

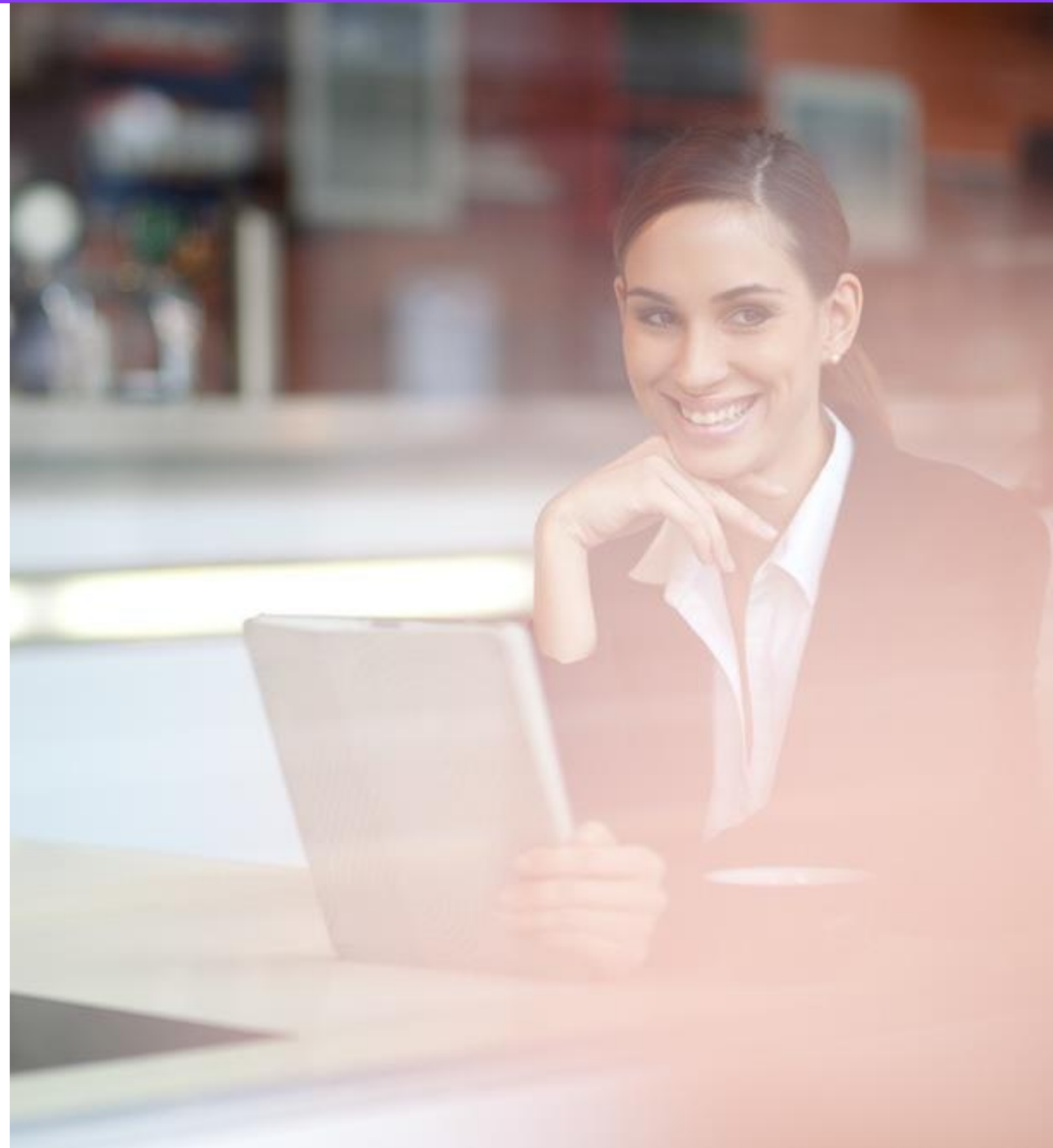


# Sentara Health Plans| Post Claim Clinical Appropriateness (PCCA) Submission Tutorial

Radiation Therapy and Medical Oncology

# Outline

- Post Claim Clinical Appropriateness (PCCA) Submission Steps
- PCCA Requirements
- Radiation Therapy PCCA Submission
- Medical Oncology PCCA Submission



# PCCA Submission Steps

## 1 Claim Submitted

Provider submits a claim to the health plan but approved authorization is not found.

## 2 Review Member Requests

Sentara Health Plans reviews a member's past requests to see if an existing authorization is on file.

If no authorization on file, Sentara Health Plans notifies provider to submit request via ProviderPortal

## 3 Provider Enters Case

Provider submits PCCA request via *ProviderPortal*

## 4 Case Review

Carelon will review the order request and makes a determination as to medical necessity.

## 5 Additional reviews

If a PCCA is not authorized by Carelon, all member and provider appeals will be managed by Sentara Health Plans.



# PCCA Requirements

	Rule
Program Start	Date of service must be on or after the program start
Member Eligibility	Must be eligible on date of service
PCCA Review Timeframe	Post Claim Clinical Appropriateness (PCCA) Review is limited to 3-365 calendar days after the date of service (for both MOC and RAD)
Claim No. Configuration	<i>Current Field Requirement: 11 characters</i> Claim # is only 10 digits – please add 0 (zero) at the end to satisfy character requirements
Lines of Business (LOB) Membership	Commercial, Medicare & Medicaid
Programs	Medical Oncology and Radiation Oncology





## Prerequisites prior to initiating a PCCA

- **Review patient records** to identify if a case has already been submitted to avoid duplicates
- **Review managed drug or CPT Code** list to understand if an authorization is required.
- **Locate the ten-digit claim number** and **date of claim submission**
- **Identify the required demographic and clinical data** to ensure you have all the necessary information to submit a case via the ProviderPortal



# Enter the Claim Number and Claim Submission Date

SMITH, JOHN Edit Hide Details

Member #: 107791102 Date of service: 10/1/2020

Date of Birth: 9/19/1967 Health Plan: Optima Health

Ordering Provider:

Step 2: Please select the Ordering Provider from the list below.

Ordering Provider Search

Search Type:

- Name
- TIN or NPI
- Address

First Name:

Last Name:

State:

**Post Medical Necessity Review**

Has the Health Plan directed you to AIM to submit a Post Claim Case after the claim was processed?

Yes  No

Please provide the following information

Claim Number  Claim Submission Date

I do not have this information

DISPLAYING 1-0 OF 0 RESULTS

Initiate a request in the Provider Portal like any other request and indicate the appropriate Date of Service.

The system will identify the request as a PCCA case based on the Date of Service and will ask for the following information:

- PCCA claim numbers consist of 11 digit alpha-numeric values
- If claim only has 10 digits add a '0' at the end
- Claim Submission Date

Continue with entering the standard clinical information and submit the request.

All other intake steps after this point are the same as a prospective case (Select Ordering Provider, Servicing Provider and complete Clinical Intake)





# How to submit PCCA case for Medical Oncology

*Note: Carelon Medical Benefits Management maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.*



# Provider Portal Home Page

The screenshot displays the 'Order Request' section of a provider portal. At the top, there is a navigation bar with a home icon and the text 'Order Request'. Below this, a welcome message reads 'Welcome DEMO TRAINING'. The main navigation area includes icons and links for 'Manage Your Physician List', 'Manage Your User Profile', and 'Reference Desk'. A central search form is titled 'Start Your Order Request Here' and contains the following fields:

- Service Date \***: A date input field with a calendar icon, containing the text 'MM/DD/YYYY'.
- Member Details:**
  - First Name \***: Input field containing 'jane'.
  - Last Name \***: Input field containing '85doe'.
  - Member ID \***: Input field containing '376699999'.
  - Date of Birth \***: Input field containing '01/01/1959'.

Below the search fields, there is a 'Hide Search Tips' link and a list of instructions:

- For all Radiology requests use Date of Service. For Genetic Testing use the testing date. For all other requests, use Service Date.
- Do not include suffix/dependent code. For Federal Employee (FEP) members, please include the leading "R" in the search. If the member is not found, remove the leading "R" and search again. If there is an asterisk as part of the Member ID, do not enter it before searching.
- Member not found? Try entering only the first 2 characters of the patient's first and last name.

A green button labeled 'Find This Member' is positioned at the bottom of the search form. On the left side of the page, there is a vertical sidebar with several menu items: 'Check Order Status', 'View Order History', 'Check Member's Eligibility', 'Check Claim Status', and 'Access Your Optinet Registration'.

To initiate a prior authorization request:

1. Enter the “**Date of Service**”
2. Provide the following member information:
  - Member First Name
  - Member Last Name
  - Member ID
  - Member DOB
3. Next, chose “**Find this Member**”

You can also:

- Check Order Status
- View Order History
- Manage Your Physician List
- Manage Your User Profile
- Reference Desk



# Order Type Selection

Order Request Medicare AUC Logout

[Back to Homepage](#) Print Preview

**Member Details**

123 MAIN STREET  
SUITE 500  
BRIDGEWATER, NJ 08807-6102

Date of Birth: 09/08/1973 Age: 49  
Male




Member ID: Alpha Prefix:


Service Date: 2/27/2023 [Edit Service Date](#)

**Eligibility Details**


Effective: 05/17/2021-12/31/9999 Product Code: Employer Group ID:

**The following solutions for the service date entered require a Pre-Authorization:**  
To initiate a request, please select the solution and then click the Start Order Request to start your request.

