

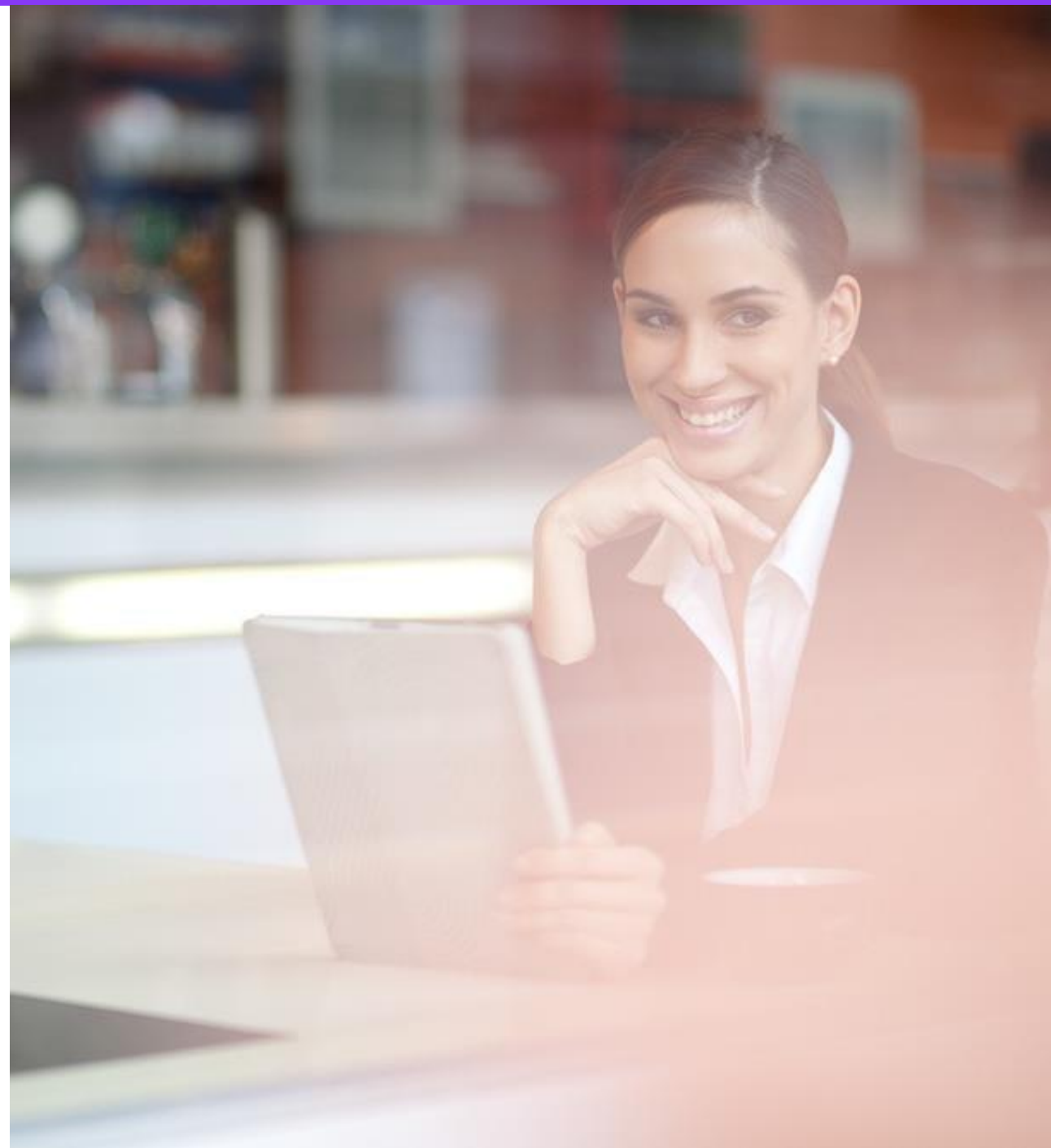


Sentara Health Plans| Post Claim Clinical Appropriateness (PCCA) Submission Tutorial

