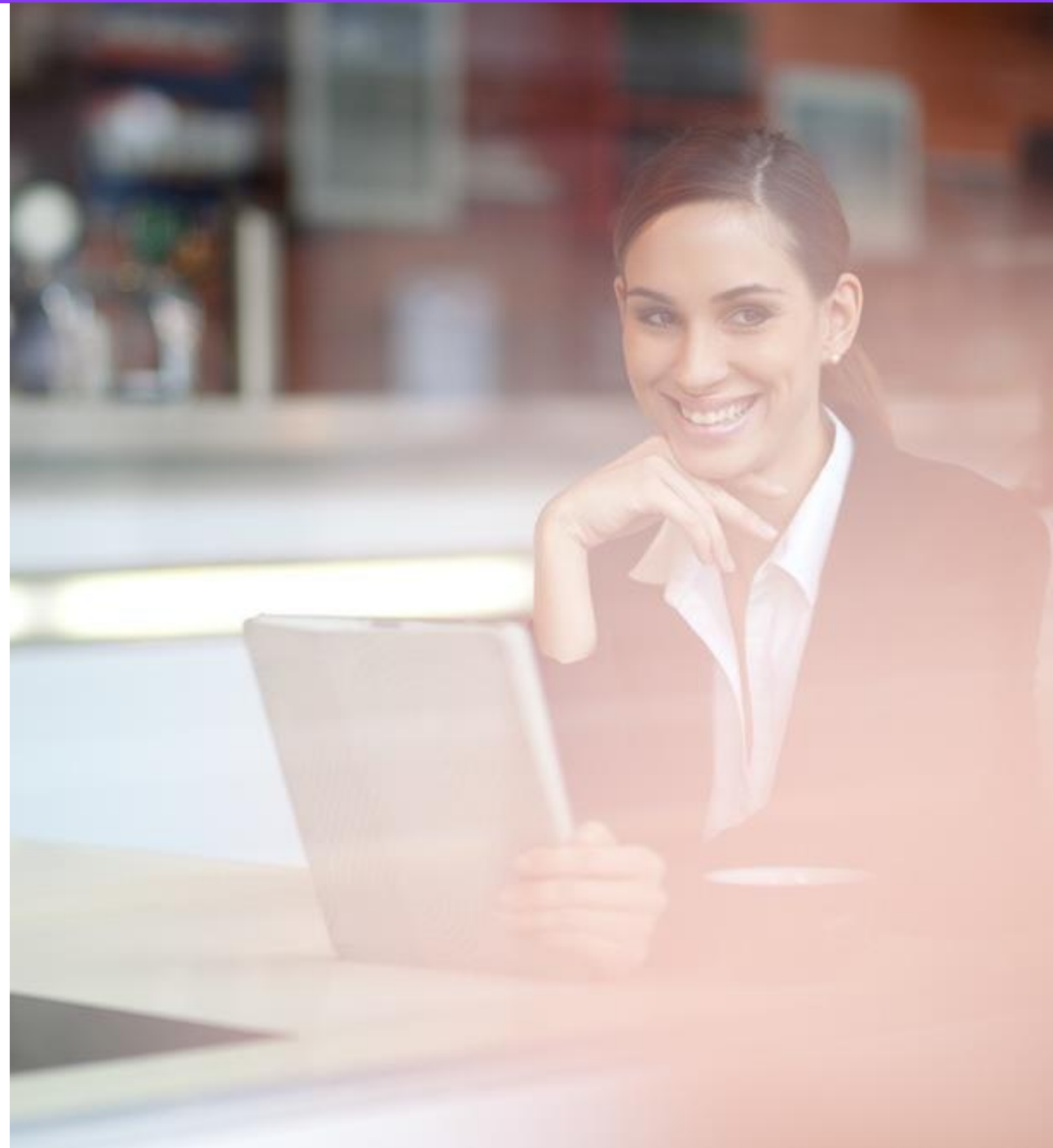# carelon

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	*Current Field Requirement: 11 characters* Claim # is only 10 digits – please add O (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

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

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.