 View Code List <b>Diagnostic Imaging</b> Angiography, Bone Density CT, CTA, MRA, MRI, Nuclear Medicine, PET	 View Code List <b>Sleep Management</b> Diagnostic Sleep Study (home/lab), Titration Study, APAP/BPAP/CPAP, Oral Appliance, MSLT, MWT	 View Code List <b>Chemotherapy and Supportive Drugs</b> Review of cancer drugs, side effect management and treatment pathways
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 Urgent requests are not expected given the scope of Carelon's services. If you have any questions about a possible urgent request, please contact 866-766-0250. Start Order Request

**The following solutions for the service date entered do not require Pre-Authorization by Carelon. Please note that benefit limits, if applicable, will still be applied. Contact the health plan using the number on the back of the member's ID card if you have any questions regarding coverage or Pre-Authorization requirements.**

 View Code List <b>Musculoskeletal</b> Joint Surgery, Spine Surgery & Interventional Pain Management
---

Eligible solutions will display for the member and will be selectable

The medical oncology program is called Chemotherapy and Supportive Drugs.



# Member History

Please verify the list of Order Requests below to ensure you are not entering a duplicate request.

Member History											
Order ID	Procedure Description	ICD	Disease	Start Date	End Date	Ordering Provider	Outcome	Summary			
Voluntarily Withdrawn	Nivolumab	C43.0	Malignant melanoma of lip	2/21/2022	8/29/2022	SCULLY, THOMAS	Voluntary Cancellation	<a href="#">View</a>			
Voluntarily Withdrawn	Ipilimumab	C43.0	Malignant melanoma of lip	2/21/2022	8/29/2022	SCULLY, THOMAS	Voluntary Cancellation	<a href="#">View</a>			
Voluntarily Withdrawn	Dexamethasone Sodium Phosphate	C43.0	Malignant melanoma of lip	2/21/2022	8/29/2022	SCULLY, THOMAS	Voluntary Cancellation	<a href="#">View</a>			
Voluntarily Withdrawn	AKYNZEO	C50.011	Mal neo nipple&areola,rt fem breast	1/19/2022	5/4/2022	SCULLY, THOMAS	Voluntary Cancellation	<a href="#">View</a>			
Voluntarily Withdrawn	Cisplatin	C00.0	Malig neoplasm external upper lip	1/13/2022	3/31/2022	SCULLY, THOMAS	Voluntary Cancellation	<a href="#">View</a>			
Voluntarily Withdrawn	Nivolumab	C43.0	Malignant melanoma of lip	12/30/2021	7/7/2022	SCULLY, THOMAS	Voluntary Cancellation	<a href="#">View</a>			
Voluntarily Withdrawn	Ipilimumab	C43.0	Malignant melanoma of lip	12/30/2021	7/7/2022	SCULLY, THOMAS	Voluntary Cancellation	<a href="#">View</a>			
Voluntarily Withdrawn	Dexamethasone Sodium Phosphate	C43.0	Malignant melanoma of lip	12/30/2021	7/7/2022	SCULLY, THOMAS	Voluntary Cancellation	<a href="#">View</a>			
Voluntarily Withdrawn	Nivolumab	C43.0	Malignant melanoma of lip	12/23/2021	6/30/2022	SCULLY, THOMAS	Voluntary Cancellation	<a href="#">View</a>			
Voluntarily Withdrawn	Ipilimumab	C43.0	Malignant melanoma of lip	12/23/2021	6/30/2022	SCULLY, THOMAS	Voluntary Cancellation	<a href="#">View</a>			

1 2 3 4 5 >> >>>

DISPLAYING 1-10 OF 58 RESULTS

Historical order requests will display in the member history

Select “Next” to proceed with the order request entry or “Withdraw the request” if applicable



# Confirm PCCA Review Type

SMITH, JOHN Edit Hide Details

Member #: 107791102 Date of service: 10/1/2020

Date of Birth: 9/19/1967 Health Plan: Optima Health

Ordering Provider:

Step 2: Please select the Ordering Provider from the list below.

Ordering Provider Search

Search Type:

- Name
- TIN or NPI
- Address

First Name:

Last Name:

State:

**Post Medical Necessity Review**

Has the Health Plan directed you to AIM to submit a Post Claim Case after the claim was processed?

Yes  No

Please provide the following information

Claim Number  Claim Submission Date

I do not have this information

DISPLAYING 1-0 OF 0 RESULTS

All other intake steps after this point are the same as a prospective case (Select Ordering Provider, Servicing Provider and complete Clinical Intake)



- System recognizes the user is initiating a PCCA case.
- User validates the PCCA request and enters claim number.
- PCCA claim numbers consist of 11 digit alpha-numeric values.
- If claim only has 10 digits add a '0' at the end
- User searches and selects Ordering Provider.



# Select Ordering Provider

Order Request Logout

Step: 1 2 3 4 5 6 7 8

**85PARKER, MARY JANE** [Edit](#) [Hide Details](#)

Member #: 3766387660 Date of service: 8/30/2022

Date of Birth: 1/1/1943 Health Plan:

Ordering Provider:

Step 2: Please select the Ordering Provider from the list below.

**Ordering Provider Search**

Search Type:

- Name
- TIN or NPI
- Address

First Name:

Last Name:

State:

Recent Favorites Search Results View: Local

Favorite	Name	Address	City	Specialty	Health Plan
<input checked="" type="checkbox"/>	<a href="#">SMITH, JOSHUA</a>	700 PARK RIDGE LN	NORTH FOND DU LAC	Radiology	<input type="text"/>
<input type="checkbox"/>	<a href="#">SCULLY, THOMAS</a>	226 S WOODS MILL RD STE 40W	CHESTERFIELD	Urology	<input type="text"/>
<input type="checkbox"/>	<a href="#">SHARPE, BRYAN</a>	18051 RIVER AVE STE 200	NOBLESVILLE	Family Practice	<input type="text"/>
<input checked="" type="checkbox"/>	<a href="#">SCULLY, THOMAS</a>	2 PROGRESS POINT PKWY	O FALLON	Urology	<input type="text"/>
<input type="checkbox"/>	<a href="#">SMITH, JOSEPH</a>	1701 SENATE BLVD	INDIANAPOLIS	Pulmonary Diseases	<input type="text"/>
<input type="checkbox"/>	<a href="#">BUTTERMANN, GLENN</a>	730 10TH AVE	BALDWIN	Orthopedic Surgery	<input type="text"/>

1 2 3 4 5 6 7 8 DISPLAYING 1-6 OF 6 RESULTS

Select the ordering provider by clicking on the physician's name

Ordering providers that are associated with the requesting user's registration will be available for selection

Providers can be added to "Favorites" by clicking on the star to the left of the provider's name





# Ordering Provider Fax Number

The screenshot shows a web application interface for ordering a provider. The top navigation bar includes "Order Request" and "Logout". A progress indicator shows "Step 2" selected. The patient profile for "85PARKER, MARY JANE" is displayed, including Member # 3766387660, Date of service 8/30/2022, Date of Birth 1/1/1943, and Health Plan. Below the profile, the instruction "Step 2: Please select the Ordering Provider from the list below" is shown. The "Ordering Provider Search" section includes search type options (Name, TIN or NPI, Address) and input fields for First Name, Last Name, and State (Texas). A "Search" button is present. The search results table lists providers with columns for Name, Address, City, State, Specialty, and Health Plan. A modal dialog titled "Ordering Provider Fax Number" is overlaid on the search results, containing the text "Please enter or confirm the physician's secure fax number below.", a "FAX Number" input field with the value "(987) 654-6543", a link "Why do you need this?", and "Save" and "Fax Unavailable" buttons.

Name	Address	City	State	Specialty	Health Plan
FOND				Radiology	
ERFIELD				Urology	
VILLE				Family Practice	
SMALL, THOMAS	2 PROGRESS POINT PKWY	U FALLON		Urology	
SMITH, JOSEPH	1701 SENATE BLVD	INDIANAPOLIS		Pulmonary Diseases	
BUTTERMANN, GLENN	730 10TH AVE	BALDWIN		Orthopedic Surgery	

Enter or confirm the fax number to be used when communicating with the ordering provider

Press the "Save" button to continue



# Verify Dispensing Date

The screenshot shows a web application interface for an 'Order Request'. At the top, there is a blue header with a home icon, the text 'Order Request', and a 'Logout' link. Below the header is a progress indicator showing steps 1 through 8, with step 3 highlighted in blue. The main content area displays patient information for '85PARKER, MARY JANE' with an 'Edit' link and a 'Hide Details' link. The patient details include: Member #: 3766387660, Date of service: 8/30/2022, Date of Birth: 1/1/1943, Health Plan: (blurred), and Ordering Provider: SMITH, JOSHUA with an 'Edit' link. Below the patient details, a message reads: 'Step 3: Please enter the Dispensing Start Date if it prior to the Treatment Start Date'. A form field labeled 'Dispensing Date' contains the text '08/30/2022' and a calendar icon. At the bottom of the form, there are two buttons: 'Withdraw this request' and 'Next'.