Radiation Therapy and Medical Oncology

Outline

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



PCCA Submission Steps

1 Claim Submitted

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

2 Review Member Requests

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

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

3 Provider Enters Case

Provider submits PCCA request via *ProviderPortal*

4 Case Review

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

5 Additional reviews

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



PCCA Requirements

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



Prerequisites prior to initiating a PCCA

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



Enter the Claim Number and Claim Submission Date

The screenshot displays a web application interface. At the top, a patient profile for 'SMITH, JOHN' is shown with fields for Member # (107791102), Date of service (10/1/2020), Date of Birth (9/19/1967), Health Plan (Optima Health), and Ordering Provider. Below this, a 'Step 2: Please select the Ordering Provider from the list below.' section contains an 'Ordering Provider Search' sidebar with search type options (Name, TIN or NPI, Address) and search fields for First Name, Last Name, and State (set to Virginia). A 'Search' button is at the bottom of the sidebar. A modal dialog titled 'Post Medical Necessity Review' is open in the center. It asks 'Has the Health Plan directed you to AIM to submit a Post Claim Case after the claim was processed?' with 'Yes' selected. Below this, it says 'Please provide the following information' and has input fields for 'Claim Number' and 'Claim Submission Date'. There is also a checkbox for 'I do not have this information' and an 'OK' button at the bottom of the modal.

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

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

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

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

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





How to submit PCCA case for Medical Oncology

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



Provider Portal Home Page

The screenshot displays the 'Order Request' section of a provider portal. At the top, there's a navigation bar with a home icon and the text 'Order Request'. Below this, a welcome message 'Welcome DEMO TRAINING' is followed by four icons: 'Manage Your Physician List', 'Manage Your User Profile', and 'Reference Desk'. The main content area features a sidebar on the left with five buttons: 'Start Your Order Request Here' (with a plus icon), 'Check Order Status' (with a checkmark icon), 'View Order History' (with a document icon), 'Check Member's Eligibility' (with a person icon), and 'Check Claim Status' (with an envelope icon). Below these is a link for 'Access Your Optinet Registration'. The main panel contains a 'Service Date' field with a date picker and a 'Member Details' section. The 'Member Details' section includes four input fields: 'First Name' (filled with 'jane'), 'Last Name' (filled with '85doe'), 'Member ID' (filled with '376699999'), and 'Date of Birth' (filled with '01/01/1959'). Below these fields is a 'Hide Search Tips' link and a list of search tips. At the bottom of the main panel is a green button labeled 'Find This Member'.

Order Request

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 Member's Eligibility

Check Claim Status

Access Your Optinet Registration

Service Date * MM/DD/YYYY

Member Details:

First Name * jane

Last Name * 85doe

Member ID * 376699999

Date of Birth * 01/01/1959

Hide 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

To initiate a prior authorization request:

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

You can also:

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



Order Type Selection

Order Request

Medicare AUC | Logout

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

Member Details



123 MAIN STREET
SUITE 500
BRIDGEWATER, NJ 08807-6102

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

Member ID: | **Alpha Prefix:**

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

Eligibility Details

 **Effective:** 05/17/2021-12/31/9999

Product Code: | **Employer Group ID:**

The following solutions for the service date entered require a Pre-Authorization:

To initiate a request, please select the solution and then click the Start Order Request to start your request.



Diagnostic Imaging
[View Code List](#)
Angiography, Bone Density CT, CTA, MRA, MRI, Nuclear Medicine, PET



Sleep Management
[View Code List](#)
Diagnostic Sleep Study (home/lab), Titration Study, APAP/BPAP/CPAP, Oral Appliance, MSLT, MWT



Chemotherapy and Supportive Drugs
Review of cancer drugs, side effect management and treatment pathways

 Urgent requests are not expected given the scope of Carelon's services. If you have any questions about a possible urgent request, please contact 866-766-0250.