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

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

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	View
Voluntarily Withdrawn	Ipilimumab	C43.0	Malignant melanoma of lip	2/21/2022	8/29/2022	SCULLY, THOMAS	Voluntary Cancellation	View
Voluntarily Withdrawn	Dexamethasone Sodium Phosphate	C43.0	Malignant melanoma of lip	2/21/2022	8/29/2022	SCULLY, THOMAS	Voluntary Cancellation	View
Voluntarily Withdrawn	AKYNZEO	C50.011	Mal neo nipple&areola,rt fem breast	1/19/2022	5/4/2022	SCULLY, THOMAS	Voluntary Cancellation	View
Voluntarily Withdrawn	Cisplatin	C00.0	Malig neoplasm external upper lip	1/13/2022	3/31/2022	SCULLY, THOMAS	Voluntary Cancellation	View
Voluntarily Withdrawn	Nivolumab	C43.0	Malignant melanoma of lip	12/30/2021	7/7/2022	SCULLY, THOMAS	Voluntary Cancellation	View
Voluntarily Withdrawn	Ipilimumab	C43.0	Malignant melanoma of lip	12/30/2021	7/7/2022	SCULLY, THOMAS	Voluntary Cancellation	View
Voluntarily Withdrawn	Dexamethasone Sodium Phosphate	C43.0	Malignant melanoma of lip	12/30/2021	7/7/2022	SCULLY, THOMAS	Voluntary Cancellation	View
Voluntarily Withdrawn	Nivolumab	C43.0	Malignant melanoma of lip	12/23/2021	6/30/2022	SCULLY, THOMAS	Voluntary Cancellation	View
Voluntarily Withdrawn	Ipilimumab	C43.0	Malignant melanoma of lip	12/23/2021	6/30/2022	SCULLY, THOMAS	Voluntary Cancellation	View

|◄ ◄◄ 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

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

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 start to the left of the provider's name

Ordering Provider Fax Number

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 "**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

Dispensing Provider Place of Service Selection

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

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

To Register a Clinical Trail:

- 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

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

After all drugs have been added to the request, verify selections and click "**Continue**"

Clinical Scenario

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

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

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

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

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

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
60

Unit
inches

Weight
130

Unit
pounds

New Dosing Schedule - Pathway Ineligible

Cycle Length Day(s) *

Number of Cycles *

Drugs	Dose	On Cycle		
Trastuzumab (Herceptin)	No Doses exist for Drug/Cycle Length combination	Select	✏ Edit	✕ Delete
Carboplatin (Paraplatin)	No Doses exist for Drug/Cycle Length combination	Select	✏ Edit	✕ Delete
Pertuzumab (Perjeta)	No Doses exist for Drug/Cycle Length combination	Select	✏ Edit	✕ Delete
Docetaxel (DOCEtaxel)	No Doses exist for Drug/Cycle Length combination	Select	✏ Edit	✕ Delete

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

Dosing Schedule

ℹ Enter height and weight to see doses as final doses

Height	Unit	Weight	Unit
	inches ▼		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 *

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 clicking here

+ Add a new Cycle

CONFIRM CHANGES

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

Regimen | Pathway eligibility

Pathway eligibility displays next to the regimen name

If dosing schedule is correct, click "Select" to continue

Additional Clinical Information

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

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

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

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

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	STATUS	ACTION
		(Max 4 MB)		

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

USER

REQUIRED

Phone

(224) 279-5203

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

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 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

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 ___ 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

ITEM #	HCPCS	DESCRIPTION	REQUEST STATUS
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

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

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

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

Step 4 – Select Servicing Provider

- **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

- **Select Primary Treatment and Boost**

- **Select Associated Services**

Step 6 – Enter Clinical Information

- **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

When finished, click "Next".

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.

DIAGNOSIS

Prostate Cancer

CLINICAL INFORMATION

* Is this request for repeat irradiation in a previously treated field?