The “Dispensing Date” will default to the start date for the treatment; verify and modify as needed

Select the “**Next**” button to continue

Note: If the requested drugs will be procured from an outside pharmaceutical supplier, the user can enter a dispensing date prior to the treatment start date



# Select Dispensing/Servicing Provider

Select the dispensing provider by clicking on the name from the default list of frequently used providers that displays

You can search for the dispensing provider if they are not listed by selecting the “Find Dispensing Provider” button and completing a search

The screenshot shows a web application interface for an 'Order Request'. At the top, there is a navigation bar with a home icon, the text 'Order Request', and a 'Logout' link. Below the navigation bar, a progress indicator shows 'Step: 1 2 3 4 5 6 7 8', with step 4 highlighted. The main content area is divided into two sections. The upper section displays member information for '85PARKER, MARY JANE', including Member # (3766387660), Date of service (8/30/2022), Date of Birth (1/1/1943), Health Plan, and Ordering Provider (SMITH, JOSHUA). The lower section is titled 'Step 4: Please Choose a Dispensing Provider.' and contains a 'Find Dispensing Provider' button. Below this button is a 'Provider Search Results' table with the following data:

Dispensing Provider	Address	City	State	Phone	Distance	Action	Map
<a href="#">SMITH, JOSHUA</a>	700 PARK RIDGE LN	NORTH FOND DU LAC	WI	888-720-2012	892.44	<a href="#">View Details</a>	<a href="#">View Map</a>

Below the table, there are navigation icons and the text 'DISPLAYING 1-1 OF 1 RESULTS'. At the bottom of the interface, there is a 'Withdraw this request' button.



# Dispensing Provider Place of Service Selection

The screenshot shows a web application interface for an 'Order Request'. At the top, there is a navigation bar with a home icon, the text 'Order Request', and a 'Logout' link. Below this is a progress indicator showing steps 1 through 8, with step 4 highlighted. The main content area is divided into two sections. The top section displays patient information for '85PARKER, MARY JANE', including member number, date of service, date of birth, health plan, and ordering provider. The bottom section is titled 'Step 4: Please Choose a Dispensing Provider.' and contains a 'Find Dispensing Provider' button. Below the button is a 'Provider Search Results' table with columns for Dispensing Provider, Address, City, State, Phone, Distance, Action, and Map. A single result for 'SMITH, JOSHUA' is shown. A dropdown menu is open over the provider name, titled 'Select Place of Service', with options: '--Select--', OFFICE, OUTPATIENT HOSPITAL, AMBULATORY INFUSION CENTER, AMBULATORY SURGICAL CENTER, and HOME. A 'Withdraw this request' button is also visible.

Order Request Logout

Step: 1 2 3 4 5 6 7 8

85PARKER, MARY JANE [Edit](#) Hide Details

Member #: 3766387660 Date of service: 8/30/2022

Date of Birth: 1/1/1943 Health Plan: Anthem CR

Ordering Provider: SMITH, JOSHUA [Edit](#)

Step 4: Please Choose a Dispensing Provider.

[Find Dispensing Provider](#)

Dispensing Provider	Address	City	State	Phone	Distance	Action	Map
<a href="#">SMITH, JOSHUA</a>	700 PARK RIDGE LN	NORTH FOND DU LAC	WI	888-720-2012	892.44	<a href="#">View Details</a>	<a href="#">View Map</a>

PLAYING 1-1 OF 1 RESULTS

[Withdraw this request](#)

SMITH, JOSHUA

Select Place of Service

- Select--
- OFFICE
- OUTPATIENT HOSPITAL
- AMBULATORY INFUSION CENTER
- AMBULATORY SURGICAL CENTER
- HOME

Select the place of service from the drop-down list

The place of service corresponds to the site where the chemotherapy will be administered



# Request Services

## Request Services

Some drugs used in a cancer treatment regimen require prior authorization by Carelon; other drugs may need review by other entities, such as pharmaceutical benefits management (PBM) companies or the health plan. For those drugs within a regimen NOT preauthorized by Carelon, clinical information is requested to determine Pathway eligibility.

### Search

**Drugs**

Partial Match - J

- J8999 | Abemaciclib (Verzenio) | PO
- J8999 | Abiraterone Acetate (Yonsa) | PO
- J8999 | Abiraterone Acetate (Zytiga) | PO
- J8999 | Acalabrutinib (Imbruvic) | PO
- J9354 | Ado-Trastuzumab (Herceptin) | PO
- J8999 | Afatinib (Gilead) | PO
- J9015 | Aldesleukin (Prolekin) | PO
- J8999 | Alectinib (Lorlatinib) | PO
- J8999 | Alpelisib (Tosynovis) | PO
- J8999 | Alpelisib (Tosynovis) | PO

**Regimen**

Show ▾

CONTINUE

## Request Services

Some drugs used in a cancer treatment regimen require prior authorization by Carelon; other drugs may need review by other entities, such as pharmaceutical benefits management (PBM) companies or the health plan. For those drugs within a regimen NOT preauthorized by Carelon, clinical information is requested to determine Pathway eligibility.

### Search

**Drugs**

**Regimen**

Partial Match - fol

- bev FOLFOX
- Rev. FOLFOX6

Register a Clinical Trial

CANCEL CONTINUE

ALL drugs being prescribed as part of the care plan should be entered

Search for individual drugs by:

- HCPCS Code (J-Code)
- Generic name
- Brand name

Clicking on the drug name in the results list adds it to the “Selected Drugs” list

Click “Continue” to proceed once all drugs have been entered



# Request Services | Clinical Trial

**Request Services**

Some drugs used in a cancer treatment regimen require prior authorization by Carelon; other drugs may need review by other entities, such as pharmaceutical benefits management (PBM) companies or the health plan. For those drugs within a regimen NOT preauthorized by Carelon, clinical information is requested to determine Pathway eligibility.

Search

Drugs:  Regimen:

Register a Clinical Trial Show ▾

**Request Services**

Some drugs used in a cancer treatment regimen require prior authorization by Carelon; other drugs may need review by other entities, such as pharmaceutical benefits management (PBM) companies or the health plan. For those drugs within a regimen NOT preauthorized by Carelon, clinical information is requested to determine Pathway eligibility.

Search

Drugs:  Regimen:

Register a Clinical Trial Hide ▲

NCT Number:

I don't have the NCT Number

**Register a Clinical Trial** Hide ▲

Face Page URL \*

I don't have the NCT Number

## To Register a Clinical Trial:

- Click “Show” link to expand the field
- Enter NCT Number and click verify
  - Messaging will display if an NCT number is valid or invalid
- If NCT number is not known, select “I don’t have the NCT Number” check box
  - User can enter the Face Page URL

Click “Continue” to proceed



# Request Services | Biosimilars

## Request Services

Some drugs used in a cancer treatment regimen require prior authorization by Carelon; other drugs may need review by other entities, such as pharmaceutical benefits management (PBM) companies or the health plan. For those drugs within a regimen NOT preauthorized by Carelon, clinical information is requested to determine Pathway eligibility.

### Search

#### Drugs

HCPCS, Generic or Brand Name

#### Regimen

You may only request one Regimen for each authorization; however, you may add additional Drugs to the selected Regimen. To search for another Regimen, please remove the selected Regimen.

### Selected Regimen

bevacizumab, fluorouracil, leucovorin and oxaliplatin (bev FOLFOX)

✕ Delete

J9263 | Oxaliplatin (Oxaliplatin) | IV

J9190 | Fluorouracil (Fluorouracil) | IV

#### Select Drugs:

Select

Select

C9257 | Bevacizumab (Avastin) | IV

J9035 | Bevacizumab (Avastin) | IV

Q5107 | Bevacizumab-awwb (Mvasi) | IV

Q5118 | Bevacizumab-bvzr (Zirabev) | IV

✕ Delete

If a regimen contains drugs with biosimilars, the user will need to specify a biosimilar for each drug using the drop-down boxes

Confirm the selected HCPCS code is correct

Note: Only one Regimen can be requested at a time, however multiple drugs can be entered with or without a Regimen



# Request Services | All drugs requested

## Request Services

Search

**Drugs**

**Regimen**

You may only request one Regimen for each authorization; however, you may add additional Drugs to the selected Regimen. To search for another Regimen, please remove the selected Regimen.

