

# Radiology and Chemotherapy Bundling

## What is it:

- The radiology and chemotherapy bundling initiative authorizes multiple ongoing diagnostic imaging studies at the point of first request, where eviCore has already approved chemotherapy. The radiology cases are approved based on a grouping of oncology variables and inputs for a member's condition.

## Why we need it:

- This initiative eliminates the provider's need to request imaging authorizations throughout the surveillance of a patient's chemotherapy. Instead of having to request each diagnostic imaging study individually (for each DOS), providers can now request one authorization that will cover 12 months of appropriate imaging.

## What's in scope: (See Appendix below)

- 70553 (MRI Brain with and without contrast) is approvable, without clinical review, when CHEMO request is for Central Nervous System and includes appropriate diagnosis code and "Subtype" is Anaplastic Gliomas/Glioblastoma.
- 71260 (CT Chest with contrast) and 74160 (CT Abdomen with contrast) are approvable, without clinical review, when CHEMO request is for Stage 4 Non-Small Cell Lung Cancer and includes appropriate diagnosis codes.
- 71260 (CT Chest with contrast) and 74177 (CT Abdomen and Pelvis with contrast) are approvable, without clinical review, when CHEMO request is for Stage 4 Small Cell Lung Cancer, Breast Cancer, Pancreatic Cancer, Kidney Cancer or Colorectal Cancer and includes appropriate diagnosis codes.

## Critical data need:

- These bundles can only be applied based on distinct member attributes. In order to determine a distinct member, the same patient ID must be used when requesting diagnostic imaging as was used when requesting CHEMO authorization. If different patient IDs are used for each of the requests, a bundle will not be presented when requested.

## How it works:

- Once chemotherapy that meets the criteria for the scope of this bundling initiative has been approved, approval language will be included in the chemotherapy authorization indicating whether the bundle is available.

The following table is for your provider for billing purposes:

Procedure	Description	Max Daily HCPC Units
J9201	Gemcitabine	17

This patient is eligible to have diagnostic imaging studies authorized to monitor the response to chemotherapy treatment. These diagnostic studies include 6 units of 71260 (CT Chest with contrast) and 6 units of 74177 (CT Abdomen and Pelvis with contrast) over a 12 month span. These diagnostic imaging studies should be performed no more frequently than every 2 cycles of chemotherapy. Please initiate the first diagnostic imaging request and there will be a prompt to accept this bundle of diagnostic studies during their initial request. Subsequent requests for these diagnostic studies will not be required over a 12 month span for this indication.

\*When applicable, billing providers should submit this claim code in the claim procedure code description field (SV101-7 field on the electronic claims form).

**It is important that you understand this is a medical necessity determination only. It is not a guarantee of claim payment. It is not an eligibility determination.** This is a claim determination under the \_\_\_\_\_ plan. Claims are paid exclusively in accordance with the plan, and the \_\_\_\_\_ does not enter into verbal contracts for payment. **If you are not eligible for benefits under a \_\_\_\_\_ plan, the claim will not be paid.** Should the date of the proposed procedure change, or you or your physician identify the need for additional procedures, please notify us in advance by calling (888) 910-1199.

Your eligibility, coverage and benefit payments are subject to all the terms and provisions of your \_\_\_\_\_ Summary Plan Description (SPD) that is in effect when you receive these procedures.

- If a provider makes a request for a radiology procedure when eviCore has approved a previous request for chemotherapy (and there is a “Bundle Allowed” based on the criteria above), the pathway will ask:
  - o “Are you requesting <CPTCode> in order to monitor the response to previously approved chemotherapy?”
    - If no, a standard radiology request for 1 unit will be created and will proceed through the standard review.
    - If yes, the radiology case will be updated with defined units (total of 4-12), timespan (365 days) and procedure codes (see ruleset in [appendix](#)).
      - Standard radiology approval authorizations will be issued with the case basket of procedure codes with a approval language addressing the bundle as follows:

received for you on 2/19/2021.

Based on the information provided to us from your treating healthcare provider, we have determined that medical necessity has been established and have authorized the procedure referenced below. This authorization is valid from 4/1/2021 until 2/19/2022.

The following table is for your provider for billing purposes:

Procedure	Description	Units Requested	Units Approved	Modifier (if applicable)
71260	Computed tomography (CT) (a special kind of picture) of your chest with contrast (dye)	6	6	
74177	Computed Tomography (CT), a special kind of picture of your abdomen (stomach area) and pelvis with contrast (dye)	6	6	

These diagnostic studies to monitor the response to chemotherapy treatment include **6 units of 71260 (CT Chest with contrast)** and **6 units of 74177 (CT Abdomen and Pelvis with contrast)** over a 12 month span. These diagnostic studies should be performed no more frequently than every 2 cycles of chemotherapy.

\*When applicable, billing providers should submit this claim code in the claim procedure code description field (SV101-7 field on the electronic claims form).

**It is important that you understand this is a medical necessity determination only. It is not a guarantee of claim payment. It is not an eligibility determination. This is a claim**

**Appendix 1: Governing Ruleset**

- **Defines if a chemotherapy request presents in a way that allows radiology surveillance authorizations to be auto-created:**

Disease	Location	Subtype	ICD9Code	Current Stage Code	Diagnostic CPTCode	Paired CPTCode	PostApproval	Timeframe	InitialUnits	SubsequentUnits	Eligible
MOCNS	*	Anaplastic Gliomas/Glioblastoma	C71.0	*	70553	NotFound	42	365	6	4	Y
MOCNS	*	Anaplastic Gliomas/Glioblastoma	C71.1	*	70553	NotFound	42	365	6	4	Y
MOCNS	*	Anaplastic Gliomas/Glioblastoma	C71.2	*	70553	NotFound	42	365	6	4	Y
MOCNS	*	Anaplastic Gliomas/Glioblastoma	C71.3	*	70553	NotFound	42	365	6	4	Y
MOCNS	*	Anaplastic Gliomas/Glioblastoma	C71.4	*	70553	NotFound	42	365	6	4	Y
MOCNS	*	Anaplastic Gliomas/Glioblastoma	C71.5	*	70553	NotFound	42	365	6	4	Y
MOCNS	*	Anaplastic Gliomas/Glioblastoma	C71.6	*	70553	NotFound	42	365	6	4	Y
MOCNS	*	Anaplastic Gliomas/Glioblastoma	C71.7	*	70553	NotFound	42	365	6	4	Y
MOCNS	*	Anaplastic Gliomas/Glioblastoma	C71.8	*	70553	NotFound	42	365	6	4	Y
MOCNS	*	Anaplastic Gliomas/Glioblastoma	C71.9	*	70553	NotFound	42	365	6	4	Y
MOSCLC	*	*	C34.00	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.01	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.02	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.10	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.11	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.12	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.2	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.30	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.31	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.32	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.80	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.81	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.82	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.9	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.90	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.91	4	71260	74177	42	365	6	4	Y
MOSCLC	*	*	C34.92	4	71260	74177	42	365	6	4	Y
MONSCL	*	*	C34.00	4	71260	74160	42	365	6	4	Y



