



Optima Health | VOA AIM Provider Portal Training

Radiation Therapy and Medical Oncology Programs

3/31/2022

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Agenda

- Radiation Oncology and Medical Oncology Program Overview
- AIM *ProviderPortal*SM Order Request Demonstration
- How to submit PCCA case via AIM ProviderPortal
- Additional AIM *ProviderPortal* Features
- Questions

Which Optima Health members need preauthorization through AIM for Oncology services?



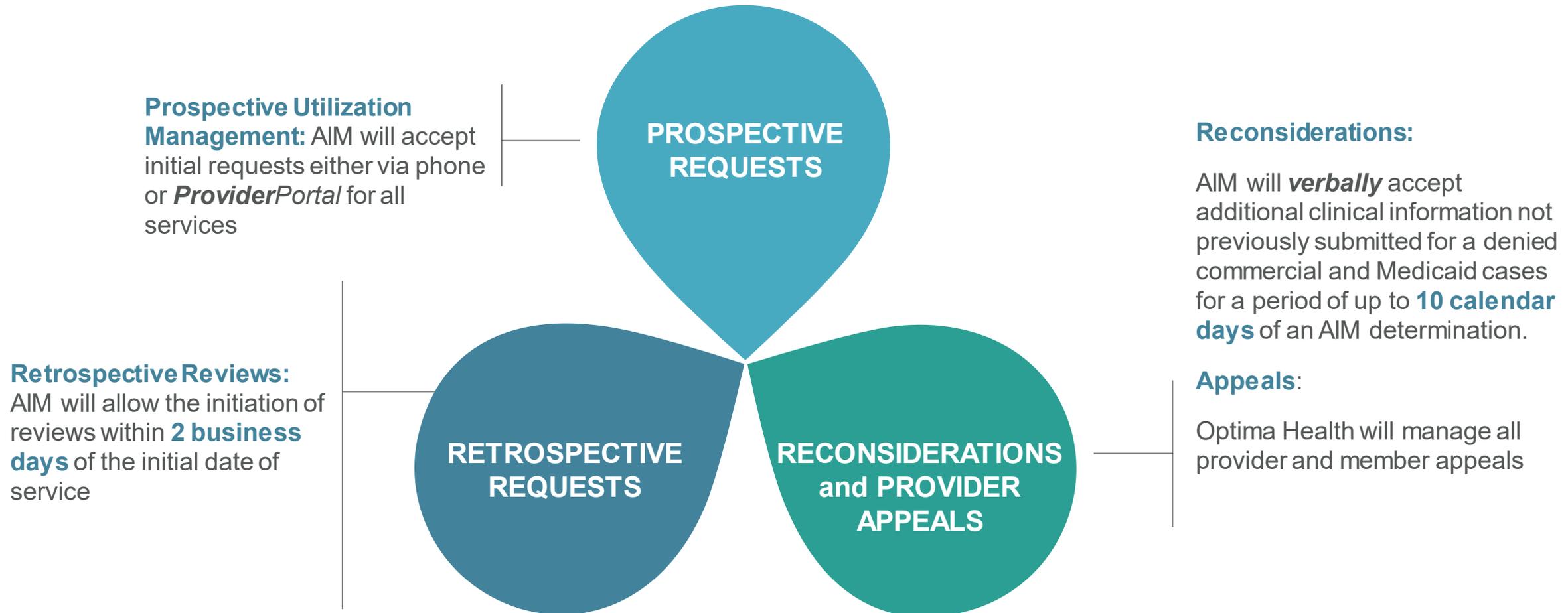
Included lines of business (products):

- Commercial - Fully insured and ASO (Self-insured)
- Medicare Advantage
- Medicaid
- Federal Employee Health Benefit Plan (FEHBP) included under HMO

Please contact Optima Health to verify preauthorization requirements for members who are not found within the AIM system.

If the health plan confirms eligibility, Optima Health may contact AIM to have the member manually added into the AIM system.

Ordering provider initiated requests



AIM makes a determination on most cases within 24 hours



Case closure

- Non-urgent Commercial determinations will be made within **ten (10) calendar days** of receipt of request
- Non-urgent Medicare Advantage and Medicaid determinations will be made within **ten (10) calendar days** of receipt
- Urgent Commercial determinations will be made within **two (2) calendar days** of receipt of request
- Expedited Medicare Advantage and urgent Medicaid determinations will be made within **48 hours**

Radiation Oncology | Services Requiring Prior Authorization



Clinical Appropriateness Review

- Intensity Modulated Radiotherapy (IMRT)
- Stereotactic Radiosurgery (SRS)
- Stereotactic Body Radiation Therapy (SBRT)
- Brachytherapy
- 2D/3D Conformal (EBRT) for bone metastases, breast cancer and non-small cell lung cancer
- Proton Beam Therapy
- Interoperative Radiotherapy (IORT)
- Image Guided Radiation Therapy (IGRT)



Utilization Management

- Review for hypo fractionation for bone metastases, non-small cell lung cancer or breast cancer when requesting EBRT and IMRT

Radiation Oncology Microsite



Providers can visit the microsite for:

- Clinical appropriateness guidelines
- How to enter an order request
- Order request checklists
- FAQs



Look for these items at
www.aimproviders.com/radoncology

Medical Oncology

The medical oncology program steers patients to evidence-based, cost-effective care and guides Physicians to optimal Pathways for the best outcomes for members

- Drugs are **simultaneously** reviewed for both medical necessity and Pathway adherence
- Detailed clinical scenario information is captured from providers and reviewed against health plan medical policy. This happens automatically through the AIM system.

DRUG CLINICAL APPROPRIATENESS REVIEW

- Medical necessity review of managed (UM) **intravenous** and **injectable** oncology therapeutic and supportive drugs under health plan medical policy
- Drugs are reviewed in combination, as a regimen
- Denials will be adjudicated against Optima medical policies

AIM CANCER TREATMENT PATHWAYS

- Pathways are cancer treatment regimens selected on the basis of efficacy, safety, and finally, cost when all clinical considerations are equal.
- A provider may select a non-Pathway regimen and still have that regimen approved under medical policy

DRUG CLINICAL APPROPRIATENESS REVIEW



Utilization Management (UM) Drug List reviewed by AIM

- Drugs that require medical necessity review by AIM
 - Typically includes both therapeutic and supportive drugs
 - Request status will state Authorized or Not Authorized
- All clinical determinations are supported by Optima's medical policies



Drugs Not Reviewed by AIM

- Drugs not reviewed by AIM (Non-UM) may fall into one of the following categories:
 - Refer to PBM
 - Refer to Health Plan (RTHP)
 - Completed (Does not require review by any entity, e.g. generic paclitaxel, generic cisplatin)

Providers can reference [the Formularies and Drug Lists](#) posted on Optima's website to understand which entity needs to review a specific drug.

EXAMPLE

Order Request Summary

Order ID: 184770098

Case Status:

Authorized ←

Health Plan:

Optima Health ←

Pathway Eligible ID:

184770098

Valid Dates:

08/17/2021 - 05/17/2022

Start Date:

The drug administration information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed. The following drugs meet criteria: KANJINTI (Q5117). The following drugs require additional review by the member's Pharmacy Benefit Manager (PBM): Capecitabine (J8521), Tucatinib (J8999). Please complete the PA form at <https://www.optimahealth.com/providers/pharmacy/drug-authorization-forms> or call the member's health plan at 1-800-229-5522, option 3 for more information. The following drugs do not require additional review: Granisetron HCl (J1626). Please call the member's health plan at 1-800-711-4555 for more information.

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

REQUESTED ITEMS:

ITEM #	HCPCS	DESCRIPTION	REQUEST STATUS	REQUESTED DATES
1	J8521	Capecitabine	Other Impact ←	8/17/2021 - 5/17/2022
Dose range:		2060 mg	Treatments per	
Cycle length:		21 Days	Cycle: 28 visits	
Cycles/Duration:		1 cycles/ 252 Days	Total Treatments: 336	
Direction:		2060 mg Days 1,2,3,4,5,6,7,8,9,10,11,12,13, 14 BID	Total Billing Units: 1680	
Cycle 1: 2060 mg Days 1,2,3,4,5,6,7,8,9,10,11,12,13,14 BID Cycles 2,3, 4,5,6,7,8,9,10,11,12				
2	Q5117	Trastuzumab-anns (KANJINTI)	Authorized ←	8/17/2021 - 9/17/2022
Dose range:		544.31 - 730 mg	Treatments per	
Cycle length:		21 Days	Cycle: 1 visits	
Cycles/Duration:		1 cycles/ 252 Days	Total Treatments: 12	
Direction:		730 mg Day 1 QD Cycle 1: 544.31 mg Day 1 QD Cycles	Total Billing Units: 678	
2,3,4,5,6, 7,8,9,10,11,12				
3	J8999	Tucatinib	Other Impact ←	8/17/2021 - 5/17/2022
Dose range:		300 mg	Treatments per	
Cycle length:		21 Days	Cycle: 42 visits	
Cycles/Duration:		1 cycles/ 252 Days	Total Treatments: 504	
Direction:		300 mg Days	Total Billing Units: 504	
1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19, 20,21 BID Cycle 1: 300 mg Days 1,2,3,4,5,6,7,8,9,10,11,12, 13,14,15,16,17,18,19,20,21 BID Cycles 2,3,4,5,6,7,8,9,10,11, 12				
4	J1626	Granisetron HCl	Completed ←	8/17/2021 - 5/17/2022
Dose range:		1 mg	Treatments per	
Cycle length:		21 Days	Cycle: 1 visits	
Cycles/Duration:		1 cycles/ 252 Days	Total Treatments: 12	
Direction:		1 mg Day 1 QD Cycle 1: 1 mg Day 1 QD Cycles	Total Billing Units: 120	
2,3,4,5,6,7,8,9, 10,11,12				

Drug(s) requiring AIM review have been authorized/reviewed but there may be additional drugs that require review by another entity. Order ID is generated.

Providers should review the specific messaging for each drug and who to contact.

Other Impact – either Optima or PBM manages this drug, see drug messaging for details.

Authorized - AIM manages this drug, it met Optima's medical policy and was approved/authorized

Other Impact – either Optima or PBM manages this drug, see drug messaging for details.

Completed - No entity manages this drug. No PA required for this drug.



AIM Pathways

The goal of our solution is to promote the standard of care by incorporating an innovative approach to optimal regimens



All available regimens	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
Evidence-based regimens	1	2	5	6	8	11	12
⇒ Proven efficacious	1		5	6	8	11	12
⇒ Favorable toxicity profile			5		8	11	12
⇒ Favorably priced	1		5		8	11	
Optimal regimens (AIM pathways)			5		8	11	

Regimens covered by medical policy

Eligible for S-Code Reimbursement

A provider may select a non-Pathway regimen and still have that regimen approved under medical policy. However, they will not be eligible for S Codes.

