

**Georgia Department of Public Health
Cancer State Aid Program (CSA)**

FY2014 Free Standing Radiation Therapy Providers– Claims and Payment Procedures

General Information:

The Cancer State Aid (CSA) Program will reimburse participating Free Standing Radiation Therapy providers for approved cancer treatment for currently enrolled CSA patients.

- CSA will cover standard cancer treatment provided in the most cost effective setting. Costs of participation in cancer clinical trials are not covered.
- CSA does not reimburse physician services. The medical staff of the participating Radiation Therapy provider agrees to provide care as a public service and agrees not to bill the patient for CSA covered services. **The participating Provider is responsible for notifying their medical staff regarding this agreement.**
- The Provider agrees to accept CSA reimbursement as full payment for covered cancer-related treatment. CSA will not reimburse non-cancer related or other non-covered services. The Provider will seek no payments from the patient/client for CSA covered dates of service.
- **Individual benefit amounts approved for each patient's care are based upon the patient's current need**, documented by the current physician recommended course of cancer care. Current funding assigned to a patient's care may be increased upon request and submission of an updated Medical Service request **Form 3621D (Diagnostic Services) or 3621T (Treatment Services)** documenting the patient's current cancer service needs.
- Providers should contact CSA to verify availability of funds for a patient prior to scheduling treatment exceeding the approved treatment services described on the patient's CSA application. Treatment costs that exceed approved care plan may not be reimbursed without prior submission of either an updated Medical Service Request Form 3621D or 3621T, or other requested documentation of the most current physician recommended course of care, and CSA approval of increased patient funding and needed, described cancer services.
- Providers may request verification of CSA enrollment. Patients should present a CSA letter confirming enrollment start and end dates; or the Provider may contact CSA directly to confirm current enrollment status. Providers should inquire about the patient's Medicaid eligibility to confirm appropriate claims submissions. Patients who become eligible for Medicaid are immediately in-eligible for CSA coverage.
- The amount of reimbursement to the Provider shall be based on the current **Medicare Physician's Fee Schedule** for participating facilities in locality 001.
- Covered services shall be based on the Current Procedural Terminology (CPT) codes designated by the American Medical Association under the Radiation Oncology section of the most current edition of the Physicians Current Procedural Terminology publication.
- Providers shall receive no payment for professional services, supplies, technical services, or laboratory services.
- The allowed Program maximum for Free Standing Radiation services for FY2014 is **\$25,000**.
- Radiation Therapy Providers shall be reimbursed up to the approved and assigned amount for each individual patient. Not all patients are approved for the maximum allowed amount.

Assigned funds are based upon the physician recommended course of cancer care described on the Medical Services Request Forms 3621D or 3621T.

- All patients must apply for CSA enrollment annually. Enrollment begins on the date of approval and ends upon completion of the approved care plan as described on the Medical Services Request Forms 3621D or 3621T. All enrollments end on June 30th or at completion of services, whichever comes first.
- Care that extends into the new fiscal year must be evaluated for continued eligibility on a case by case basis, and be approved for continued enrollment into the new fiscal year.
- If a patient is enrolled late in the fiscal year extending from July 1st to June 30th, their CSA coverage still ends on June 30th or other stated enrollment end date.
- Changes in medical or financial status may affect eligibility and cause early termination of coverage.
- CSA is limited to those public funds appropriated for CSA during the current state fiscal year (SFY is July 1 to June 30). In the event those funds become unavailable or fully encumbered, CSA coverage may terminate. Facilities will be notified of impending exhaustion of funds should this occur.

Procedures – Radiation Therapy Claims:

1. For each Cancer State Aid patient approved for treatment by the Provider, the Provider shall submit information concerning that patient's treatment to include the **name of the hospital where the patient was diagnosed, the name of the medical oncologist or medical oncology clinic involved in the patient's care, and a copy of the consultation report**. Payment for services will not be considered until this information is provided.
2. Please verify that the patient is not eligible for Medicaid and is still enrolled in the CSA program before submitting a claim for payment.
3. Providers shall receive no payment for professional services, supplies, technical services, or laboratory services.
4. The **CSA Radiation Fee Schedule** is updated annually.
5. Complete and sign the **CSA Claim Form 3624SV (Rev. 7/12)**. Attach an itemized list of Radiation services provided.
6. A printed copy of the electronic Excel file: "Radiation Therapy Fee Schedule calculations" may be submitted as the itemized list of Radiation charges. Please make sure to save a copy for your files, and that the Excel file is fully completed, including the patient name and CSA number.
7. Payments for services will not be processed without a completed Form 3624SV.
8. Claims may be submitted by fax immediately following provision of services and is recommended to ensure efficient reimbursement.
9. Additional information requested for denied or incomplete claims must be received by CSA within **30 days** from the date of the request letter for the claims to be eligible for reimbursement.
10. Claims for reimbursements must be received by CSA no later than **60 days from the date of**