**Selected Regimen**

Rituxan, Doxorubicin, Vincristine, Cyclophosphamide, Prednisone (R-CHOP) ✕ Delete

J9070 | Cyclophosphamide (Cytosan)  
J9000 | Doxorubicin (Adriamycin)  
J7510 | Prednisone (Pediapred)  
J9310 | Rituxumab (Rituxan)  
J9999 | Vincristine (Vincasar PFS)

**Selected Drugs**

J2505 | pegfilgrastim (Neulasta) ✕ Delete

After all drugs have been added to the request, verify selections and click “Continue”





# Clinical Scenario

## Clinical Scenario

**Tumor Type\***

**ICD-10 Code\***

**Pathology \***  
*You can find this information in the pathology section of the electronic record*

**Stage\***

## Clinical Scenario

**Line of Treatm**

**Tumor Type\***  Clear

**ICD-10 Code\***  Clear  
ICD-10 Code dropdown choices are related to tumor type: Colon

**Pathology \***  
*You can find this information in the pathology section of the electronic record*

Clear

**Stage \***

Clear

**Line of Treatment \***

Clear

[CLEAR ALL](#)

User will complete clinical scenario information

- All fields on this page are required
- Answers can be selected via the drop-down boxes depending on the tumor type
- User has the option to “Clear” a selected answer next to each field or “Clear All”
  - Clearing a field will clear answers in the subsequent fields
- Selections on this screen will modify any subsequent biomarker or clinical justification questions asked later in the process

Once all fields have been completed, user can click “Save & Exit” or “Continue” to proceed



# Biomarkers

## Biomarkers

What are the biomarker (or other tests listed below) results?

**BRAF**  
 BRAF Mutated  BRAF Wild-Type  BRAF Unknown

**KRAS**  
 KRAS Mutated  KRAS Wild-Type  KRAS Unknown

**NRAS**  
 NRAS Mutated  NRAS Wild-Type  NRAS Unknown

**NTRK 1/2/3 gene fusion**  
 NTRK 1/2/3 Positive  NTRK 1/2/3 Negative  NTRK 1/2/3 Unknown

User will complete Biomarkers and other test results depending on the clinical scenario entered on the request.

- Select “Unknown” if biomarker value is unknown or not reported

Once all fields have been completed, user can click “Save & Exit” or “Continue” to proceed



# Performance Status

## Performance Status

What is the patient's performance status?

ECOG Scale  Karnofsky Scale

0 - Fully active, able to carry on all pre-disease performance without restriction

1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature

2 - Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours

3 - Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours

4 - Completely disabled and cannot carry on any selfcare; totally confined to a bed or chair

Unknown

User will enter performance status

- Select “Unknown” if performance status is unknown
- System defaults to “ECOG Scale”
- “Karnofsky Scale” is available if needed
- System will default to “Lansky Scale” for patients 18 and under

Once all fields have been completed, user can click “Save & Exit” or “Continue” to proceed



# Additional Biomarkers – Off Pathway Regimen

## Additional Biomarkers

Please enter additional biomarker (or other tests listed below) results for potential alternative regimens

**Microsatellite Instability/mismatch repair**

MSI/MMR Unknown    MSI/MMR Microsatellite Instability High (Msi-H)/Deficient Mismatch Repair (Dmmr)  
 MSI/MMR Microsatellite Stable Or Instability Low (Mss Or Msi-L)/Proficient Mismatch Repair (Pmmr)

---

**CANCEL**   **BACK**   **SAVE & EXIT**   **CONTINUE**

User will be prompted to enter additional biomarkers/other test results *if an Off-Pathway regimen is selected*

- Alternative regimens will display based on the additional biomarkers/other test results selected
- Select “Unknown” if Biomarker is unknown

Once all fields have been completed, user can click “**Save & Exit**” or “**Continue**” to proceed



# Alternative Regimens

**Alternative Regimens**

Based on your clinical scenario, please consider choosing an alternative Regimen by selecting a row in the table below and clicking 'Update Regimen' to continue.

Regimen Name (Nickname)	Required Biomarker(s)	Pathway Eligible
trastuzumab (trastuz)	5q- (5q minus), HER2	No

trastuzumab (trastuz)

SAVE & EXIT UPDATE REGIMEN

**Alternative Regimens**

**Selected Drugs**

You have requested drugs that may require additional review:

- Q5107 | Bevacizumab-awwb (Mvasi) | IV
- J9190 | Fluorouracil (Fluorouracil) | IV
- J0640 | Leucovorin Calcium (Leucovorin Calcium) | IJ
- J9263 | Oxaliplatin (Oxaliplatin) | IV

**Alternative Regimens**

Based on your clinical scenario, please consider choosing an alternative Regimen by selecting a row in the table below and clicking 'Update Regimen' to continue.

Regimen Name (Nickname)	Required Biomarker(s)	Pathway Eligible
Keytruda (Keytruda)	BRAF, KRAS, MSI/MMR, NRAS, NTRK 1/2/3	Yes

CANCEL BACK SAVE & EXIT CONTINUE WITH CURRENT DRUG SELECTION

Based on patient's diagnosis and biomarker test results, the Alternative Regimens screen displays

- Eligible On-Pathway or Off-Pathway alternative regimens will be provided
- User can select an alternative regimen and click "Update Regimen"

OR

- User can continue with the current drugs and click "Continue with Current Drug Selection"



# Dosing Schedule

**Dosing Schedule**

Enter height and weight to see doses as final doses

Height \*

Unit \*

Weight \*

Unit \*

[CREATE NEW DOSING SCHEDULE](#)

**Bev- FOLFOX6 - Pathway Ineligible** [Edit](#)

Drugs	Dose Amount	Final Dose	Route	Daily Frequency	Schedule	Cycle Length	Cycles
Bevacizumab (Avastin)	5.000 MG/KG	272.000 MG	IV	QD	D1	14 Days	Cycle 1
Oxaliplatin (Oxaliplatin)	85.000 MG/M2	129.200 MG			D1		
Fluorouracil (Fluorouracil)	400.000 MG/M2	608.000 MG			D1		
Fluorouracil (Fluorouracil)	1,200.000 MG/M2	1,824.000 MG			D1, 2		
Leucovorin Calcium (Leucovorin Calcium)	400.000 MG/M2	608.000 MG			D1		

[SELECT](#)

**QA DS bev FOLFOX - Pathway Ineligible** [Edit](#)

Drugs	Dose Amount	Final Dose	Route	Daily Frequency	Schedule	Cycle Length	Cycles
Bevacizumab (Avastin)	5.000 MG/KG	272.000 MG	IV	QD	D1	14 Days	Cycle 1
Oxaliplatin (Oxaliplatin)	85.000 MG/M2	129.200 MG			D1		
Fluorouracil (Fluorouracil)	400.000 MG/M2	608.000 MG			D1		
Fluorouracil (Fluorouracil)	400.000 MG/M2	608.000 MG			D1		
Leucovorin Calcium (Leucovorin Calcium)	400.000 MG/M2	608.000 MG			D1		

[SELECT](#)

[CANCEL](#) [BACK](#)

[SAVE & EXIT](#)

Multiple dosing schedules could display, and user can Select, Edit or Create a Dosing Schedule

User is required to enter Height and Weight

- Some drugs have weight-based doses
- System will calculate the flat dose
- Final Dose column will display once height and weight are entered



# Dosing Schedule | Create a New Dosing Schedule

## Dosing Schedule - Edit

Enter height and weight to see doses as final doses

Height:  Unit:  Weight:  Unit:

### New Dosing Schedule - Pathway Ineligible

Cycle Length Day(s)\*:  Number of Cycles\*:

Drugs	Dose	On Cycle		
<input type="text" value="Trastuzumab (Herceptin)"/>	No Doses exist for Drug/Cycle Length combination	<input type="text" value="Select"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input type="text" value="Carboplatin (Paraplatin)"/>	No Doses exist for Drug/Cycle Length combination	<input type="text" value="Select"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input type="text" value="Pertuzumab (Perjeta)"/>	No Doses exist for Drug/Cycle Length combination	<input type="text" value="Select"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input type="text" value="Docetaxel (DOCEtaxel)"/>	No Doses exist for Drug/Cycle Length combination	<input type="text" value="Select"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input type="button" value="Add Drug Dose"/>				

If the drug dose you are looking for doesn't exist, you can create a new dose by [clicking here](#)

User can create a new drug dose if one does not match for the intended drug or regimen

Cycle length, number of cycles, dose, etc. will need to be entered

Select “Confirm Changes” once dosing has been entered



# Dosing Schedule | Custom Treatment

When a custom treatment is entered on a request:

- System will not identify any specific dosing related to the custom regimen entered
- User will need to enter a new dosing schedule and complete each field
- Custom regimens will display as “Pathway Ineligible”

Select “**Confirm Changes**” once dosing has been entered

Note: Custom treatments may pend for additional clinical review

## Dosing Schedule

Enter height and weight to see doses as final doses

Height	Unit	Weight	Unit
<input type="text"/>	inches	<input type="text"/>	pounds

The combination of drugs that have been requested do not have an associated dosing schedule. Please create a dosing schedule for the patient

### New Dosing Schedule - Pathway Ineligible

Cycle Length Day(s) *	Number of Cycles *		
<input type="text"/>	<input type="text"/>		
Drugs	Dose	On Cycle	
Select	No Doses exist for Drug/Cycle Length combination	Select	Edit
+ Add Drug Dose			
If the drug dose you are looking for doesn't exist, you can create a new dose by <a href="#">clicking here</a>			