AIM Cancer Treatment Pathways cover 95% of spending on cancer drugs

25

TUMOR TYPES

80+

CLINICAL SCENARIOS

100+

CHEMOTHERAPY AGENTS

300+

PATHWAYS

CANCER TYPES

Bladder

Breast - Neoadjuvant and Adjuvant

Breast - Metastatic

Breast - Endocrine Therapy | Advanced Disease

Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL)

Chronic Myelogenous Leukemia (CML)

Colon

Diffuse Large B-Cell Lymphoma

Esophageal and Gastroesophageal

Head and Neck

Hepatocellular*

Hepatobiliary*

Gastric

Kidney

Follicular and Marginal Zone Lymphoma (Low Grade Lymphomas)

Mantle Cell Lymphoma

Hodgkin Lymphoma

Non-Small Cell Lung (NSCLC)

Melanoma

Multiple Myeloma

Ovarian

Pancreatic

Prostate

Rectal

Testicular

Small Cell Lung

Uterine

**added in 2021*

Pathway worksheets assist office staff

Breast Cancer Pathways: Adjuvant

Patient Name: _____ Date of Birth: _____
Member Number: _____ Treatment Start Date: _____
Pathology: _____ Stage: _____
Line of Therapy: Neoadjuvant/Pre-Op Adjuvant/Post-Op
ECOG Performance Status: _____ ICD-10 Code: _____
Biomarkers/Characteristics: (Select all that apply)
Estrogen Receptor (ER): Negative Positive
Progesterone Receptor (PR): Negative Positive
HER2 status by FISH/CISH: Negative Positive Equivocal
or by IHC: 0 1+ 2+ 3+
OncotypeDx: Low* Intermediate
 High Not Done/Reported
Include ovarian suppression (pre-menopause only):
 Yes No Unknown

Adjuvant Therapy | HER2 Negative*

- ddAC** → **weekly T**: dose dense doxorubicin (Adriamycin) and cyclophosphamide followed by weekly paclitaxel
 TC: docetaxel (Taxotere) and cyclophosphamide

Adjuvant Therapy | HER2 Positive

- AC** → **TH**: doxorubicin (Adriamycin) and cyclophosphamide followed by paclitaxel and trastuzumab (Herceptin)†
 TCH: docetaxel (Taxotere), carboplatin, and trastuzumab (Herceptin)†
 TH: paclitaxel and trastuzumab (Herceptin)† (**Pathway for stage I, HER2 positive breast cancer only**)

Adjuvant Therapy | HER2 Negative | Hormone Receptor (ER/PR) Negative | Residual Disease following Neoadjuvant Therapy

- Capecitabine (Xeloda)

*Adjuvant chemotherapy pathways do NOT apply to individuals with hormone-receptor positive, lymph node negative, OncotypeDX™ LOW risk score

†Administration of trastuzumab (Herceptin) is limited to 17 cycles (approximately 1 year)

Bladder Cancer (Urothelial) Pathways

Patient Name: _____ Date of Birth: _____
Member Number: _____ Treatment Start Date: _____
Pathology: _____ Stage: _____
Line of Therapy: Neoadjuvant/Pre-Op Adjuvant/Post-Op
ECOG Performance Status: _____ ICD-10 Code: _____
 1st Line 2nd Line 3rd Line 3rd Line+ Maint
Goal of Treatment: Curative Non-Curative
Biomarkers/Characteristics: (select all that apply) Platinum Resistant/Refractory? Yes No

Neoadjuvant Therapy | Clinical Stage II, III, or IV Without Evidence of Metastases (cT2, cT3, cT4a, cT4b, M0)

- CMV**: cisplatin, methotrexate, and vinblastine 3 cycles
 Gemcitabine (Gemzar) and cisplatin 4 cycles

Adjuvant Therapy | Stage 0 (Ta, Tis) or Stage I | After TURBT* or Following Resection of Recurrent or Persistent Disease

- BCG**: bacillus calmette-guerin, intravesical
 Gemcitabine (Gemzar), intravesical (low-grade histology only)

Metastatic Disease | First Line of Therapy (1st Line)

- Gemcitabine (Gemzar) and cisplatin†

Metastatic Disease | Second Line of Therapy (2nd Line)

- Gemcitabine (Gemzar)
 Paclitaxel
 Pembrolizumab (Keytruda)

* TURBT: Transurethral resection of bladder tumor

† In the setting of recurrent/metastatic disease, a substitution of carboplatin for cisplatin will be considered a pathway option

How long is a Medical Oncology preauthorization valid?



THE TIMEFRAME IS DETERMINED BY THE REGIMEN SELECTED AND TREATMENT PROTOCOLS

ORDER NUMBER VALID TIMEFRAME:

**Dispensing date to the maximum treatment
end date +
3 week cushion (up to 12 months total)**

Optima Medical Oncology microsite

AIM Specialty Health

Welcome About AIM Pathways How to Participate Resources

MEDICAL ONCOLOGY PROGRAM FOR BLUEADVANTAGE ADMINISTRATORS OF ARKANSAS MEMBERS

Welcome Providers

The employee health plans administered by BlueAdvantage Administrators that oncology practices play in the delivery of quality cancer care. We also in keeping current with treatment advances and ensuring affordable care high value care, we are pleased to announce new collaboration with AIM. In 2018, we require your participation in the AIM Medical Oncology Program chemotherapy for the treatment of cancer.

Benefits to your practice

- Synchronization with plan medical policy. All prescribed regimens coverage under plan medical policy.
- Actionable information. When your practice prescribes a cancer treatment and submits it to AIM for review, the prescribed regimen is compared

Resources

View Pathways and worksheets now.

CLINICAL DETAILS (ALL PATHWAYS)

Individual Pathways Worksheets

BLADDER CANCER	LEUKEMIA (CML)	MELANOMA
BREAST CANCER (ENDOCRINE)	LUNG CANCER, NON-SMALL CELL	MYELOMA
BREAST CANCER (METASTATIC)	LUNG CANCER, SMALL CELL	OVARIAN CANCER
BREAST CANCER (NEOADJUVANT & ADJUVANT)	LYMPHOMA (DLBCL)	PANCREATIC CANCER
COLORECTAL CANCER	LYMPHOMA (FOLLICULAR & MZL)	PROSTATE CANCER
GASTROESOPHAGEAL CANCER	LYMPHOMA (HODGKIN)	TESTICULAR CANCER
HEAD & NECK CANCER	LYMPHOMA (CLL, SLL)	UTERINE CANCER
KIDNEY CANCER	LYMPHOMA (MANTLE CELL)	

Additional Resources / FAQs

- [Program Overview](#)
- [Medical Oncology Program FAQs](#)
- [Quick Guide to Order Entry](#)
- [AIM Cancer Treatment Pathways](#)
- [Submit a Pathway Inquiry](#)
- [Enhanced Reimbursement](#)

[ProviderPortal™. Click here for tutorial](#)

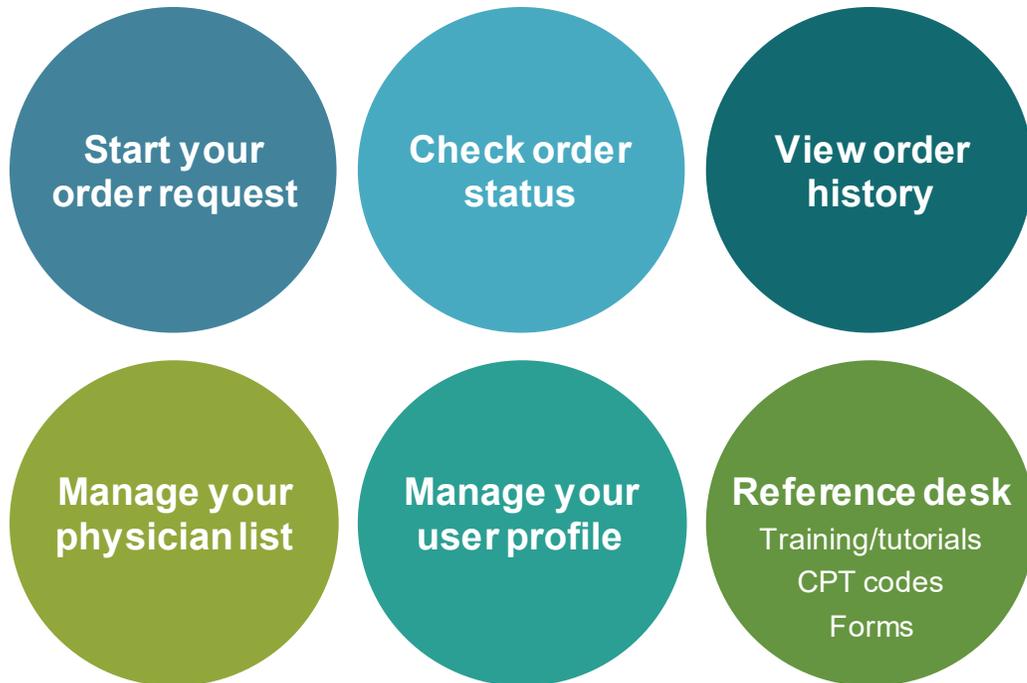
Providers can visit the microsite for:

- Link to Optima Health's managed drug list
- Order Request worksheets
- FAQs
- Connect directly to AIM *ProviderPortal*

Look for these items at aimproviders.com/medoncology-optimahealth/

Accessing ProviderPortal

ProviderPortal modules



ProviderPortal access and registration

- Register at AIM via www.providerportal.com
- Select your User Role
- Enter User Name and Password
- Enter value for unique key (I.e. TIN, NPI)
- Check your inbox for an email from AIM

ProviderPortal login/registration

The screenshot shows the AIM Specialty Health ProviderPortal login and registration page. At the top left is the AIM Specialty Health logo, and at the top right is the ProviderPortal logo. The main content area is a white box with a light gray border. Inside this box, the title "User Login" is displayed in blue. Below the title are two input fields: "USERNAME" with a placeholder "Username" and "PASSWORD" with a placeholder "Password". Below the password field is a checkbox labeled "Remember Me". To the right of the checkbox is the text "Don't have an account?". At the bottom of the white box are two buttons: a green "Login" button and a white "Register" button with a gray border. Below the white box, the text "Version 19.05.31.s00005312" is on the left and "System Requirements" with an information icon is on the right. Below this is a blue information icon followed by the text: "The Provider Portal application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance." Below that is the text: "If you have any questions regarding the new Medicare Appropriate Use Criteria Clinical Decision Support Program, see the Provider Resource links below. DO NOT call the health plans." At the bottom of the page is the text: "If you need assistance, please [Click Here](#) or contact the ProviderPortalSM Support Team at (800) 252-2021."

If you are registered with the AIM *ProviderPortal*, log in with your existing user account.

or

Click the “**Register**” button to begin your registration process if you are a new user.

ProviderPortal registration

Register

Contact Web Customer Service
AIM Specialty Health
(800) 252-2021

1. User Details

FIRST NAME

LAST NAME

ORGANIZATION NAME

ADDRESS 1

ADDRESS 2 (optional)

USER ROLE ⓘ

- Select
- Select
- Ordering Provider
- Servicing Provider
- Health Plan Representative
- Genetic Counselor

Enter your name & practice information to begin registering

Select the applicable user role type, scroll down to continue...

ProviderPortal registration

3. Application Selection

Select the applications you will need to access.