- ● Yes
- ○ No
- ○ Unknown

* Has an IMRT or EBRT plan been done?

- ● Yes
- ○ No
- ○ Unknown

* Would dose tolerance of surrounding normal structures be exceeded with 3D conformal radiation or IMRT?

- ○ Yes
- ● No
- ○ Unknown

*All clinical questions have been answered, select **Next** to continue.*

Delete this request	Save and Exit		Next

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

- **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

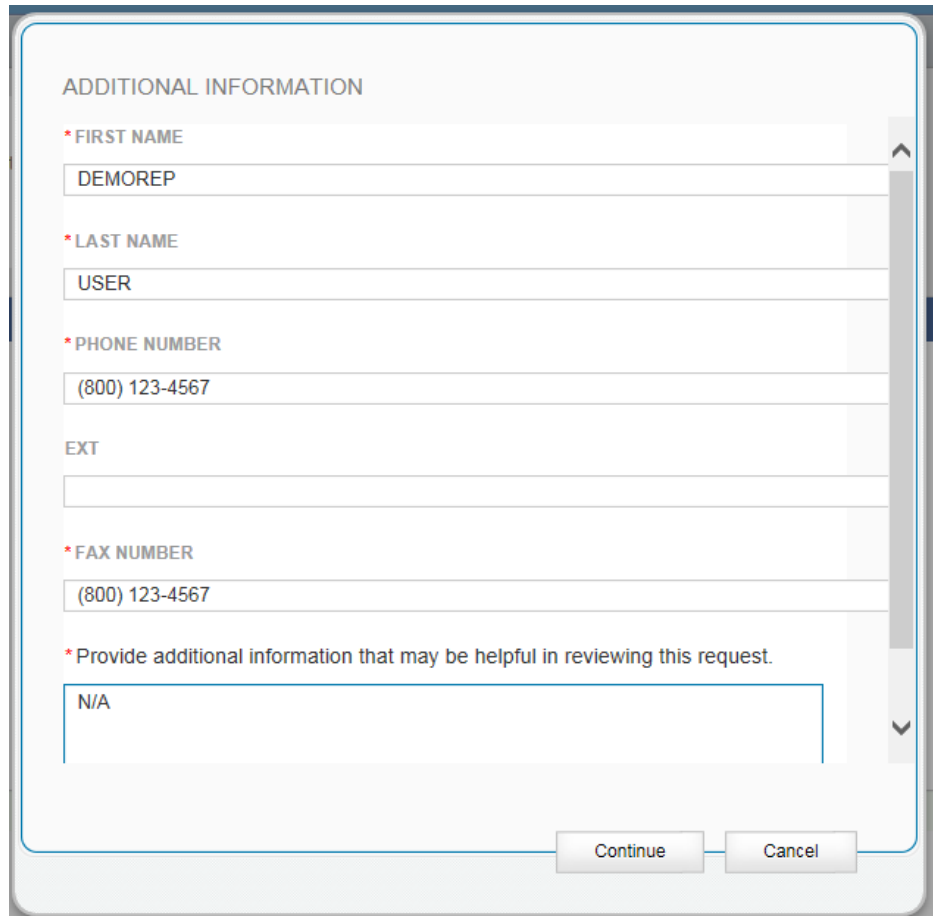|			
Member #:	0022310XU03	Treatment Start Date:	11/1/2020
Date of Birth:	1/1/1994	Health Plan:	Optima Health
Ordering Provider:	SMITH, JOHN H		

PROCEDURES REQUESTED (1)

ENTER MEMBER'S CLINICAL INFORMATION

Proton Beam Includes Boost ▶

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

11/01/2020

Treatment End Date

01/29/2021

* Planned total dose (Gy)