+ Add a new Cycle

CONFIRM CHANGES





# Regimen | Pathway eligibility

TCH+P Q21 C1-6 Trast BLD/6 D1 Pert 840 LD/240 D1 C1-6 - Pathway Eligible ✎ Edit

Drugs	Dose Amount	Final Dose	Route	Daily Frequency	Schedule	Cycle Length	Cycles
Carboplatin (Paraplatin)	6.000 AUC	900.000 MG	IV	QD	D1	21 Days	Cycles 1-6
Docetaxel (DOCEtaxel)	75.000 MG/M2	118.500 MG			D1		
Trastuzumab (Herceptin)	8.000 MG/KG	472.000 MG			D1		
Trastuzumab (Herceptin)	6.000 MG/KG	354.000 MG			D1		
Trastuzumab (Herceptin)	420.000 MG	420.000 MG			D1		
Pertuzumab (Perjeta)	840.000 MG	840.000 MG			D1		
Pertuzumab (Perjeta)							
Pertuzumab (Perjeta)							

**SELECT**

TCHP O21 C1-6 + HP Maintenance C6 - Pathway Ineligible ✎ Edit

Drugs	Dose Amount	Final Dose	Route	Daily Frequency	Schedule	Cycle Length	Cycles
Carboplatin (Paraplatin)	6.000 AUC	900.000 MG	IV	QD	D1	21 Days	Cycles 1-18
Docetaxel (DOCEtaxel)	75.000 MG/M2	118.500 MG			D1		
Trastuzumab (Herceptin)	8.000 MG/KG	472.000 MG			D1		
Trastuzumab (Herceptin)	6.000 MG/KG	354.000 MG			D1		
Trastuzumab (Herceptin)	420.000 MG	420.000 MG			D1		
Pertuzumab (Perjeta)	840.000 MG	840.000 MG			D1		
Pertuzumab (Perjeta)							
Pertuzumab (Perjeta)							

**SELECT**

Pathway eligibility displays next to the regimen name

If dosing schedule is correct, click “Select” to continue



# Additional Clinical Information

Member Age is not Greater Than or Equal To 65 Years

CONFIRM

L > ECOG is not 3 - 4

CONFIRM

L > Which one of the following risk factors does the individual have?

- Prior chemotherapy or radiation therapy
- Persistent neutropenia
- Bone marrow involvement by tumor
- Recent surgery or open wounds
- Liver dysfunction (bilirubin greater than 2.0)
- Renal dysfunction (creatinine clearance less than 50)
- HIV infection
- Chronic immunosuppression in the post-transplant setting, including organ transplant
- None of the above
- Unknown

CONFIRM

You have reached the end of the questions. Click Continue to move to the next section.

CANCEL BACK SAVE & EXIT CONTINUE

Additional clinical questions may display when requesting supportive drugs

- User should “Confirm” the questions that display and select the appropriate responses

Once all fields have been completed, user can click “Save & Exit” or “Continue” to proceed



# Additional Clinical Information

## Additional Clinical Information

**Does the individual have adequate cardiac function? \***

Yes  
 No  
 Unknown

**Will cardiac function be monitored at regular intervals (e.g. every 3 months) during treatment? \***

Yes  
 No  
 Unknown

**Has the disease progressed on or after prior treatment that contained pertuzumab (Perjeta)? \***

Yes  
 No  
 Unknown

---

**CANCEL** **BACK** **SAVE & EXIT** **CONTINUE**

Additional clinical questions may display based on the clinical scenario entered on the request

- User should answer the questions accordingly

Once all questions have been completed, user can click “Save & Exit” or “Continue” to proceed



# Review and Continue

**Review & Continue**

Your request for J9045 | Carboplatin (Paraplatin), J9171 | Docetaxel (DOCEtaxel), J9306 | Pertuzumab (Perjeta), J9355 | Trastuzumab (Herceptin) does not require additional review at this time

Your request for J2506 | Pegfilgrastim (Neulasta) does not require additional review at this time

Request Summary

docetaxel, carboplatin, trastuzumab and pertuzumab (TCHP)

J9045 | Carboplatin (Paraplatin) | IV  
J9171 | Docetaxel (DOCEtaxel) | IV  
J9306 | Pertuzumab (Perjeta) | IV  
J9355 | Trastuzumab (Herceptin) | IV  
J2506 | Pegfilgrastim (Neulasta) | SC

Clinical Scenario [Edit](#)

**Review & Continue**

Your request for J9045 | Carboplatin (Paraplatin), J9171 | Docetaxel (DOCEtaxel), J9306 | Pertuzumab (Perjeta), J9355 | Trastuzumab (Herceptin) does not require additional review at this time

Your request for J2506 | Pegfilgrastim (Neulasta) does not require additional review at this time

Height 60 inches Weight 130 pounds

Drugs	Dose Amount	Final Dose	Route	Daily Frequency	Schedule	Cycle Length	Cycles
Carboplatin (Paraplatin)	6,000 AUC	900,000 MG			D1		
Docetaxel (DOCEtaxel)	75,000 MG/M2	118,500 MG			D1		
Trastuzumab (Herceptin)	6,000 MG/M2	472,000 MG	IV	QD	D1	21 Days	Cycles 1-6
Trastuzumab (Herceptin)	6,000 MG/M2	354,000 MG			D1		
Trastuzumab (Herceptin)	420,000 MG	420,000 MG			D1		
Pertuzumab (Perjeta)	840,000 MG	840,000 MG			D1		
Pertuzumab (Perjeta)							

Additional Clinical Information [Edit](#)

Has the disease progressed on or after prior treatment that contained pertuzumab (Perjeta)? No

Additional Clinical Information for WBC Growth Factor [Edit](#)

Rules Applied Member Age is not Greater Than or Equal To 85 Years, ECOG is not 3 - 4

Which one of the following risk factors does the individual have?

[CANCEL](#) [BACK](#) [SAVE & EXIT](#) [CONTINUE](#)

Messaging regarding the requested drugs will display at the top of the Review & Continue page

User will review a summary of each of the components of the request and can edit each section if needed via the "Edit" button on the right



# Review and Continue

## Biomarkers

Biomarkers HER2 Unknown

Edit

## Performance Status

Performance Status 0 ECOG

Edit

## Dosing Schedule

Height 60 inches

Weight 130 pounds

Edit

Drugs	Dose Amount	Final Dose	Route	Daily Frequency	Schedule	Cycle Length	Cycles
Carboplatin (Paraplatin)	6,000 AUC	900,000 MG	IV	QD	D1	21 Days	Cycles 1-6
Docetaxel (DOCETAXEL)	75,000 MG/M2	118,500 MG			D1		
Trastuzumab (Herceptin)	8,000 MG/KG	472,000 MG			D1		
Trastuzumab (Herceptin)	6,000 MG/KG	354,000 MG			D1		
Pertuzumab (Perjeta)	420,000 MG	420,000 MG			D1		
Pertuzumab (Perjeta)	840,000 MG	840,000 MG			D1		

## Additional Clinical Information

Has the disease progressed on or after prior treatment that contained pertuzumab

Edit

## Review & Continue

Your request for 0645 | Carboplatin (Paraplatin), 09171 | Docetaxel (DOCETAXEL), 09306 | Pertuzumab (Perjeta), 09355 | Trastuzumab (Herceptin) does not require additional review at this time

Your request for 02006 | Pegfilgrastim (Neulasta) does not require additional review at this time

### Request Services

#### docetaxel, carboplatin, trastuzumab and pertuzumab (TCHP)

0645 | Carboplatin (Paraplatin) | IV  
09171 | Docetaxel (DOCETAXEL) | IV  
09306 | Pertuzumab (Perjeta) | IV  
09355 | Trastuzumab (Herceptin) | IV

#### Supportive Drug

02006 | Pegfilgrastim (Neulasta) | SC

### Clinical Scenario

Tumor Type: Breast  
Tumor Sub-Type: Invasive  
Pathology: Inflammatory  
Stage: Stage II  
Line of Treatment: 2nd line

### Biomarkers

HER2 Unknown

### Performance Status

Performance Status: 0 ECOG

### Dosing Schedule

Height: 60 inches

Weight: 130 pounds

Drugs	Dose Amount	Final Dose	Route	Daily Frequency	Schedule	Cycle Length	Cycles
Carboplatin (Paraplatin)	6,000 AUC	900,000 MG	IV	QD	D1	21 Days	Cycles 1-6
Docetaxel (DOCETAXEL)	75,000 MG/M2	118,500 MG			D1		
Trastuzumab (Herceptin)	8,000 MG/KG	472,000 MG			D1		
Trastuzumab (Herceptin)	6,000 MG/KG	354,000 MG			D1		
Pertuzumab (Perjeta)	420,000 MG	420,000 MG			D1		
Pertuzumab (Perjeta)	840,000 MG	840,000 MG			D1		

### Additional Clinical Information

Has the disease progressed on or after prior treatment that contained pertuzumab (Perjeta)?

### Additional Clinical Information for WBC Growth Factor

Rules Applied: Member Age is not Greater Than or Equal To 65 Years, ECOG is not 3-4  
Which one of the following risk factors does the individual have?  
Prior chemotherapy or radiation therapy

CANCEL BACK

SAVE & EXIT CONTINUE

User will review a summary of each of the components of the request and can edit each section if needed via the “Edit” button on the right

When all the information is verified, submit the request by clicking the “Submit” button at the bottom of the page



# Order request preview

corelon. ProviderPortal.