the patient's CSA approval or enrollment letter, and subsequent dates of service to be eligible for payment. The Program will make every effort to process all claims received within the required 60 day submittal period within 45 – 60 days, following the date of receipt of the complete claim submission. Processing of claims for payment of services cannot begin until complete information is received, including any additional supporting documentation requested. In the event that excess funds remain at the end of the SFY, CSA may elect to reimburse claims received after the required submittal period.

11. **Refunds** of CSA payments for patients found to be ineligible for coverage must be submitted to CSA within 45 days of the dated request letter to ensure appropriate budget availability for the current fiscal year, and remain in compliance with the program agreement.
12. All assigned patient funding requires prior approval. Providers should contact the program to verify availability of funds for a patient prior to scheduling treatment.

Prescriptions for CSA Patients:

- Patients needing high cost medications should be referred to a Medication Assistance Program; a listing of resources for obtaining high cost medications is provided on the CSA web page located at <http://health.state.ga.us/pdfs/cancerstateaid/Payor%20Resources.pdf>.
- Medications must be prescribed by the treating physicians at the approved, participating facility(s).
- Medications must be directly related to the patient's cancer treatment or treatment of cancer related symptoms or conditions.
- Prior authorization or approval is required for prescriptions to be eligible for reimbursement.
- Only CSA approved and participating pharmacies are eligible to receive CSA reimbursement for medications (not all pharmacies are eligible to participate).
- A patient can be approved for use of only one pharmacy at a time.
- The CSA Supportive Therapies Formulary lists medications commonly approved for CSA patients. The Supportive Therapies formulary is used as a guide for medication approvals. Medications not included on the formulary may be requested for approval. However, decisions on unlisted medications may be delayed pending medical review. Prescriptions that have not been approved are not eligible for CSA reimbursement.
- A completed Medication Request Form must be submitted to the CSA program office prior to dispensing for medications to be eligible for CSA approval and reimbursement. The request may be submitted by fax.
- CSA participating facilities or pharmacies may submit the completed Medication Request Form for approval.
- Copies of the original prescriptions are required to be submitted with the fax form. A listing of the prescribed number of refills and whenever possible, the cost per refill are required for each requested medication on the Medication Request Fax Form. Approvals and reimbursements for all medications are limited to funds available for the current fiscal year; July 1, 2013 to June 30, 2014.

- Providers may photocopy the MRF form as needed. MRF Forms may be obtained from and submitted by fax to the CSA program. The CSA fax number is: 404-657-6316; CSA office hours for processing of medication requests are 9:00 am to 5:00 pm, weekdays only.

For complete information on prescription approval and pharmacy claims processes, please request a copy of the "FY2014 Pharmacy Claims and Payment Procedures" or the "FY2014 Medication Request Provider Instructions".

Reconsideration Procedure:

Patients, referring physicians, and other providers who are dissatisfied with the initial determination of the patient's eligibility for the Cancer State Aid Program may request reconsideration.

Patients, referring physicians, hospitals, or other providers dissatisfied with a payment limitation or denial may request reconsideration.

A request for the first or initial reconsideration must be made in writing to the Cancer State Aid Program. The request must include a complete description and an attachment of supporting scientific medical or financial information or evidence documenting reasons that the initial medical or financial determination was incorrect, or an exception to the payment limitation should be made.

A request in writing must be made within 30 days of the original denial notification and submitted to:

Unit Director, Cancer State Aid Program (CSA)
Office of Cancer Screening and Treatment
Department of Public Health
Two Peachtree Street NW, Suite 16.434
Atlanta, Georgia 30303.

Final Reconsideration:

A second and final reconsideration may be requested and shall be forwarded to the Office of General Counsel, along with any reply that the Program deems appropriate, for an independent and impartial legal determination of whether the Program's decision was supported by the facts and made in accordance with the law and Program regulations.

A request in writing must be made within 30 days of the denied first or initial reconsideration and submitted to:

Sidney R. Barrett, Jr.
General Counsel
Georgia Department of Public Health
2 Peachtree Street NW, 15th Floor
Atlanta, GA 30303

Documentary evidence submitted to support the first request for reconsideration will be evaluated along with the Program decision.

The decision of the Office of General Counsel shall be final.

Authority: O.C.G.A. §§ 31-2A-6, 31-15-5