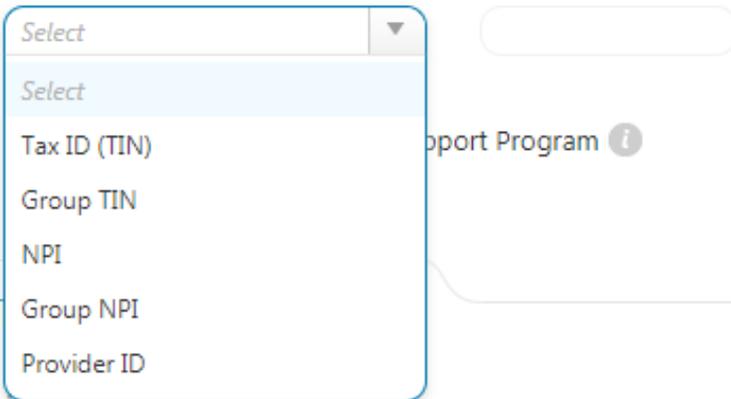
Health Plan Utilization Review Programs *i*

Please enter at least one valid Provider Identifier to associate your account with the available Health Plans. You may enter multiple Provider Identifiers. If your Health Plan is not displayed please contact Web Customer Service at 1-800-252-2021.

PROVIDER IDENTIFIER *i*

Support Program *i*

4. I Agree to the Terms of Service



The screenshot shows a registration form with a dropdown menu for 'PROVIDER IDENTIFIER'. The dropdown is open, showing options: 'Select', 'Tax ID (TIN)', 'Group TIN', 'NPI', 'Group NPI', and 'Provider ID'. There are also checkboxes for 'Support Program' and 'I Agree to the Terms of Service'.

Enter your **practice's Group identifier**. E.g. TIN

Select the type of ID you will be using to register from the drop down list

Then type in the number in the following field

Complete the account verification steps to activate your profile – activation will be completed within one business day.



***LIVE AIM ProviderPortal* Demonstration** **(see Appendix for case entry screenshots)**

Note: AIM Specialty Health maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.

Reminders





How to submit PCCA case via *AIM ProviderPortal* *Medical Oncology*

PCCA Submission Steps

1 Claim Submitted

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

2 Review Member Requests

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

If no authorization on file, Optima notifies provider to submit request via AIM ProviderPortal

3 Provider Enters Case

Provider submits PCCA request via AIM *ProviderPortal*

4 Case Review

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

5 Additional reviews

If a PCCA is not authorized by AIM, all member and provider appeals will be managed by Optima Health.

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> Optima Claim # is only 10 digits – please add 0 (zero) at the end to satisfy character requirements
Lines of Business (LOB) Membership	Commercial, Medicare & Medicaid

Prerequisites prior to initiating a PCCA

- **Review patient records** to identify if a case has already been submitted to avoid duplicates
- **Review Optima's managed drug or CPT Code** list to understand if an AIM 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 AIM ProviderPortal



Step 1 – Confirm PCCA Review Type

Step 2 – User Selects Ordering Provider

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

- 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.

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



APPENDIX | How to submit a Radiation Oncology request

Start your order request

The screenshot displays the 'Order Request' homepage. 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'. To the right of the welcome message are four navigation links: 'Manage Your Physician List', 'Manage Your User Profile', and 'Reference Desk'. The main content area is divided into several sections. On the left, there is a vertical menu with five items: 'Start Your Order Request Here' (with a green plus icon), 'Check Order Status' (with a green checkmark icon), 'View Order History' (with a green document icon), 'Check Claim Status' (with a green envelope icon), and 'Access Your Optinet Registration' (with a green document icon). The central part of the page features a search form. It starts with a blue arrow icon and the text 'Select the date of service', followed by a date input field containing '9/1/2017' and a calendar icon. Below this is another blue arrow icon and the text 'Select the search type', followed by two radio button options: 'Member ID + DOB' (which is selected) and 'Member ID + Name'. Underneath are two input fields: 'Member ID' containing '376699988' and 'Date of Birth' containing '01/01/1961'. A green 'Find This Member' button is positioned at the bottom of the form. To the right of the search form, there is a 'Message Center' section with a blue header and a white body containing a maintenance notice: 'The Provider Portal application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.' Below the message center is a 'Provider Resources' section with a green header and a white body containing the text 'Next Generation Solutions Tutorial' and a yellow star icon.

To start an order request, the treatment start date is entered in the “Date of Service” field on the *ProviderPortal* homepage.

A member search is completed by providing one of the following:

- Member ID and DOB
- or
- Member ID and Name

Press the “Find This Member” button

Note: AIM Specialty Health maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons or health plans is purely coincidental.

Member search

Order Request Logout

Step: 1 2 3 4 5

Member Search Results Records Per Page: 10

Member Name	Member Number	Relation	Sex	Date of Birth	State	Health Plan
Subscriber, Adult	376699988	Employee	F	01/01/1961	VA	Health Plan 1
Subscriber, Adult	376699988	Employee	F	01/01/1961	IL	Health Plan 2
Subscriber, Adult	376699988	Employee	F	01/01/1961	WY	Health Plan 3
Subscriber, Adult	376699988	Employee	F	01/01/1961	MI	Health Plan 4
Subscriber, Adult	376699988	Employee	F	01/01/1961	WA	Health Plan 5
Subscriber, Adult	376699988	Employee	F	01/01/1961	LA	Health Plan 6
Subscriber, Adult	376699988	Employee	F	01/01/1961	MI	Health Plan 7
Subscriber, Adult	376699988	Employee	F	01/01/1961	AL	Health Plan 8
Subscriber, Adult	376699988	Employee	F	01/01/1961	TX	Health Plan 9
Subscriber, Adult	376699988	Employee	F	01/01/1961	IL	Health Plan 10

Navigation: << < 2 of 5 > >> Total Number of Records Found: 46

[Change Member Search Criteria](#) [Delete This Request](#)

Select the member from the search results by clicking on the name

Order type selection

Select the order type for this request. Then click Continue below.

 Diagnostic Imaging <i>Includes:</i> Angiography, Bone Density CT, CTA, MRA, MRI, Nuclear Medicine, PET View Code List	 Cardiovascular <i>Includes:</i> Angiography, percutaneous coronary revascularization, arterial ultrasound View Code List	 Sleep Management <i>Includes:</i> HST, In Lab, Titration, APAP/BPAP/CPAP, Oral Appliance, MSLT, MWT View Code List
 Musculoskeletal <i>Includes:</i> Joint Surgery, Spine Surgery & Interventional Pain Management View Code List	 Specialty Drugs <i>Includes:</i> Asthma, Botulinum Toxin, Enzymes, Factors, Immune Modulators, IVIG, Retinal conditions View Code List	 Radiation Therapy <i>Includes:</i> 2D/3D, Brachytherapy, IGRT, IMRT, IORT, Proton, Stereotactic (SRS/SBRT), SIRT View Code List
 Chemotherapy and Supportive Drugs <i>Includes:</i> Review of cancer drugs, side effect management and treatment pathways View Code List	 Genetic Testing <i>Includes:</i> Laboratory testing for the inheritance or management of genetic conditions View Code List	 Other Surgical Procedures <i>Includes:</i> Arthroscopy, Colonoscopy & Endoscopy View Code List

[Delete This Request](#) [Continue](#)

Select “Radiation Therapy” and then press the “Continue” button

Note: only solutions that are currently managed by AIM for the member will appear on the order type selection screen

Ordering provider selection

Subscriber, Adult Edit Hide Details
Date of Birth: 1/1/1961 Treatment Start Date: 9/1/2017
Ordering Provider: Health Plan: [REDACTED]

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

Ordering Provider Search

Search Type:
 Name
 TIN or NPI
 Address

First Name: [REDACTED]
Last Name: [REDACTED]

Recent Favorites Search Results Expanded Search View: Local

Favorite	Name	Address	City	Specialty	Health Plan
<input type="checkbox"/>	Doctor, Public	One Elm Street	Hometown	Radiation Oncology	[REDACTED]
<input checked="" type="checkbox"/>	Doctor, Public	1000 A Avenue	Old town	Radiation Oncology	[REDACTED]
<input type="checkbox"/>	Doctor, Public	23 Old Elm	New town	Radiation Oncology	[REDACTED]
<input checked="" type="checkbox"/>	Doctor, Community	1234 Number A	Hometown	Radiation Oncology	[REDACTED]

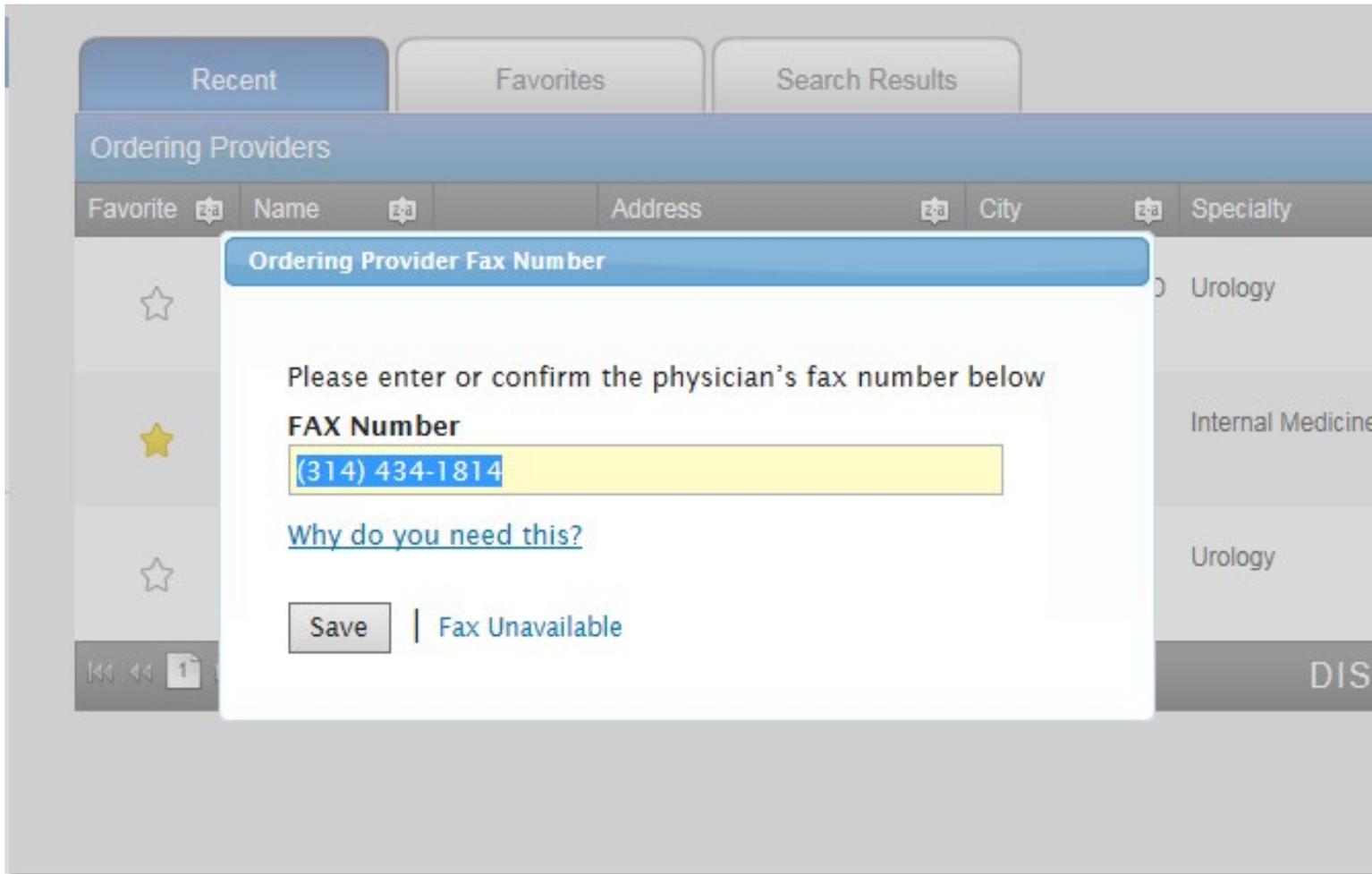
DISPLAYING 1-4 OF 4 RESULTS

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

Ordering providers that are associated with Provider ID value in the user's registration will be available for selection