Order Request Logout

Go to Homepage Submit This Request Save as PDF Print

Chart documentation may be uploaded using the "Attach File" button below. You may come back later to View Order History to edit any open drug(s). Select "Email" to share a link to this case with another authorized user. Email

corelon. ProviderPortal.

## Order Request Preview

**Case Status:**  
Has Not Been Submitted

**Health Plan:**

**Member Information:**

**Ordering Provider:**

**Dispensing Provider:** Edit

Modify clinical

The Order Request Preview allows users to confirm the requested items prior to submission

The "Modify clinical" button can be used to make updates to previously entered information

Select the "Submit This Request" button to complete the order request



# Order request preview



ProviderPortal

## Order Request Preview

Case Status:

Has Not Been Submitted

Health Plan:

Member Information:



Ordering Provider:



Dispensing Provider: [Edit](#)



The drug administration information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed. Please note that one or more of these drugs may also require review by a pharmacy benefit manager prior to payment. Please contact the number listed on the back of the member's identification card for more information.

### DRUG DETAILS:

ITEM #	HCPCS	DESCRIPTION	REQUEST STATUS
1	J9228	Ipilimumab	
Dose range: 204.12 mg		Treatments per	
Cycle length: 21 Days		Cycle: 1 visits	
Cycles/Duration: 1,2,3,4 cycles/ 84 Days		Total Treatments: 4	
Direction: 204.12 mg Day 1 QD Cycles 1,2,3,4		Total Billing Units: 820	
2	J9299	Nivolumab	
Dose range: 68.04 - 240 mg		Treatments per	
Cycle length: 21 Days		Cycle: 1 visits	
Cycles/Duration: 5,6,7,8,9,10 cycles/ 168 Days		Total Treatments: 10	
Direction: 240 mg Day 1 QD Cycles 5,6,7,8,9, 10; 68.04 mg Day 1 QD Cycles 1,2,3,4		Total Billing Units: 1716	

The Order Request Preview allows users to confirm the requested items prior to submission

Select the "Submit This Request" button to complete the order request



# Attach Clinical Information, *Optional*

**Diagnosis:** C43.10 Mal melan unsp eyelid,incl canthus

**Clinical Information:** [-]

**Disease:** Melanoma

**Pathology:** Melanoma

**Stage:** IV

**Treatment:** Second Line

**Performance Status:** 0 - Normal Activity (asymptomatic)

**Biomarkers:** Microsatellite Instability - Not reported;c-kit status - Not reported;NTRK Fusion - Not reported;BRAF status - Unknown;

**Justification Questions:**

Does the individual have unresectable or metastatic disease?True

Has the individual received prior treatment with another anti-PD-1 or anti-PD-L1 agent?False

Is the individual receiving immunosuppressive drug therapy for an autoimmune disease or chronic condition?False

**Drug Justification Questions:**

## ATTACHMENTS

(LIMIT: 20)

FILENAME	DOCUMENT TYPE	FILE SIZE (Max: 4 MB)	STATUS	ACTION
----------	---------------	--------------------------	--------	--------

If you have additional files, attach them now otherwise continue.

ATTACH FILE

Clinical information can be reviewed at the bottom of the Preview Summary

Should additional clinical need to be submitted, the **Attach File** option is located at the bottom of the Summary

Press “Attach File” and Browse for the record to attach





# Additional clinical information screen

Enter Additional Clinical Information Below

Please provide the Assessment and Plan information from the most recent Progress Note or call us before the end of the next business day at 8443771282

First Name REQUIRED

Last Name REQUIRED

Phone Ext

Email REQUIRED

If you have entered "other", "unknown", or "none of these apply" to any of the clinical questions, provide the additional clinical details supporting this request below. Also, provide any additional pertinent information to support a review of this procedure.

Additional clinical information: (Maximum 1800 characters) REQUIRED

Save Cancel

If a case does not auto approve, additional information may be included on the Additional clinical information screen

Note: Urgent cases submitted when the Call Center is closed must be indicated as such in the comments section; please also include a contact and phone number should a peer-to-peer be required



# Order request summary

This screenshot shows the 'Order Request' summary page for an 'Authorized' status. The page header includes 'Order Request' and 'Logout'. Below the header are buttons for 'Withdraw this request', 'Begin Another Request', 'Go to Homepage', 'Save as PDF', and 'Print'. A message states: 'Chart documentation may be uploaded using the "Attach File" button below. You may come back later to View Order History to edit any open drug(s). Select "Email" to share a link to this case with another authorized user.' The Carelon logo and 'ProviderPortal' are visible. The main content area displays 'Order Request Summary' with a green box containing 'Order ID: 135487923' and a green checkmark with the word 'Authorized'. Below this, 'Valid Date Range: 04/29/2022 - 10/14/2022' is shown. On the left, 'Health Plan:' is followed by a blurred box, and 'Start Date: 04/29/2022' and 'Pathway Eligible ID: 135487923' are listed.

This screenshot shows the 'Order Request' summary page for an 'In Progress' status. The page header includes 'Order Request' and 'Logout'. Below the header are buttons for 'Begin Another Request', 'Go to Homepage', 'Save as PDF', and 'Print'. A yellow banner at the top reads: 'If the ordering provider would like to discuss this case with a Carelon Medical Benefits Management physician reviewer, contact Carelon.' A message states: 'Chart documentation may be uploaded using the "Attach File" button below. You may come back later to View Order History to edit any open drug(s). Select "Email" to share a link to this case with another authorized user.' The Carelon logo and 'ProviderPortal' are visible. The main content area displays 'Order Request Summary' with a yellow box containing 'Order ID: 135968163' and a yellow exclamation mark with the words 'In Progress'. Below this, 'Anticipated Determination Date: 02/24/2023' is shown. On the left, 'Health Plan:' is followed by a blurred box, and 'Start Date: 02/27/2023' is listed. Below the summary, there are sections for 'Member Information:', 'Ordering Provider:', and 'Dispensing Provider: Edit', each followed by a blurred box.

Requests that meet clinical criteria will be approved upon case submission and will display as “Authorized”

Regimens that also satisfy Pathway criteria will receive a Pathway Eligible ID in addition to the Order ID

Requests that may require additional review will display as “In Progress”

Requests that included all non-managed drugs (AIM is not delegated to review), the banner will display “Completed” and all drug level details will state AIM Clinical Review not Required”

# Order request summary - drug level details

The drug administration information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed. Please note that one or more of these drugs may also require review by a pharmacy benefit manager prior to payment. Please contact the number listed on the back of the member's identification card for more information. Specialty drugs currently not requiring a prior authorization may change to requiring a prior authorization in the future.

Please call [REDACTED] for all Urgent Requests.

## DRUG DETAILS:

ITEM #	HCPCS	DESCRIPTION	REQUEST STATUS	
1	J9228	Ipilimumab	Authorized	
Dose range:		204.12 mg	Treatments per	
Cycle length:		21 Days	Cycle:	1 visits
Cycles/Duration:		1,2,3,4 cycles/ 84 Days	Total Treatments:	4
Direction:		204.12 mg Day 1 QD Cycles 1,2,3,4	Total Billing Units:	820
2	J9299	Nivolumab	Authorized	
Dose range:		68.04 - 240 mg	Treatments per	
Cycle length:		21 Days	Cycle:	1 visits
Cycles/Duration:		5,6,7,8,9,10 cycles/ 168 Days	Total Treatments:	10
Direction:		240 mg Day 1 QD Cycles 5,6,7,8,9, 10; 68.04 mg Day 1 QD Cycles 1,2,3,4	Total Billing Units:	1716

The Order Request Summary provides detailed drug-level review outcomes

Additional information regarding next steps is provided in the health plan specific disclaimer located above the requested items

### **Configurable Status Options:**

- Authorized
- Non-Authorized
- Refer to Health Plan
- Refer to PBM
- AIM Clinical Review Not Required





# How to submit PCCA case for Radiation Therapy



## Step 1 – Confirm PCCA Review Type

### Step 2 – User Selects Ordering Provider

from the list below.

Recent Favorites Search Results View: Local

Ordering Providers

**Post Medical Necessity Review**

Has the Health Plan directed you to AIM to submit a Post Claim Case after the claim was processed?

Yes  No

Please provide the following information

Claim Number  Claim Submission Date

I do not have this information

OK

Specialty	Health Plan
Internal Medicine	Optima Health
Other	Optima Health
Other	Optima Health

DISPLAYING 1-3 OF 3 RESULTS

Withdraw this request

All other intake steps after this point are the same as a prospective case (Select Ordering Provider, Servicing Provider and complete Clinical Intake)

- System recognizes the user is initiating a PCCA case
- User validates the PCCA request and enters claim number
- PCCA claim numbers consist of 11 digit alpha-numeric values.
  - If claim only has 10 digits add a '0' at the end
- User searches and selects Ordering Provider



## Step 3 – Select Planning Start Date

85DUCK, DAISY [Edit](#) [Hide Details](#)

Member #:	3333333330	Treatment Start Date:	6/1/2020
Date of Birth:	1/1/1985	Health Plan:	
Ordering Provider:	DAGEFORDE, DAVID <a href="#">Edit</a>		

Step 3: Please enter the Planning Start Date if it prior to the Treatment Start Date

Planning Start Date

[Calendar](#)

[Have a comment or suggestion?](#)

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- **User selects Planning Start Date / Simulation Date**



## Step 4 – Select Servicing Provider

85DUCK, DAISY [Edit](#) [Hide Details](#)  
 Member #: 333333330 Treatment Start Date: 6/1/2020  
 Date of Birth: 1/1/1985 Health Plan:  
 Ordering Provider: DAGEFORDE, DAVID [Edit](#)

Step 4: Please Choose a Provider.

