefits Trust PPO non-Medicare members, providers in Alabama, Arkansas, California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Michigan, Missouri, Nevada, New Hampshire, New York, North Carolina, Ohio, Virginia or Wisconsin may be eligible to receive enhanced reimbursement. For services to BCN HMO members, only BCN-contracted providers may be eligible for enhanced reimbursement. Starting Jan. 1, 2020, Medicare Advantage reimbursement rules apply and may differ. For services to Blue Cross' PPO (commercial) fully insured members, providers are not eligible for enhanced reimbursement. This does not affect services to UAW Retiree Medical Benefits Trust PPO non-Medicare, BCN HMO (commercial), Medicare Plus Blue PPO or BCN Advantage members.

### Am I eligible for enhanced reimbursement?

Only the ordering provider can bill S-codes to the health plan and receive the enhanced reimbursement. S-codes should be submitted through professional claims. S-codes submitted on a facility claim aren't eligible. If S-codes aren't billed to the health plan, you won't receive the enhanced reimbursement. To see your reimbursement level, refer to your Blue Cross or BCN fee schedule.

The AIM *ProviderPortal* will display S-codes on the order summary page for ordering providers with instructions for billing S-codes to Blue Cross or BCN. If processing an order request by phone, S-code information will be provided verbally. We don't send letters about S-code eligibility; therefore, we recommend that you save the summary page.

### How often can S-codes be billed?

S0353 can be reimbursed only once per patient, at the onset of treatment, unless this treatment is changed, and a new Pathway is ordered.



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Thirty days after onset of treatment, S0354 can be reimbursed for each subsequent treatment, up to the maximum number of months as specified in the order summary.\* S0354 can't be reimbursed within 30 days of being reimbursed for S0353. S0354 will be reimbursed no more than every 30 days. Any treatment extended beyond the maximum number of months on the order summary requires a new request. S0354 reimbursement is applicable only if the patient continues to be treated with the Pathway for which the S0354 was awarded.

Any changes in treatment require that you submit a new order request to AIM through the **ProviderPortal** or by phone. We recommend that the practice save the approved order summary in the patient medical record. Order summaries are on the AIM **ProviderPortal**.

\*S0354 is approved for up to five months, as specified when the code is issued. This reflects the expected duration of treatment.

### **How will the enhanced reimbursement be paid and when will I receive it?**

If you submitted the claim electronically, it will be paid by electronic funds transfer, following standard Blue Cross and BCN claims processing time frames. In rare cases, we'll process paper checks when EFT isn't possible.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association. AIM Specialty Health is an independent company that contracts with Blue Cross and BCN to manage oncology authorizations.