For practices with multiple providers, establishing "Favorites" will allow for increased intake efficiency

Ordering provider fax confirmation



Enter the fax number to be used when communicating with the ordering physician the outcome of an adverse determination (denial) case

or

If a fax number was previously entered for the provider, confirm the number is correct

Press the “Save” button

Planning start date

Order Request Logout

Step: ① ② ③ ④ ⑤ ⑥ ⑦

Subscriber, Adult Edit Hide Details

Member #: 376699988 Treatment Start Date: 09/01/2017

Date of Birth: 1/1/1961 Health Plan: ██████████

Ordering Provider: **Doctor, Professional** Edit

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

Planning Start Date

09/01/2017 📅

The planning start date is when any simulation or planning occurred to determine the treatment that is going to be utilized. This date can be well before the treatment date. The treatment start date is when the radiation actually begins.

Next Delete this request

The “Planning Start Date” will default to the start date for the treatment; verify or modify as needed

Press the “Next” button

Servicing provider selection

The screenshot displays the 'Order Request' interface. At the top, there is a navigation bar with 'Order Request' and 'Logout'. Below this is a progress indicator showing steps 1 through 7, with step 4 highlighted. The main content area is titled 'Subscriber, Adult' and includes fields for Member # (3766999880), Treatment Start Date (9/1/2017), Date of Birth (1/1/1961), Health Plan, and Ordering Provider (Doctor, Professional). Below this, a message reads 'Step 4: Please Choose a Provider.' The interface is divided into two main sections: 'Provider Search' on the left and 'Provider Search Results' on the right. The 'Provider Search' section contains input fields for Facility Name, City, State (set to Missouri), Zip Code (63501), and Group NPI, along with a 'Search' button and a 'Clear' link. The 'Provider Search Results' section features a table with columns for Facility, Address, City, State, Phone, Distance, Action, and Map. The table lists four results with addresses: 1510 CROWN DR, 612 ROSEWOOD DR, 315 S OSTEOPATHY AV, and 800 W JEFFERSON ST. Each result has 'View Details' and 'View Map' links. Below the table, there is a pagination bar showing 'DISPLAYING 1-4 OF 4 RESULTS' and buttons for 'Return to Provider List', 'Submit a Facility', and 'Delete this request'.

Select the servicing provider location by clicking on the name from a list of frequently used providers

You can search for a location if it is not listed by pressing the “Find a Facility” button and completing the search

Select a procedure

Order Request Logout

Step: ① ② ③ ④ ⑤ ⑥ ⑦

Subscriber, Adult Show Details

Step 5: Please select the desired procedure.

Radiation Therapy Procedure

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

Primary Treatment: ⓘ
Intensity-Modulated Radiation Therapy (IMRT) (CF) ▼

Boost: ⓘ
Intensity-Modulated Radiation Therapy (IMRT) (CF) ▼

Select all Associated Services being requested:

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

Have a [comment or suggestion?](#)
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Select the “Primary Treatment”, “Boost” and associating services being requested

Press the “Continue” button

Select a procedure

Order Request Logout

Step: 1 2 3 4 5 6 7

Subscriber, Adult

Step 5: Please select the desired procedure.

Radiation Therapy Procedure

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

Primary Treatment: ?
Intensity-Modulated Radiation Therapy (IMRT) (CF)

Boost: ?
Intensity-Modulated Radiation Therapy (IMRT) (CF)

Select all Associated Services being requested:

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

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

Have a [comment or suggestion?](#)
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CPT Group Details ✕

CPT Code	Description	CPT Grouper
77301	Radiotherapy plan intensity modltd	Intensity-Modulated Radiation Therapy (IMRT)
77338	design mlc device for imrt	Intensity-Modulated Radiation Therapy (IMRT)
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Intensity-Modulated Radiation Therapy (IMRT)
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Intensity-Modulated Radiation Therapy (IMRT)
77427	Radiation treatment mgmt, 5 trtmnts	Intensity-Modulated Radiation Therapy (IMRT)
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Intensity-Modulated Radiation Therapy (IMRT)
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Intensity-Modulated Radiation Therapy (IMRT)

[<<] [1] [>>] [>>>]

DISPLAYING 1-7 OF 7 RESULTS

Clicking on the “i” will display all of the CPT codes included within the CPT Grouper

Patient disease details

Step 5: Please enter the Patient Disease Information.

Patient Disease Details

Treatment is for: Primary Tumor Metastatic Lesion Other

Diagnosis

Pathology

TNM or Staging TNM Stage

TNM T N M

Treatment

Goal

Performance Status

Continue

Delete this request

Enter data for the following:

- What the treatment is for
- Diagnosis
- Pathology
- T,N,M or Staging
- Treatment
- Goal
- Performance Status (ECOG score)

Press the “Continue” button

Clinical details

Order Request Logout

Step: 1 2 3 4 5 **6** 7

Subscriber, Adult Hide Details

Member #: 3766999880 Treatment Start Date: 09/01/2017

Date of Birth: 1/1/1961 Health Plan: ██████████

Ordering Provider: Doctor, Professional

PROCEDURES REQUESTED (4)	ENTER MEMBER'S CLINICAL INFORMATION
Intensity-Modulated Radiation Therapy (IMRT) Includes Boost ▶	<i>Please answer the following questions to provide as much information as possible for clinical review.</i>
Special treatment procedure	DIAGNOSIS Lung Cancer / Non Small Cell Lung Cancer
Special physics consult	CLINICAL INFORMATION *Has the patient received radiation to this area before?
Image-guided radiation therapy (IGRT)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
	All clinical questions have been answered, select Next to continue.
	Delete this request Save and Exit Next

Select the procedure requested and answer any and all “Clinical Information” questions

Press the “Next” button

Clinical details

PROCEDURES REQUESTED (4)	ENTER MEMBER'S CLINICAL INFORMATION
Intensity-Modulated Radiation Therapy (IMRT) Includes Boost ▶	<i>Please answer the following questions to provide as much information as possible for clinical review.</i>
Special treatment procedure	DIAGNOSIS Lung Cancer / Non Small Cell Lung Cancer
Special physics consult	TREATMENT INFORMATION
Image-guided radiation therapy (IGRT)	Treatment Start Date 09/14/2017
	Treatment End Date 11/14/2017
	*Planned total dose (Gy) 70 Gy
	*Total number of fractions 35 fractions
	*Is the patient being treated with concurrent chemotherapy? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
	! Based on AIM Specialty Health guidelines, more than 30 fractions of primary chemoradiotherapy for lung cancer are not medically necessary.
	<i>All treatment information has been entered, select Next to continue.</i>
	<input type="button" value="Delete this request"/> <input type="button" value="Save and Exit"/> <input type="button" value="Next"/>

Update as necessary:

- the treatment start and end dates
- the Greys (Gy) or dosing
- the total number of fractions

Answer all questions

Ordering greater than 30 fractions will result in a warning. This will pend the case. Validate the correct # of fractions.

Press the “Next” button once all data has been entered to continue

Clinical details

Subscriber, Adult Hide Details

Member #: 3766999880 Treatment Start Date: 09/01/2017
Date of Birth: 1/1/1961 Health Plan:
Ordering Provider: Doctor, Professional

PROCEDURES REQUESTED (4)	ENTER MEMBER'S CLINICAL INFORMATION
Intensity-Modulated Radiation Therapy (IMRT) Includes Boost	<i>Please answer the following questions to provide as much information as possible for clinical review.</i>
Special treatment procedure ▶	DIAGNOSIS Lung Cancer / Non Small Cell Lung Cancer
Special physics consult	CLINICAL INFORMATION *Treatment modality
Image-guided radiation therapy (IGRT)	<div style="border: 1px solid yellow; background-color: #ffffcc; padding: 5px;">! Please take a moment to carefully select all that apply before continuing.</div> <ul style="list-style-type: none"><input type="checkbox"/> SBRT<input type="checkbox"/> SRS<input type="checkbox"/> 3D conformal<input type="checkbox"/> Brachytherapy<input checked="" type="checkbox"/> IMRT<input type="checkbox"/> Proton beam<input type="checkbox"/> SIRT<input type="checkbox"/> IORT<input type="checkbox"/> No answer <p>*Select from the following options.</p> <ul style="list-style-type: none"><input checked="" type="radio"/> The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.<input type="radio"/> Hyperthermia (heat treatment) is being used in conjunction with radiation therapy.<input type="radio"/> Total body or hemibody radiation is requested.<input type="radio"/> To reconstruct a previous radiation plan<input type="radio"/> None of these apply<input type="radio"/> Unknown
	<i>All questions have been answered, select Next to continue.</i>

Select the “Special treatment procedure” tab and select the relevant “Clinical Information” and treatment plan data

Note: selecting “none of these apply” will cause the case to pend as one of the other choices are required for automatic case authorization.