Provider Search

Facility Name:

City:

State  
 Kentucky

Zip Code:

OR

Group NPI:

In Network  Out of Network

Provider Search Results

Facility	Address	City	State	Phone	Distance	Action	Map
<a href="#">BAPTIST HEALTH LEXINGTON</a>	1740 NICHOLASVILLE RD	LEXINGTON	KY	(859) 260-6100	158.90	<a href="#">View Details</a>	<a href="#">View Map</a>
<a href="#">BAPTIST HEALTH LEXINGTON</a>	1740 NICHOLASVILLE RD	LEXINGTON	KY	(859) 260-6100	158.90	<a href="#">View Details</a>	<a href="#">View Map</a>
<a href="#">BAPTIST HEALTH LEXINGTON</a>	2100 NICHOLASVILLE RD	LEXINGTON	KY	(859) 260-6197	159.40	<a href="#">View Details</a>	<a href="#">View Map</a>
<a href="#">BAPTIST HEALTH LEXINGTON</a>	1775 ALYSHEBA WAY	LEXINGTON	KY		164.61	<a href="#">View Details</a>	<a href="#">View Map</a>
<a href="#">ENDOSCOPY AND SURGICAL CENTER OF LEXINGTON CLINIC</a>	1225 S BROADWAY STE 200	LEXINGTON	KY	(859) 258-4100	157.79	<a href="#">View Details</a>	<a href="#">View Map</a>
<a href="#">GEORGETOWN COMMUNITY HOSPITAL</a>	1140 LEXINGTON RD	GEORGETOWN	KY	(502) 868-1100	147.74	<a href="#">View Details</a>	<a href="#">View Map</a>
<a href="#">KENTUCKY RENAL CARE LEXINGTON EAST</a>	1101 WINCHESTER RD STE 100	LEXINGTON	KY	(859) 225-4922	159.04	<a href="#">View Details</a>	<a href="#">View Map</a>
<a href="#">LEXINGTON CLINIC AMBULATORY SURGERY CTR</a>	1225 S BROADWAY STE 100	LEXINGTON	KY	(859) 258-4000	157.79	<a href="#">View Details</a>	<a href="#">View Map</a>
<a href="#">LEXINGTON DIAGNOSTIC CENTER</a>	1725 HARRODSBURG RD STE 100	LEXINGTON	KY	(859) 278-7226	157.84	<a href="#">View Details</a>	<a href="#">View Map</a>
<a href="#">LEXINGTON FOOT CENTER</a>	1901 LEITCHFIELD RD	OWENSBORO	KY	(270) 684-5252	161.88	<a href="#">View Details</a>	<a href="#">View Map</a>

14/ << 1 2 3 4 >> 14

DISPLAYING 1-10 OF 32 RESULTS

[Return to Provider List](#) [Submit a Facility](#) [Delete this request](#)

- **Select or search for a servicing provider**

- Facility Name
- Group NPI

•OR

- **Enter a provider manually by selecting “Submit a Facility”**



## Step 5 – Select Procedure

85DUCK, DAISY [Show Details](#)

Step 5: Please select the desired procedure.

### Radiation Therapy Procedure

Please begin by either the Primary Treatment and / or Boost:

Primary Treatment: ⓘ  
Proton Beam (CPT 77520) ▼

Boost: ⓘ  
Proton Beam (CPT 77520) ▼

Select all Associated Services being requested:

- Special radiation treatment (CPT 77470)
- Special radiation physics consult (CPT 77370)
- Image-guided radiation therapy (IGRT) (CPT 77387)
- Hydrogel Spacer (CPT 55874)

[Continue](#) [Delete this request](#)

- **Select Primary Treatment and Boost**
- **Select Associated Services**





## Step 6 – Enter Clinical Information

Step 5: Please enter the Patient Disease Information.

Patient Disease Details

Treatment is for:  Primary Tumor  Metastatic Lesion  Other

Diagnosis: Prostate Cancer

Pathology: Adenocarcinoma

TNM or Staging:  TNM  Stage  Unknown

Stage: IIA

---

Bio-Markers

Gleason Score: 7

PSA: 4.1 - 9.9 ng/ml

---

Treatment: Definitive

Goal: Curative

Performance Status: 0 - Normal Activity (asymptomatic)

Continue

- Enter clinical information
- Please note: You have the option to enter TNM or Staging.
- When you finish, click “Continue”.



## Step 7 – Continue Entering Clinical Information

231BEAR, YOGI Hide Details

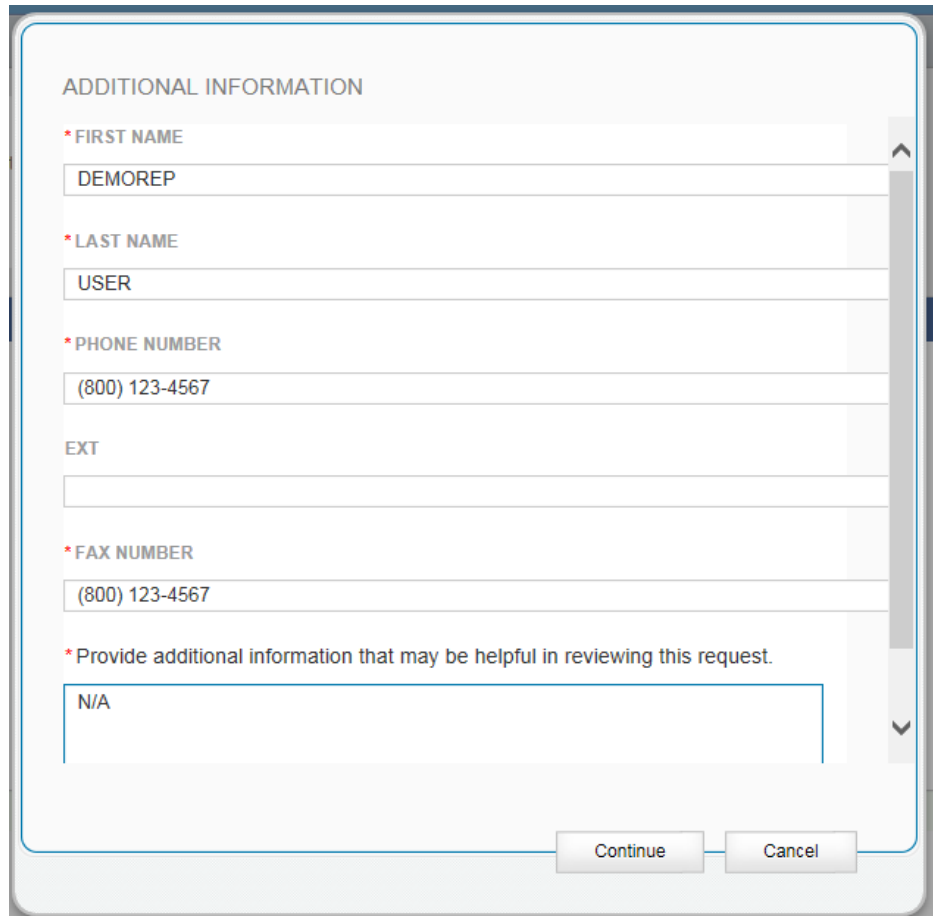
Member #: 0022310XU03 Treatment Start Date: 11/1/2020  
Date of Birth: 1/1/1994 Health Plan: Optima Health  
Ordering Provider: SMITH, JOHN H

PROCEDURES REQUESTED (1)	ENTER MEMBER'S CLINICAL INFORMATION
<b>Proton Beam Includes Boost</b> ▶	<p>Please answer the following questions to provide as much information as possible for clinical review.</p> <p><b>DIAGNOSIS</b> Prostate Cancer</p> <p><b>CLINICAL INFORMATION</b></p> <p>* Is this request for repeat irradiation in a previously treated field?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>* Has an IMRT or EBRT plan been done?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>* Would dose tolerance of surrounding normal structures be exceeded with 3D conformal radiation or IMRT?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown</p> <p>All clinical questions have been answered, select <b>Next</b> to continue.</p> <p><input type="button" value="Delete this request"/> <input type="button" value="Save and Exit"/> <input type="button" value="Next"/></p>

When finished, click  
“Next”.