28   Gy

* Total number of fractions

10   fractions

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

Delete this request   Save and Exit   Next

Click "Next" to continue

Step 9 – Review entered information, continue with request once verified
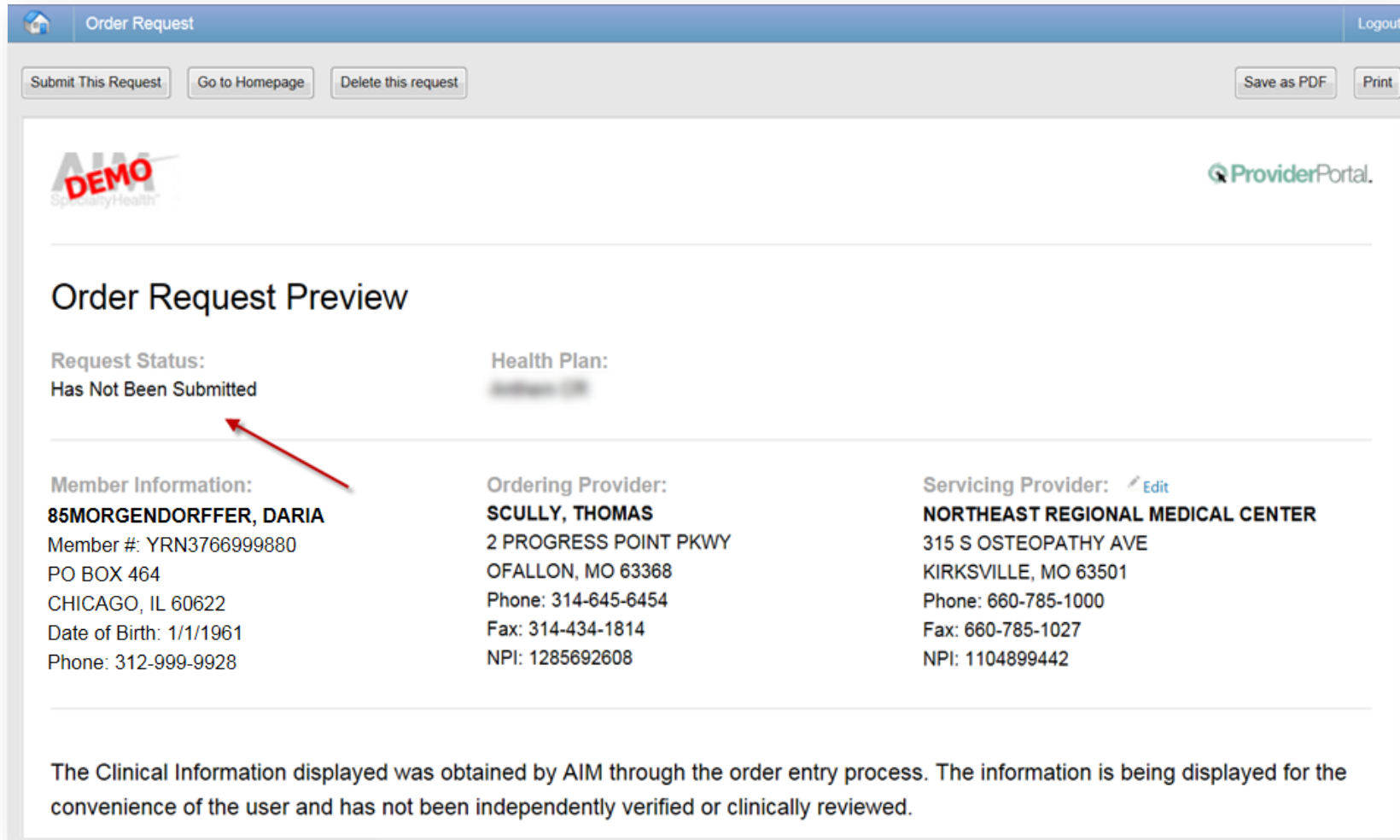
Click "Continue"

Order request preview

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:	Start Date:
Optima Health	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.

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

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	Hide Details

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

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.

Questions?

🌐 Please contact your Health Plan Network Representative