Clinical details

PROCEDURES REQUESTED (4)	ENTER MEMBER'S CLINICAL INFORMATION
Intensity-Modulated Radiation Therapy (IMRT) Includes Boost	Please answer the following questions to provide as much information as possible for clinical review.
Special treatment procedure	DIAGNOSIS Lung Cancer / Non Small Cell Lung Cancer
Special physics consult ▶	CLINICAL INFORMATION *Treatment modality
Image-guided radiation therapy (IGRT)	<div style="border: 1px solid yellow; padding: 2px;">ⓘ Please take a moment to carefully select all that apply before continuing.</div> <ul style="list-style-type: none"><input type="checkbox"/> SBRT<input type="checkbox"/> SRS<input type="checkbox"/> 3D conformal<input type="checkbox"/> Brachytherapy<input type="checkbox"/> IMRT<input type="checkbox"/> Proton beam<input type="checkbox"/> SIRT<input type="checkbox"/> IORT<input checked="" type="checkbox"/> No answer <p>*Is this requested to measure radiation exposure to a fetus?</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input checked="" type="radio"/> No<input type="radio"/> Unknown <p>*Select the reason for this request.</p> <ul style="list-style-type: none"><input type="radio"/> Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist<input type="radio"/> Analysis of dose to a pacemaker<input type="radio"/> Dosimetric analysis of area being treated that overlaps with an area that had radiation before<input checked="" type="radio"/> None of these apply<input type="radio"/> Unknown
	All questions have been answered, select Next to continue.
	<div style="display: flex; justify-content: space-between;">Delete this requestSave and ExitNext</div>

Select the “Special physics consult” tab and select the relevant “Clinical Information” and request reason data

Press the “Next” button

Clinical details

Subscriber, Adult Hide Details

Member #: 3766999880 Treatment Start Date: 09/01/2017
Date of Birth: 1/1/1961 Health Plan: ██████████
Ordering Provider: Doctor, Professional

PROCEDURES REQUESTED (4)	ENTER MEMBER'S CLINICAL INFORMATION
Intensity-Modulated Radiation Therapy (IMRT) Includes Boost	<i>Please answer the following questions to provide as much information as possible for clinical review.</i>
Special treatment procedure	DIAGNOSIS Lung Cancer / Non Small Cell Lung Cancer
Special physics consult	CLINICAL INFORMATION <div style="border: 1px solid gray; padding: 5px; background-color: #f0f0f0;">Based on the diagnosis for this procedure, additional Clinical Information is not required.</div>
Image-guided radiation therapy (IGRT) ▶	<i>All questions have been answered, select Next to continue.</i>

Select the “Image-guided radiation therapy (IGRT)” tab and select/enter any requested “Clinical Information”

Press the “Next” button

Request summary

Subscriber, Adult Hide Details

Member #: 376699988 Treatment Start Date: 9/1/2017
Date of Birth: 1/1/1961 Health Plan: XXXXXXXXXX
Ordering Provider: Doctor, Professional

PROCEDURES REQUESTED (4)	REQUEST SUMMARY Expand All
Intensity-Modulated Radiation Therapy (IMRT) Includes Boost	Intensity-Modulated Radiation Therapy (IMRT) Includes Boost Lung Cancer / Non Small Cell Lung Cancer No additional information is required. ▶ Treatment Summary Edit Treatment ▶ Clinical Details Edit Clinical
Special treatment procedure	
 Special physics consult <i>Requires Further Review</i>	Special treatment procedure Lung Cancer / Non Small Cell Lung Cancer No additional information is required. ▶ Clinical Details Edit Clinical
Image-guided radiation therapy (IGRT)	
Request Summary	Special physics consult Lung Cancer / Non Small Cell Lung Cancer  Requires Further Review Based on the information you have provided, this procedure does not meet criteria ▼ Clinical Criteria For Clinical Details Entered Based on health plan clinical criteria, coverage for special physics consult requires that at least one (1) of the following criteria be met: <ul style="list-style-type: none">• Adjacent electron and photon ports• Analysis of dose to a fetus• Brachytherapy• Dosimetric analysis of previous radiation field overlapping or abutting current field• Evaluation of dose tolerance and dose delivery to an implanted pacemaker• Fusion of multiple image sets (computed tomography, magnetic resonance imaging, positron emission tomography) when performed by the medical physicist• Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT) The information provided does not indicate that these scenarios apply.

The request may require a Peer to Peer review if the data entered does not match medical policy as reflected in the warning alert

Click on “Edit Clinical” or “Edit Treatment” to adjust any answers that may have been answered incorrectly. Otherwise, submit the case as-is and a peer-to-peer may potentially be required

Additional information

The screenshot shows a software interface with a modal window titled "ADDITIONAL INFORMATION". On the left, a sidebar lists "PROCEDURES REQUESTED (4)" with options: "Intensity-Modulated Radiation Therapy (IMRT) Includes Boost", "Special treatment procedure", "Special physics consult", and "Image-guided radiation therapy (IGRT)". The modal window contains the following fields:

- * FIRST NAME**: Text input field containing "Demo".
- * LAST NAME**: Text input field containing "Training".
- * PHONE NUMBER**: Text input field containing "(800) 123-4567".
- EXT**: Text input field (empty).
- * FAX NUMBER**: Text input field containing "(800) 123-4567".
- * Provide additional information that may be helpful in reviewing this request.**: A larger text area (empty).

At the bottom of the modal window are two buttons: "Continue" and "Cancel".

When additional information is required, this screen should be filled out with:

- PA staff or Clinical staff's contact information,
- the person who can answer questions about the case
- any additional information that will help AIM approve the case

Press the "Continue" button

Request summary

Order Request Logout

Step: 1 2 3 4 5 **6** 7

Subscriber, Adult Hide Details

Member #: 376699988 Treatment Start Date: 9/1/2017
Date of Birth: 1/1/1961 Health Plan: XXXXXXXXXX
Ordering Provider: Doctor, Professional

PROCEDURES REQUESTED (4)	REQUEST SUMMARY Expand All ▾
Intensity-Modulated Radiation Therapy (IMRT) Includes Boost	Intensity-Modulated Radiation Therapy (IMRT) Includes Boost Lung Cancer / Non Small Cell Lung Cancer No additional information is required. ▶ Treatment Summary ✎ Edit Treatment ▶ Clinical Details ✎ Edit Clinical
Special treatment procedure	Special treatment procedure Lung Cancer / Non Small Cell Lung Cancer No additional information is required. ▶ Clinical Details ✎ Edit Clinical
Special physics consult	Special physics consult Lung Cancer / Non Small Cell Lung Cancer No additional information is required. ▶ Clinical Details ✎ Edit Clinical
Image-guided radiation therapy (IGRT)	Image-guided radiation therapy (IGRT) Lung Cancer / Non Small Cell Lung Cancer No additional information is required. ▶ Clinical Details

Review the “Request Summary” tab for data accuracy and completeness prior to submission

Order request preview

Order Request

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

AIM SpecialtyHealth ProviderPortal

Order Request Preview

Request Status:
Has Not Been Submitted

Health Plan:
[REDACTED]

Member Information:
Subscriber, Adult
Member #: YRN3766999880
PO BOX 464
CHICAGO, IL 60622
Date of Birth: 1/1/1961
Phone: 312-999-9928

Ordering Provider:
Doctor, Professional
One Main Street
Hometown, USA

Servicing Provider: [Edit](#)
Infusion Center
Two Main Street
Hometown, USA

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.

The Order Request Preview allows the users to confirm the requested items prior to submission and make necessary modifications

Press the “Submit This Request” button

Order request summary

Order Request Summary

Order ID: 110061191

Request Status: **Authorized**

Health Plan: [blurred]

Valid Dates: 09/01/2017 - 11/29/2017

Start Date: 09/01/2017

Member Information:
Subscriber, Adult
Member #: YRN3766999880
PO BOX 464
CHICAGO, IL 60622
Date of Birth: 1/1/1961
Phone: 312-999-9928

Ordering Provider:
Doctor, Professional
One Main Street
Hometown, USA

Servicing Provider: [Edit](#)
Infusion Center
Two Main Street
Hometown, USA

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”

Press “Save as PDF” or “Print” to create a copy to put into the patient’s chart



APPENDIX | How to submit a Medical Oncology request

ProviderPortal Home Page

The screenshot shows the 'Order Request' section of the ProviderPortal. The top navigation bar includes 'Order Request', 'Welcome DEMO TRAINING', 'Manage Your Physician List', 'Manage Your User Profile', and 'Reference Desk'. The main content area features a search form with the following fields and options:

- Service Date ***: A date picker set to MM/DD/YYYY.
- Member Details:**
 - First Name ***: Text input containing 'jane'.
 - Last Name ***: Text input containing '85doe'.
 - Member ID ***: Text input containing '376699999'.
 - Date of Birth ***: Text input containing '01/01/1959'.
- Hide Search Tips**: A link with an upward arrow.
- Search Tips:**
 - 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.
- Find This Member**: A green button at the bottom of the form.

On the left side of the page, there is a sidebar with the following options:

- Start Your Order Request Here
- Check Order Status
- View Order History
- Check Member's Eligibility
- Check Claim Status
- Access Your Optinet Registration

To create 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

Note: AIM Specialty Health maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons or health plans is purely coincidental.

Member Search Results

Order Request Logout

[Back to Homepage](#) [Print Preview](#)

Member Details

85Doe, Jane
PO BOX 482
SAC CITY, IA 50583

Date of Birth: 01/01/1959 Age: 62
Female

Member ID: 376699999 | Alpha Prefix: VZF
Anthem CR

Service Date: 10/8/2021 [Edit Service Date](#)

Eligibility Details

Effective: 01/01/2012-12/31/9999 | Product Code: PPO | Employer Group ID: 234685 | Anthem CR

The Member is eligible for the following solutions. Selecting a solution will begin a new request for this Member.

 View Code List	Diagnostic Imaging Angiography, Bone Density CT, CTA, MRA, MRI, Nuclear Medicine, PET	 View Code List	Cardiovascular Angiography, percutaneous coronary revascularization, arterial ultrasound	 View Code List	Sleep Management HST, In Lab, Titration, APAP/BPAP/CPAP, Oral Appliance, MSLT, MWT	 View Code List	Radiation Therapy 2D/3D, Brachytherapy, IGRT, IMRT, IORT, Proton, Stereotactic (SRS/SBRT), SIRT
 View Code List	Chemotherapy and Supportive Drugs Review of cancer drugs, side effect management and treatment pathways						

A Pre-Authorization is not Required from AIM

The Member is not eligible for the following solutions.

 View Code List	Musculoskeletal Joint Surgery, Spine Surgery & Interventional Pain Management	 View Code List	Genetic Testing Laboratory testing for the inheritance or management of genetic conditions	 View Code List	Other Surgical and Endoscopic Procedures Site of Care review for certain outpatient surgical & endoscopic procedures
--	---	--	--	---	--

Select your modality by clicking on the eligible solution

Ordering provider selection

Order Request Logout

Step: 1 2 3 4 5 6 7

85DOE, JANE [Edit](#) [Hide Details](#)

Member #: 3766999990 Treatment Start Date: 10/01/2020
Date of Birth: 1/1/1959 Health Plan: Healthplanone
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:

View: Local

Favorite	Name	Address	City	Specialty	Health Plan
★	SMITH, JOSHUA	700 PARK RIDGE LN	NORTH FOND DU LAC	Radiology	
☆	BUTTERMANN, GLENN	730 10TH AVE	BALDWIN	Orthopedic Surgery	
★	SCULLY, THOMAS	226 S WOODS MILL RD STE 40W	CHESTERFIELD	Urology	
★	SHARPE, BRYAN	18051 RIVER AVE STE 200	NOBLESVILLE	Family Practice	
★	SMITH, JOSEPH	1701 SENATE BLVD	INDIANAPOLIS	Pulmonary Diseases	
★	SCULLY, THOMAS	2 PROGRESS POINT PKWY	OFALLON	Urology	

DISPLAYING 1-6 OF 6 RESULTS

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

Ordering providers that are associated with group identifier (e.g. TIN, NPI, etc). in the user's registration will be available for selection

For practices with multiple providers, establishing “**Favorites**” will allow for increased intake efficiency.