[Start Order Request](#)

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



Musculoskeletal
[View Code List](#)
Joint Surgery, Spine Surgery & Interventional Pain Management

Eligible solutions will display for the member and will be selectable

The medical oncology program is called Chemotherapy and Supportive Drugs.



Member History

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

Member History										
Order ID	Procedure Description	ICD	Disease	Start Date	End Date	Ordering Provider	Outcome	Summary		
Voluntarily Withdrawn	Nivolumab	C43.0	Malignant melanoma of lip	2/21/2022	8/29/2022	SCULLY, THOMAS	Voluntary Cancellation	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

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

Virginia

Search Clear

Post Medical Necessity Review

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

☒ Yes ☐ No

Please provide the following information

Claim Number

Claim Submission Date

☐ I do not have this information

OK

DISPLAYING 1-0 OF 0 RESULTS

Delete this request

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



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

Select Ordering Provider

Order Request

Logout

Step: 1 2 3 4 5 6 7 8

85PARKER, MARY JANE / Edit Hide Details

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

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

Ordering Provider:

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

Ordering Provider Search

Search Type:
☒ Name
☐ TIN or NPI
☐ Address

First Name:

Last Name:

State
Texas

Search Clear

Recent Favorites Search Results

View: Local

Ordering Providers

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

DISPLAYING 1-6 OF 6 RESULTS

Withdraw this request

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

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

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



Ordering Provider Fax Number

Order Request

Logout

Step: 1 2 3 4 5 6 7 8

85PARKER, MARY JANE

Edit

Hide Details

Member #: 3765387660

Date of service: 8/30/2022

Date of Birth: 1/1/1943

Health Plan:

Ordering Provider:

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

Ordering Provider Search

Search Type:

☒ Name

☐ TIN or NPI

☐ Address

First Name:

Last Name:

State

Texas

Search

Clear

Recent

Favorites

Search Results

View: Local

Ordering Provider Fax Number

Please enter or confirm the physician's secure fax number below.

FAX Number

(987) 654-6543

[Why do you need this?](#)

Save | Fax Unavailable

	Specialty	Health Plan
FOND	Radiology	
ERFIELD	Urology	
VILLE	Family Practice	
SMULLY, THOMAS	Urology	
SMITH, JOSEPH	Pulmonary Diseases	
BUTTERMANN, GLENN	Orthopedic Surgery	