If you answer “unknown” or further review is required, you will see this screen



ADDITIONAL INFORMATION

\* FIRST NAME  
DEMOREP

\* LAST NAME  
USER

\* PHONE NUMBER  
(800) 123-4567

EXT

\* FAX NUMBER  
(800) 123-4567

\* Provide additional information that may be helpful in reviewing this request.  
N/A

Continue Cancel

- Fill out the necessary information.
- You can type any additional clinical information in the box below or you will have the opportunity to upload clinical documents in the end.
- If you chose not to type any information, please type “N/A” in the box
- When finished, click “Continue”.



# Step 8 – Continue Entering Clinical Information

231BEAR, YOGI Hide Details

Member #: 0022310XU03    Treatment Start Date: 11/1/2020  
Date of Birth: 1/1/1994    Health Plan: Optima Health  
Ordering Provider: SMITH, JOHN H

**PROCEDURES REQUESTED (1)**


**Proton Beam Includes Boost** ▶


**ENTER MEMBER'S CLINICAL INFORMATION**

Please answer the following questions to provide as much information as possible for clinical review.  
If Total Planned Dosage is not available, please, enter 1.

**DIAGNOSIS**  
Prostate Cancer

**TREATMENT INFORMATION**

Treatment Start Date  
 

Treatment End Date  
 

\*Planned total dose (Gy)  
 Gy

\*Total number of fractions  
 fractions

All treatment information has been entered, select **Next** to continue.

Click “Next” to  
continue



## Step 9 – Review entered information, continue with request once verified

**REQUEST SUMMARY** Expand All ▾

**Proton Beam Includes Boost**  
Prostate Cancer

No additional information is required.

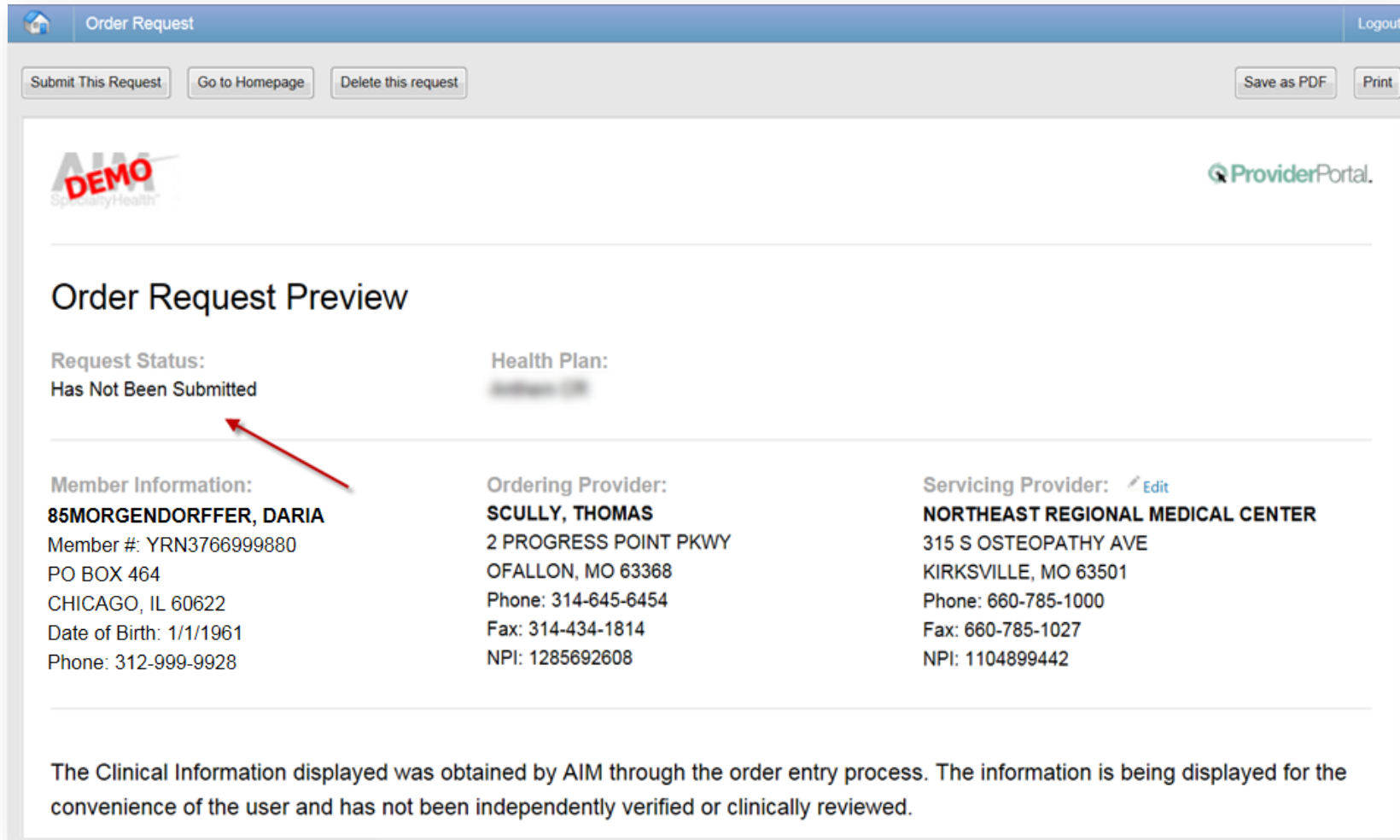
▶ **Treatment Summary** Edit Treatment

▶ **Clinical Details** Edit Clinical

Click “Continue”



# Order request preview



Order Request Logout

Submit This Request   Go to Homepage   Delete this request   Save as PDF   Print

**AIM** DEMO SpecialtyHealth ProviderPortal.

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## Order Request Preview

**Request Status:** Has Not Been Submitted      **Health Plan:** [REDACTED]

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<b>Member Information:</b> <b>85MORGENDORFFER, DARIA</b> Member #: YRN3766999880 PO BOX 464 CHICAGO, IL 60622 Date of Birth: 1/1/1961 Phone: 312-999-9928	<b>Ordering Provider:</b> <b>SCULLY, THOMAS</b> 2 PROGRESS POINT PKWY OFALLON, MO 63368 Phone: 314-645-6454 Fax: 314-434-1814 NPI: 1285692608	<b>Servicing Provider:</b> <a href="#">Edit</a> <b>NORTHEAST REGIONAL MEDICAL CENTER</b> 315 S OSTEOPATHY AVE KIRKSVILLE, MO 63501 Phone: 660-785-1000 Fax: 660-785-1027 NPI: 1104899442
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The Clinical Information displayed was obtained by AIM through the order entry process. The information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed.

This is a preview of your order.

Select “**Submit This Request**” to proceed.



# Order request summary

## Order Request Summary

Order ID: [REDACTED] ✓ Authorized

Valid Date Range: 02/18/2022 - 05/30/2022

**Health Plan:** Optima Health      **Start Date:** 03/02/2022

This order is not a guarantee of payment except when required by applicable law. When applicable law allows, payment is subject to the member's active enrollment, benefit limitation and other terms of the member's contract at the time of services provided.

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**Member Information:**      **Ordering Provider:**      **Servicing Provider:**

[REDACTED]      [REDACTED]      [REDACTED]

---

The Clinical Information displayed was obtained by AIM through the order entry process. The information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed.

Please call 844-377-1282 for all Urgent Requests.

### REQUESTED PROCEDURE(S)

ITEM #	PROCEDURE	DISEASE	REQUEST STATUS	REASON	ACTION
1	Stereotactic - Body or Spinal Cord	Brain Metastasis	Authorized	Criteria Met	<a href="#">Hide Details</a>

Planned Total Dose: 27Gy

CPT Code	Quantity	Included CPT Codes
77373	Up to 3	77373, G0339, G0340

The order has now been submitted.

Requests that meet clinical criteria will be adjudicated real time upon case submission.

Approved orders will have a status of “**Authorized**” along with an “**Order ID**”.



## Review the Request status and authorized CPT codes for the approved service

REQUESTED PROCEDURE(S)					
ITEM #	PROCEDURE	DISEASE	REQUEST STATUS	REASON	ACTION
1	Stereotactic - Body or Spinal Cord	Brain Metastasis	Authorized	Criteria Met	<a href="#">Hide Details</a>
Planned Total Dose: 27Gy					
<b>CPT Code</b>	<b>Quantity</b>	<b>Included CPT Codes</b>			
77373	Up to 3	77373, G0339, G0340			
63620	Up to 5	61796, 61797, 61798, 61799, 63620, 63621			
77295	Up to 2	77295			
77301	Up to 2	77301			
77338	Up to 3	77338			
77435	Up to 5	32701, 77435			
2	Special treatment procedure	Brain Metastasis	Authorized	Criteria Met	<a href="#">Hide Details</a>
<b>CPT Code</b>	<b>Quantity</b>	<b>Included CPT Codes</b>			
77470	Up to 1	77470			
3	Special physics consult	Brain Metastasis	Authorized	Criteria Met	<a href="#">Hide Details</a>
<b>CPT Code</b>	<b>Quantity</b>	<b>Included CPT Codes</b>			
77370	Up to 1	77370			

The Order Summary outlines the CPT codes authorized as well as the maximum quantities

You can “Print” or “Save to a PDF” to include in the patient’s chart.





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# Questions?

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Please contact your Health Plan Network Representative

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