Ordering provider fax confirmation

The screenshot shows the 'Order Request' page for member 85DOE, JANE. The interface includes a header with 'Order Request' and 'Logout', and a progress indicator for 8 steps. The member's details are displayed, including Member # 3766999990, Date of service 10/1/2020, Date of Birth 1/1/1959, and Health Plan Healthplanone. The current step is Step 2: 'Please select the Ordering Provider from the list below.' A search sidebar on the left allows filtering by Name, TIN or NPI, or Address, with search criteria for First Name, Last Name, and State (Iowa). A table of providers is shown, including JOSHUA, BUTTERMANN, GLENN, SHARPE, BRYAN, and SMITH, JOSEPH. A modal window titled 'Ordering Provider Fax Number' is open, prompting the user to enter or confirm the physician's fax number. The input field contains '(312) 555-5555'. The modal also includes a link for 'Why do you need this?' and buttons for 'Save' and 'Fax Unavailable'.

Ordering Provider Search

Search Type:

- Name
- TIN or NPI
- Address

First Name:

Last Name:

State: Iowa

Search

Ordering Provider Fax Number

Please enter or confirm the physician's fax number below

FAX Number: (312) 555-5555

[Why do you need this?](#)

Save | Fax Unavailable

Ordering Provider	Address	City	Specialty
JOSHUA		DU LAC	Radiology
BUTTERMANN, GLENN	730 10TH AVE	BALDWIN	Orthopedic Surgery
SHARPE, BRYAN	18051 RIVER AVE STE 200	NOBLESVILLE	Family Practice
SMITH, JOSEPH	1701 SENATE BLVD	INDIANAPOLIS	Pulmonary Diseases

DISPLAYING 1-6 OF 6 RESULTS

Delete this request

Enter the ordering provider's fax number used for communications

Select the **“Save”** button

Dispensing date

The screenshot shows the 'Order Request' interface for a patient named Jane Doe. The interface is divided into several sections:

- Header:** 'Order Request' on the left and 'Logout' on the right.
- Progress:** A 'Step:' indicator with seven numbered circles (1-7). Step 3 is highlighted in blue.
- Patient Information:** A white box containing:
 - Member #: 85DOE, JANE (with an 'Edit' link)
 - Member #: 3766999990
 - Date of service: 10/1/2020
 - Date of Birth: 1/1/1959
 - Health Plan: Healthplanone
 - Ordering Provider: SCULLY, THOMAS (with an 'Edit' link)
 - A 'Hide Details' link is located at the top right of the box.
- Step 3 Instruction:** 'Step 3: Please enter the Dispensing Start Date if it prior to the Treatment Start Date'
- Dispensing Date Field:** A text input field labeled 'Dispensing Date' containing the value '10/01/2020'.
- Buttons:** 'Next' and 'Delete this request' buttons are located below the date field.
- Footer:** A link for 'Have a comment or suggestion?' and a copyright notice: 'Copyright © 2000–2020 AIM Specialty Health. All Rights Reserved.'

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

Select the “**Next**” button.

Dispensing provider selection

The screenshot shows the 'Order Request' interface. 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 steps 1 through 8, with step 4 highlighted. The main content area displays patient information for '85DOE, JANE' and includes a 'Find Dispensing Provider' button. Below this, a 'Provider Search Results' table lists one provider: SCULLY, THOMAS. A 'Delete this request' button is located at the bottom right of the main content area.

Order Request Logout

Step: 1 2 3 4 5 6 7 8

85DOE, JANE [Edit](#) Hide Details

Member #: 3766999990 Date of service: 10/1/2020

Date of Birth: 1/1/1959 Health Plan: Healthplanone

Ordering Provider: SCULLY, THOMAS [Edit](#)

Step 4: Please Choose a Dispensing Provider.

Dispensing Provider	Address	City	State	Phone	Distance	Action	Map
SCULLY, THOMAS	226 S WOODS MILL RD STE 40W	CHESTERFIELD	MO	314-645-6454	351.45	View Details	View Map

DISPLAYING 1-1 OF 1 RESULTS

Have a [comment or suggestion?](#)
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Select the **dispensing provider** by clicking on the name from the list of frequently used which is the default display.

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

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 the navigation bar, a progress indicator shows steps 1 through 8, with step 4 highlighted. The main content area displays patient information for '85DOE, JANE' and a 'Find Dispensing Provider' button. A 'Provider Search Results' table lists 'SCULLY, THOMAS' with contact and distance information. 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 'Delete this request' button is visible at the bottom right of the provider search results.

Order Request Logout

Step: 1 2 3 4 5 6 7 8

85DOE, JANE [Edit](#) Hide Details

Member #: 3766999990 Date of service: 10/1/2020

Date of Birth: 1/1/1959 Health Plan: Healthplanone

Ordering Provider: SCULLY, THOMAS [Edit](#)

Step 4: Please Choose a Dispensing Provider.

[Find Dispensing Provider](#)

Dispensing Provider	Address	City	State	Phone	Distance	Action	Map
SCULLY, THOMAS				314-645-6454	351.45	View Details	View Map

DISPLAYING 1-1 OF 1 RESULTS

[Delete this request](#)

Select Place of Service

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

[Have a comment or suggestion?](#)

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Select the **place of service** from the drop down list that corresponds to the site where the chemotherapy will be administered.

Clinical detail entry – height and weight

Order Request Logout

Step: 1 2 3 4 **5** 6 7

85DOE, JANE Show Details

Step 5: Please enter Patient Clinical Details. Data will be automatically saved in the system.

Age : 60 - Female

Please enter Patient's Height & Weight

* Height:	<input type="text" value="65"/> ✓	in	▼
* Weight:	<input type="text" value="150"/> ✓	lb	▼

Enter the member's height and weight.

- Height can be entered in either inches or centimeters
- Weight can be entered in either pounds or kilograms

Click the “**Save and Continue**” button

Clinical detail entry – diagnosis and regimen

Select the “cancer type” and “ICD10 codes” from the drop down lists.

ALL drugs being prescribed as part of the care plan should be entered by searching with either drug name, HCPCS code or regimen acronym.

Drugs frequently associated with the chemotherapy drugs chosen will be populated in the blue box for ease in selection.

The system will automatically group the chemotherapy and supportive agents.



Age : 61 - Female
Height: 60in | Weight: 150lb | BSA: 1.70

Regimen Search 5

* Choose a Cancer Type:

* Select an ICD10 Code : ✓

Enter ALL drugs being prescribed by your physician to start your treatment entry.

* Enter a Drug Name or HCPC Code:

Chemotherapy Drugs:

- ✓ YERVOY (J9228)
- ✓ Nivolumab (J9299)

Supportive Drugs:

- ✓ NEULASTA,SC (J2505)

i The regimen search logic will be based on the items entered above.

The patient is enrolled/enrolling on the MATCH Trial.

Clinical detail entry – diagnosis and regimen

Age : 61 - Female

Height: 60in | Weight: 150lb | BSA: 1.70

Regimen Search

5

We have found several results for your search. Please answer the following question to further refine your search results:

Has the patient already had surgery as part of his/her cancer treatment ?

- No surgery is planned as part of this patient's cancer treatment.
- Other (the line of treatment for the patient is not listed above)
- Skip Question

i Selecting 'Other' indicates that you may be off pathway.
Skipping the question will result in a larger set of regimens to choose from.

◀ Previous

Filter questions are used to narrow down the search results when multiple regimens have been found.

Clinical detail entry – diagnosis and regimen

Age : 61 - Female
Height: 60in | Weight: 150lb | BSA: 1.70

Regimen Search 5

We have found several results for your search. Please answer the following question to further refine your search results:

What is the patient's Stage ?

III IV Recurrent Other (the stage for the patient is not listed above) Skip Question

+ Selecting 'Other' indicates that you may be off pathway.
Skipping the question will result in a larger set of regimens to choose from.

[← Previous](#)

Filter questions are used to narrow down the search results when multiple regimens have been found.

Clinical detail entry – diagnosis and regimen

Age : 61 - Female

Height: 60in | Weight: 150lb | BSA: 1.70

Regimens that meet your Search Criteria

5

Search Criteria:

Cancer Type:
Melanoma

Chemotherapy Drugs:
YERVOY
Nivolumab

 The following regimens contain ALL of the requested therapeutic drugs. Please select the regimen that most closely reflects the setting and administration for the prescribed treatment. Pathway () regimens are also identified when available.

Name	Line of Treatment	Stages	
 Nivolumab (Opdivo) and Ipilimumab (Yervoy) Followed by Nivolumab Every 2 Weeks (Cutaneous, Stage III Unresectable/Metastatic/Recurrent, First Line)	First Line	III , IV , Recurrent	
 Nivolumab (Opdivo) and Ipilimumab (Yervoy) Followed by Nivolumab Every 2 Weeks (Cutaneous, Stage III Unresectable/Metastatic/Recurrent, Second Line or Greater)	Second Line or Greater	III , IV , Recurrent	
 Nivolumab (Opdivo) and Ipilimumab (Yervoy) Followed by Nivolumab Every 4 Weeks (Cutaneous, Stage III Unresectable/Metastatic/Recurrent, First Line)	First Line	III , IV , Recurrent	
 Nivolumab (Opdivo) and Ipilimumab (Yervoy) Followed by Nivolumab Every 4 Weeks (Cutaneous, Stage III Unresectable/Metastatic/Recurrent, Second Line or Greater)	Second Line or Greater	III , IV , Recurrent	
Nivolumab (Opdivo) and Ipilimumab (Yervoy) Followed by Nivolumab Maintenance Every 2 Weeks (Brain Metastases, First Line or Greater)	First Line or Greater	IV , Recurrent	

Skipping the filter questions will result in several regimen options with varying Lines of Treatment and Staging indications.

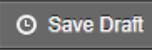
In this example, a regimen that is on Pathway at this point in the data entry process is indicated by a green cog wheel.

Clinical detail entry – dosing

Age : 61 - Female
Height: 60in | Weight: 150lb | BSA: 1.70
Regimen Selected: Nivolumab (Opdivo) and Ipilimumab (Yervoy) Followed by Nivolumab Every 2 Weeks (Cutaneous, Stage III Unresectable/Metastatic/Recurrent, First Line)

Enter Drug Details

Please verify or edit item information by clicking on each drug below.
Press  Save and Continue if no changes are needed.



Enter Chemotherapy Details

Drug Name	Dose	Cycle Range	Cycle Length	Days of Administration	Frequency Per Day	
Please review the drugs details below and click a row to modify						
YERVOY, IV (J9228)	204.12mg	1-4	21	1	QD	
Nivolumab, IV (J9299)	68.04mg	1-4	21	1	QD	
Nivolumab, IV (J9299)	240mg To Progression		14	1	QD	

Once selected, the regimen being evaluated is populated above the dosing information.

The recommended dosing schedule will be displayed.

Modify or input dosing information by clicking on the name of the drug.

Clinical data entry – dosing

Enter Drug Details

← Cancel ✔ Accept Changes

Edit Drug: YERVOY

When reviewing regimens, the program may consider drug schedules (i.e. Cycles/Cycle Range, Cycle Length, Days of Administration, Frequency Per Day) in selection of an On-Pathway regimen.