DISPLAYING 1-6 OF 6 RESULTS

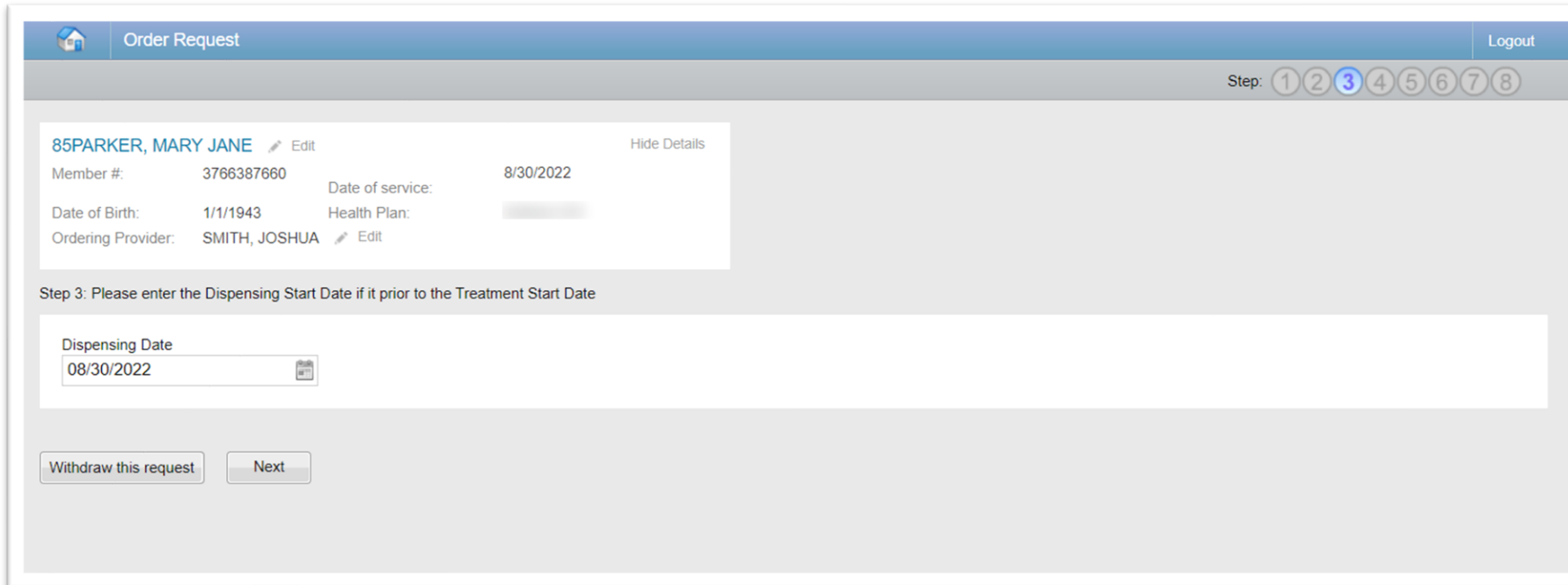
Withdraw this request

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

Press the “**Save**” button to continue



Verify Dispensing Date



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

Order Request

Logout

Step: 1 2 3 4 5 6 7 8

85PARKER, MARY JANE Edit Hide Details

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

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

Ordering Provider: SMITH, JOSHUA Edit

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

Dispensing Date

08/30/2022

Withdraw this request Next

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

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

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



Select Dispensing/Service 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

 Order Request Logout

Step: 1 2 3 4 5 6 7 8

85PARKER, MARY JANE  Edit

Hide Details

Member #: 3766387660

Date of service: 8/30/2022

Date of Birth: 1/1/1943

Health Plan:

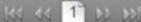
Ordering Provider: SMITH, JOSHUA  Edit

Step 4: Please Choose a Dispensing Provider.

Find Dispensing Provider

Provider Search Results

Dispensing Provider	Address	City	State	Phone	Distance	Action	Map
SMITH, JOSHUA	700 PARK RIDGE LN	NORTH FOND DU LAC	WI	888-720-2012	892.44	View Details	View Map

 DISPLAYING 1-1 OF 1 RESULTS

Withdraw this request



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

Order Request

Logout

Step: 12345678

85PARKER, MARY JANE Edit

Hide Details

Member #: 3766387660

Date of service: 8/30/2022

Date of Birth: 1/1/1943

Health Plan: Anthem CR

Ordering Provider: SMITH, JOSHUA Edit

Step 4: Please Choose a Dispensing Provider.

Find Dispensing Provider

Withdraw this request

Provider Search Results

Dispensing Provider	Address	City	State	Phone	Distance	Action	Map
SMITH, JOSHUA	700 PARK RIDGE LN	NORTH FOND DU LAC	WI	888-720-2012	892.44	View Details	View Map