Drug **YERVOY**

Dose: 204.12 mg

Route: Intravenous

Sub Route: Intravenous

Is Drug Off-Cycle or Outside of Cycle?

Cycles/Cycle Range: 1,2,3,4
NOTE: Enter Cycles as 1-3 or 1,2,3 NOT simply 3.

Drug will be administered until the patient's disease progresses?

Cycle Length: 21

Days of Administration: 1

Frequency Per Day: QD

If updates are needed to the dosing information, modify the applicable fields and select “**Accept Changes**”

Note: Changes to the following fields may impact regimen’s Pathway status:

- Cycles/Cycle Range
- Cycle Length
- Days of Administration
- Frequency Per Day

Clinical data entry – dosing

Enter Drug Details

Please verify or edit item information by clicking on each drug below. Press Save and Continue if no changes are needed.

Supportive Drugs: Action Required

Drug Name	Dose	Cycle Range	Cycle Length	Days of Administration	Frequency Per Day
Please review the drugs details below and click a row to modify					
NEULASTA, SC (J2505)	---	1-4	21	---	---
NEULASTA, SC (J2505)	---	To Progression	14	---	---

Enter Drug Details

Edit Drug: NEULASTA

When reviewing regimens, the program may consider drug schedules (i.e. Cycles/Cycle Range, Cycle Length, Days of Administration, Frequency Per Day) in selection of an On-Pathway regimen.

Drug **NEULASTA**

Dose: 6.00 mg

Route: Subcutaneous

Is Drug Off-Cycle or Outside of Cycle?

Cycles/Cycle Range: 1, 2, 3, 4
NOTE: Enter Cycles as 1-3 or 1,2,3 NOT simply 3.

Drug will be administered until the patient's disease progresses?

Cycle Length: 21

Days of Administration: 1

Frequency Per Day: QD

Modifications to the dosing schedule of supportive agents is performed the same way as chemotherapy drugs – click on the name of the drug to edit and select **“Accept Changes”**

Note: Changes to supportive drugs dosing will not impact Pathway status.

Clinical data entry – diagnosis and biomarkers

Enter Diagnosis

* Pathology: Melanoma ✓

* Stage: IV ✓

* ICD10: C43.0 Malignant melanoma of lip

* Bio-Markers & Tumor Characteristics:

BRAF status: Not reported ✓

c-kit status: Not reported ✓

Microsatellite Instability: Not reported ✓

NTRK Fusion: Not reported ✓

* Line of Treatment: First Line ✓ ⓘ

* Performance Status: 0 - Normal activity (asymptomatic) ✓

◀ Previous ✔ Save and Continue

Select the **Pathology, Stage, Line of Treatment & ECOG score** from the drop down lists.

Some of the entries will be prepopulated if the filter questions were answered on previous screens.

Select the “**Save and Continue**” button.

Note: T,N,M can be entered to calculate the stage as an alternative to selecting the stage

Clinical data entry – justification questions

Treatment Justifications

Does the individual have unresectable or metastatic disease?

Yes

No

Unknown

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

Yes

No

Unknown

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

Yes

No

Unknown

[← Previous](#) [✓ Save and Continue](#)

Medical policy questions are asked when additional information is needed to determine if the requested treatment meets clinical criteria.

Select **“Save and Continue.”**

Clinical data entry – justification questions

Review Selected Regimen

Clinical Review May Be Required
 To address the deviations below click "Previous". Otherwise, consider selecting an **Alternative Regimen**. To proceed with the selected regimen click "Save and Continue".

Medical Policy

Date Analyzed	Total Deviations Found
12/1/2020 12:14:27 PM	2

Results	Item	Details
⊘ The selected regimen is not associated with a clinically significant incidence of febrile neutropenia (i.e. the risk is < 10%).	NEULASTA, SC (J2505)	Name: NEULASTA (Route: SC) (GPI: 8240157000)
⊘ The justification question was not answered correctly for this regimen.	Is the individual receiving immunosuppressive drug therapy for an autoimmune disease or chronic condition?	Expected: No Actual: Unknown
⚠ Based on the selections you have made; this regimen request is not considered "On Pathway". If you were expecting this choice to be on-pathway, please review the regimen selected and the details of the clinical scenario entered.		

Consider Alternative Regimens

All evidence-based regimens available for the patient are below. Please consider selecting a Pathway (🟢) regimen that meets the patient clinical scenario.
 To proceed with the current regimen click "Save and Continue".

	Name	Line of Treatment	Stages	Actions
<input type="button" value="Select"/>	🟢 Encorafenib (Braftovi) and Binimetinib (Mektovi) (BRAF Mutation-Positive, Stage III Unresectable/Metastatic/Recurrent, First Line or Greater)	First Line or greater	III, IV, Recurrent	View Details
Selected Regimen	🟢 Nivolumab (Opdivo) and Ipilimumab (Yervoy) Followed by Nivolumab Every 2 Weeks (Cutaneous, Stage III Unresectable/Metastatic/Recurrent, First Line)	First Line	III, IV, Recurrent	View Details
<input type="button" value="Select"/>	🟢 Nivolumab (Opdivo) and Ipilimumab (Yervoy) Followed by Nivolumab Every 4 Weeks (Cutaneous, Stage III Unresectable/Metastatic/Recurrent, First Line)	First Line	III, IV, Recurrent	View Details
<input type="button" value="Select"/>	🟢 Pembrolizumab (Every 3 Week Dosing) (Brain Metastases, First Line or Greater)	First Line or greater	IV, Recurrent	View Details

Once all clinical information has been provided, the system will alert the user when a requested service is deviating from either health plan medical policy or Pathway criteria.

This messaging allows users to confirm the validity of the information entered prior to case submission.



66

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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 (800) 554-0580

First Name
Demo REQUIRED

Last Name
Training REQUIRED

Phone
(800) 123-4567

Ext

Email
portal2_errors@americanimaging.net REQUIRED

Additional clinical information: (Maximum 1800 characters)
URGENT CASES WILL ONLY BE ACCEPTED VIA THE PROVIDERPORTAL WHEN THE CALL CENTER IS CLOSED. REQUIRED

Save Cancel

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

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

Treatment plan dates

Enter Treatment Plan Dates

Please make any necessary adjustments to the Treatment End Date and click Done.

Treatment Start Date: 12/1/2020

Treatment End Date:

Note: The system has calculated the expected treatment end date above based on:

- ✓ The start date you entered.
- ✓ The treatment plan you built.
- ✓ A 3 week cushion to account for delays in treatment.

Enter Clinical Trial Details

Is the treatment you are submitting part of a clinical trial? Yes No

Previous

The system will calculate the treatment end date, which can be edited if necessary.

Select the “**Done**” button.

Note: If the requested treatment is part of a clinical trial, a Trial ID can be entered on this screen.

Order request preview

The screenshot shows the 'Order Request Preview' page in the AIM Specialty Health Provider Portal. The page header includes 'Order Request' and a 'Logout' link. Below the header are buttons for 'Submit This Request', 'Go to Homepage', 'Delete this request', 'Save as PDF', and 'Print'. A message box 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 main content area features the AIM Specialty Health logo (with a 'DEMO' watermark) and the 'ProviderPortal.' logo. The title 'Order Request Preview' is prominently displayed. Below the title, the 'Case Status' is 'Has Not Been Submitted' and the 'Health Plan' is 'Healthplanone'. The page is divided into three columns of information: 'Member Information' for JANE SCULLY, 'Ordering Provider' THOMAS SCULLY, and 'Dispensing Provider' THOMAS SCULLY. Each column lists contact details like address, phone, and fax. A 'Modify clinical' button is located at the bottom right of the information section. A disclaimer at the bottom states: '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.'

Order Request

Logout

Submit This Request Go to Homepage Delete 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.

AIM SpecialtyHealth DEMO ProviderPortal.

Order Request Preview

Case Status: Has Not Been Submitted **Health Plan:** Healthplanone

Member Information:
85DOE, JANE
Member #: YRN3766999990
PO BOX 482
SAC CITY, IA 50583
Date of Birth: 1/1/1959
Phone: 773-864-4600

Ordering Provider:
SCULLY, THOMAS
226 S WOODS MILL RD STE 40W
CHESTERFIELD, MO 63017-3670
Phone: 314-645-6454
Fax: 314-338-7170
NPI: 1285692608

Dispensing Provider: [Edit](#)
SCULLY, THOMAS
226 S WOODS MILL RD STE 40W
CHESTERFIELD, MO 63017-3670
Phone: 314-645-6454
Fax: 314-338-7170
NPI: 1285692608

[Modify clinical](#)

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.

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.

Diagnosis: C34.00 Malignant neopls unsp main bronchus

Clinical Information: [-]

Disease: Lung

Pathology: Adenocarcinoma

Stage: IVB

Treatment: Second Line

Performance Status: 0 - Normal Activity (asymptomatic)

Biomarkers: Microsatellite Instability - dMMR/MSI-H;MET Amplification - Not reported;ROS1 rearrangement - Not reported;PD-L1 expression (TPS) - Not reported;RET gene rearrangement - Not reported;EGFR T790M Mutation - Not reported;NTRK Fusion - Not reported;BRAF status - Not reported;ALK status - Negative;EGFR - Wild Type;

Justification Questions:

Did the individual receive prior therapy with a tyrosine-kinase inhibitor (TKI) (such as erlotinib or gefitinib) or ALK targeted agent (such as crizotinib) in the first line setting? True

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

Order request summary



ProviderPortal

Order Request Summary

Order ID: **110197868**

Case Status:
Authorized

Health Plan:

Pathway Eligible ID:
110197868
Valid Dates:
09/20/2021 - 04/01/2022
Start Date:
09/24/2021

Member Information:

85FLINTSTONE, WILMA
Member #: YRP4444444440
P O BOX 347
ENGLEWOOD, FL 34223
Date of Birth: 1/1/1950
Phone: 312-999-9919

Ordering Provider:

SCULLY, THOMAS
2 PROGRESS POINT PKWY
OFALLON, MO 63368
Phone: 314-645-6454
Fax: 314-434-1814
NPI: 1285692608

Dispensing Provider:

SCULLY, THOMAS
2 PROGRESS POINT PKWY
OFALLON, MO 63368
Phone: 314-645-6454
Fax: 314-434-1814
NPI: 1285692608

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.

Please call 800-554-0580 for all Urgent Requests.

Requests that meet clinical criteria will be approved upon case submission.

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



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.

Please call 800-554-0580 for all Urgent Requests.

REQUESTED ITEMS:

ITEM #	HCPCS	DESCRIPTION	REQUEST STATUS	REQUESTED DATES
1	J9228	Ipilimumab	Authorized	9/24/2021 - 4/1/2022
Dose range:		200 mg	Treatments per	
Cycle length:		21 Days	Cycle:	1 visits
Cycles/Duration:		1,2,3,4 cycles/ 84 Days	Total Treatments:	4
Direction:			Total Billing Units:	800
2	J9299	Nivolumab	Authorized	9/24/2021 - 4/1/2022
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
 - Other Impact - Refer to Health Plan
 - Other Impact - Refer to PBM
 - AIM Clinical Review Not Required/Completed





Additional *ProviderPortal* features

Note: AIM Specialty Health maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.