SMITH, JOSHUA

Select Place of Service

--Select--

--Select--

OFFICE

OUTPATIENT HOSPITAL

AMBULATORY INFUSION CENTER

AMBULATORY SURGICAL CENTER

HOME

PLAYING 1-1 OF 1 RESULTS



Request Services

Request Services

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

Search

Drugs

J

Partial Match - J

J8999 | Abemaciclib (Verzenio) | PO

J8999 | Abiraterone Acetate (Yonsa) | PO

J8999 | Abiraterone Acetate (Zytiga) | PO

J8999 | Acalabrutamib (Imbruvica) | PO

J9354 | Ado-Trastuzumab (Herceptin) | PO

J8999 | Afatinib (Afinitor) | PO

J9015 | Aldesleukin (Prolekin) | PO

J8999 | Alectinib (Alecensa) | PO

J8999 | Alpelisib (Tucissa) | PO

J8999 | Alpelisib (Tucissa) | PO

Regimen

Name

Show

CONTINUE

Request Services

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

Search

Drugs

HCPCS, Generic or Brand Name

Register a Clinical Trial

Regimen

fol

Partial Match - fol

bev FOLFOX

Rev: FOLFOX6

CANCEL

CONTINUE

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

Search for individual drugs by:

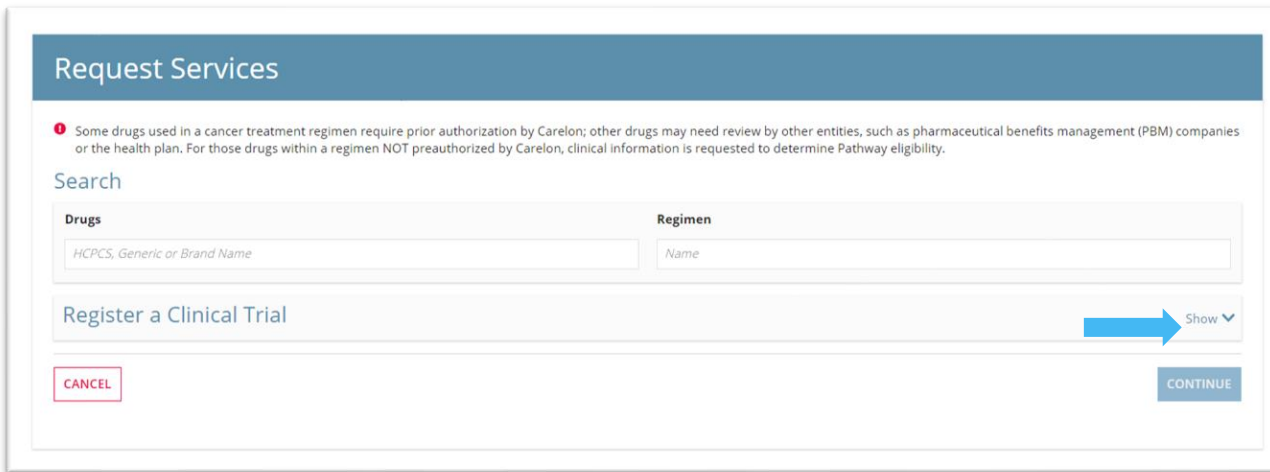
- HCPCS Code (J-Code)
- Generic name
- Brand name