How to check an order status

The screenshot shows the 'Order Inquiry' web application. At the top, there is a navigation bar with 'Order Inquiry' on the left and 'Medicare AUC' and 'Logout' on the right. Below the navigation bar, there are four main menu items: 'Welcome', 'Provider Management', 'Manage Your User Profile', and 'Reference Desk'. On the left side, there is a vertical sidebar with five buttons: 'Start Your Order Request Here', 'Check Order Status' (highlighted with a green checkmark), 'View Order History', 'Check Member's Eligibility', and 'Access Your Optinet Registration'. The main content area is a form for checking an order status. It has three sections: 'Select the member's healthplan' with a dropdown menu set to 'Bright HealthCare'; 'Select the order type' with a list of radio buttons including 'Diagnostic Imaging', 'Cardiovascular', 'Specialty Drug', 'Radiation Therapy', 'Sleep Management', 'Chemotherapy and Supportive Drugs', 'Surgical Procedures', 'Genetic Testing', 'Musculoskeletal', and 'Rehabilitation'; and 'Select the search type' with a dropdown menu set to 'Order ID' and two radio buttons for 'Order ID + DOB' (selected) and 'Order ID + Name'. Below these are input fields for 'Order ID' (with placeholder 'Order ID number') and 'Date of Birth' (with placeholder 'MM/DD/YYYY'). A green 'Find This Order' button is at the bottom of the form. To the right of the form is a 'Message Center' box with a blue header and a 'Provider Resources' box with a green header. The Message Center contains text about application unavailability and a notice about a delay in determination letters. The Provider Resources box lists links for 'Radiology Tutorial', 'Genetic Testing Tutorial', and two 'Bright Healthcare - AIM Provider Training' links for Genetic Testing and Radiation Therapy.

Existing orders can be viewed from the “**Check Order Status**” tab

Select the member’s **health plan**

Select the **Search Type**

Enter either the **Order ID** and **Member DOB** or **Name** or the **Member ID #** and **Name** or **DOB**

Press the “**Find This Order**” button.

How to check an order status

The screenshot displays the 'Order Inquiry' web application. On the left, there are search filters for 'Health Plan' (a dropdown menu), 'Search by' (set to 'Member'), and 'SELECT SEARCH TYPE' (with radio buttons for 'Member ID + DOB' and 'Member ID + Name'). Below these are input fields for 'MEMBER ID' (containing 'AlphaPrefix+Number') and 'DATE OF BIRTH' (containing 'MM/DD/YYYY'). 'Find' and 'Clear' buttons are at the bottom of the filter section.

The main area shows 'Order Search Results' in a table with the following columns: Order/Status, Member Name, Member Number, Start Date, Ordering Provider, and Expires. The table contains 10 rows of results, all for '85DOE, JANE' with 'Member Number' 376699999 and 'Ordering Provider' SCULLY, THOMAS. The 'Expires' column shows '148 days' for the first row and '9/1/2017' for the others. The 'Order/Status' column contains a blue hyperlink for each row.

At the bottom of the table, it says 'DISPLAYING 1-10 OF 23 RESULTS'. Below the table are a 'Back to Search results' button and a 'Print Preview' button.

Order/Status	Member Name	Member Number	Start Date	Ordering Provider	Expires
110063654	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS	148 days
Voluntarily Withdrawn	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS	
Voluntarily Withdrawn	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS	
Voluntarily Withdrawn	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS	
Voluntarily Withdrawn	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS	
Voluntarily Withdrawn	85DOE, JANE	376699999	9/1/2017	SCULLY, THOMAS	
Voluntarily Withdrawn	85DOE, JANE	376699999	9/1/2017	SCULLY, THOMAS	
Voluntarily Withdrawn	85DOE, JANE	376699999	8/18/2017	SCULLY, THOMAS	
Voluntarily Withdrawn	85DOE, JANE	376699999	8/18/2017	SCULLY, THOMAS	
Voluntarily Withdrawn	85DOE, JANE	376699999	8/14/2017	SCULLY, THOMAS	

All orders that have been processed for the member will be listed in the **Order Search Results** page

Click on the hyperlink in the **Order/Status** column to see detailed data for any individual order.

The Order Request Summary will display upon selecting the Order/Status.

How to view order history

The screenshot displays the 'Order History' application interface. The top navigation bar includes a home icon and the text 'Order History'. Below this, a 'Welcome' message is followed by three navigation links: 'Provider Management', 'Manage Your User Profile', and 'Reference Desk'. A left-hand sidebar contains several action buttons: 'Start Your Order Request Here', 'Check Order Status', 'View Order History', 'Check Member's Eligibility', and 'Access Your Optinet Registration'. The main content area features a search filter section with the following fields: 'Show me:' (with radio buttons for 'My Orders' and 'My Group's Orders'), 'For:' (a list of medical categories), 'Within the last:' (a dropdown menu set to '7 Days'), and 'With the status:' (a dropdown menu set to 'All'). A green 'Go' button is positioned to the right of the status dropdown. Below the search filters, a table titled 'Incomplete Orders' is displayed. The table has columns for Member Name, Member Number, Date of Service, Order Status, Ordering Provider, Entered Date, and Entered By. A single row of data is visible, showing an order for '85Public, Joan' with status 'Incomplete' and entered on '06/12/2020'. Below the table are two buttons: 'Print Preview' and 'Download to Excel'.

Order History

Welcome

Provider Management Manage Your User Profile Reference Desk

Start Your Order Request Here

Check Order Status

View Order History

Check Member's Eligibility

Access Your Optinet Registration

Show me: For: Within the last: With the status:

My Orders My Group's Orders

Diagnostic Imaging Cardiovascular Specialty Drug Radiation Therapy Sleep Management Chemotherapy and Supportive Drugs Surgical Procedures

7 Days All Go

Order History

Welcome DEMO TRAINING

Provider Management Manage Your User Profile Reference Desk

Start Your Order Request Here

Check Order Status

View Order History

Check Claim Status

Access Your Optinet Registration

Show me: For: Within the last: With the status:

My Orders My Group's Orders

Diagnostic Imaging Cardiovascular Specialty Drug Radiation Therapy Sleep Management Chemotherapy and Supportive Drugs Surgical Procedures Genetic Testing Musculoskeletal Rehabilitation

7 Days Incomplete Go

Incomplete Orders

Member Name	Member Number	Date of Service	Order Status	Ordering Provider	Entered Date	Entered By
85Public, Joan	37666677	06/15/2020	Incomplete	SAGI, SASHIDHAR	06/12/2020	TRAINING, DEMO

Print Preview Download to Excel

View Order History provides access to orders that have been entered in the past 90 days

Select the desired timeframe from the **Within the last X** days.

Select from **With the Status**, the type of orders you wish to view, e.g. in progress or incomplete orders.

Press the **“Go”** button

Reference Desk

Welcome DEMO TRAINING

 [Manage Your Physician List](#)  [Manage Your User Profile](#)  [Reference Desk](#)

 [Start Your Order Request Here](#)

 [Check Order Status](#)

 [View Order History](#)

 [Check Claim Status](#)

 [Access Your Optinet Registration](#)

 Tutorials Automated or self driven training modules for the main functional areas of the ProviderPortal. (Adobe Flash Required)	 Next Generation Solutions Tutorial
 Diagnostic Imaging Clinical Guidelines Guidelines for imaging modalities, including CT, MRI, MRA, and PET. Also available are guidelines for pediatric imaging.	 UM Mailbox Search for and view letters and/or files for the selected health plan.
 Cardiovascular Clinical Guidelines Guidelines for cardiac imaging modalities, including echocardiography, nuclear cardiology, cardiac CT, cardiac MRI, cardiac PET, and arterial ultrasound.	 Diagnostic Imaging CPT Codes View a list of all of the CPT Codes that are included in the selected health plan's Radiology Benefit Management program.
 Sleep Management Clinical Guidelines Guidelines for testing and treatment of sleep disorders, including obstructive sleep apnea.	 Surgical Procedures CPT Codes View a list of all of the CPT Codes that are included in the selected health plan's Surgical Procedures program.
 Musculoskeletal Clinical Guidelines Guidelines for spine surgeries, joint surgeries, and interventional pain management.	 Sleep Management HCPCS Codes View a list of all the HCPCS Codes that are included in the selected health plan's Sleep Management program.

Training Tutorials, clinical guidelines, and CPT Codes included in the program are located within the Reference Desk.

Viewing CPT codes included in the program

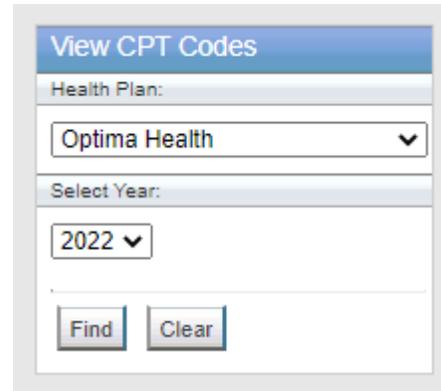
1



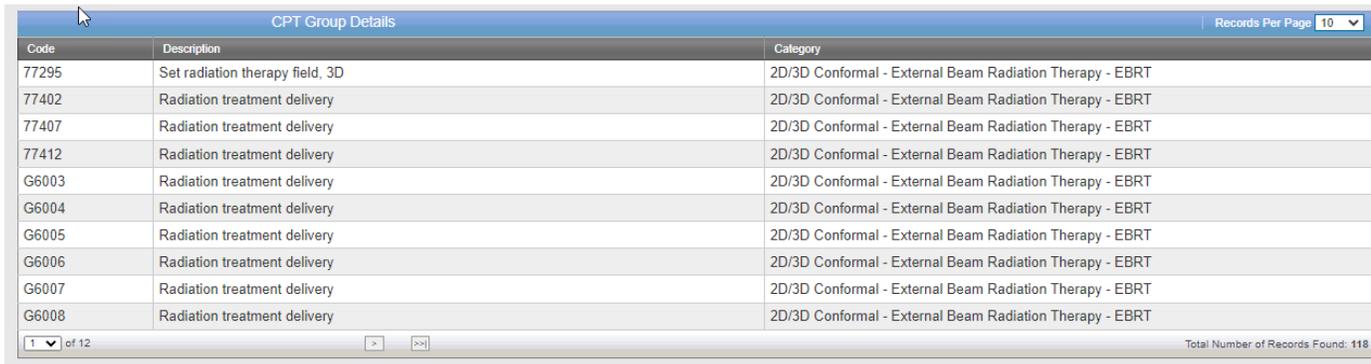
2



3



4



Code	Description	Category
77295	Set radiation therapy field, 3D	2D/3D Conformal - External Beam Radiation Therapy - EBRT
77402	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT
77407	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT
77412	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT
G6003	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT
G6004	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT
G6005	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT
G6006	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT
G6007	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT
G6008	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT

1. Select “Reference Desk” from the home page.

2. Select “Radiation Oncology CPT Codes”.

3. Within the view CPT Codes, select the “Health Plan” name, and “year”.

4. Click “Find”.

5. Use the arrows to view the multiple pages of included CPT codes.

6. Select “Print Preview” to view and print the CPT code list.