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

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



Request Services | Clinical Trial



Request Services

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

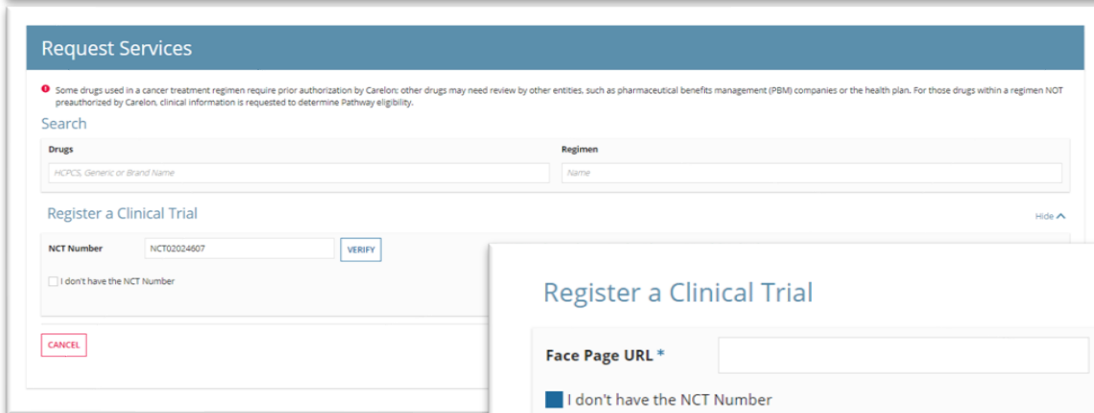
Search

Drugs **Regimen**

HCPCS, Generic or Brand Name Name

Register a Clinical Trial Show

CANCEL **CONTINUE**



Request Services

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

Search

Drugs **Regimen**

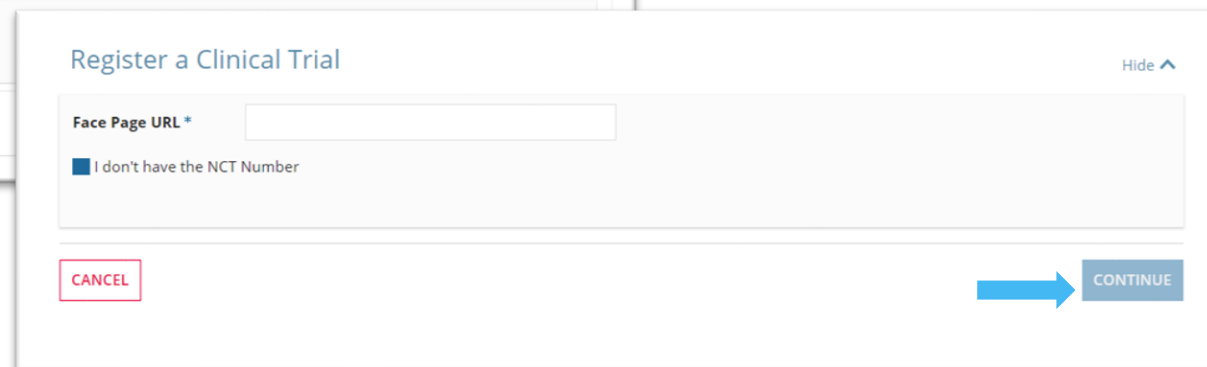
HCPCS, Generic or Brand Name Name

Register a Clinical Trial Hide

NCT Number NCT02024607 **VERIFY**

☐ I don't have the NCT Number

CANCEL



Register a Clinical Trial Hide

Face Page URL *

☒ I don't have the NCT Number

CANCEL **CONTINUE**

To Register a Clinical Trial:

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

Click “Continue” to proceed



Request Services | Biosimilars

Request Services

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

Search

Drugs

HCPCS, Generic or Brand Name

Regimen

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

Selected Regimen

bevacizumab, fluorouracil, leucovorin and oxaliplatin (bev FOLFOX)

✕ Delete

J9263 | Oxaliplatin (Oxaliplatin) | IV

J9190 | Fluorouracil (Fluorouracil) | IV

Select Drugs:

Select

Select

C9257 | Bevacizumab (Avastin) | IV

J9035 | Bevacizumab (Avastin) | IV

Q5107 | Bevacizumab-awwb (Mvasi) | IV

Q5118 | Bevacizumab-bvzr (Zirabev) | IV

✕ Delete

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

Confirm the selected HCPCS code is correct

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



Request Services | All drugs requested

Request Services

Search

Drugs

Regimen

Selected Regimen

Selected Drugs

CANCEL

CONTINUE

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



Clinical Scenario

Clinical Scenario

Tumor Type*

Select

ICD-10 Code*

Search

Pathology *

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

Select

Stage*

Select

Line of Treatm

Select

CANCEL

B

Clinical Scenario

Tumor Type*

Colon

Clear

ICD-10 Code*

C18.0 Malignant neoplasm of cecum

Clear

Pathology *

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

Adenocarcinoma

Clear

Stage *

Stage IIB

Clear

Line of Treatment *

1st Line

Clear

[CLEAR ALL](#)

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

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

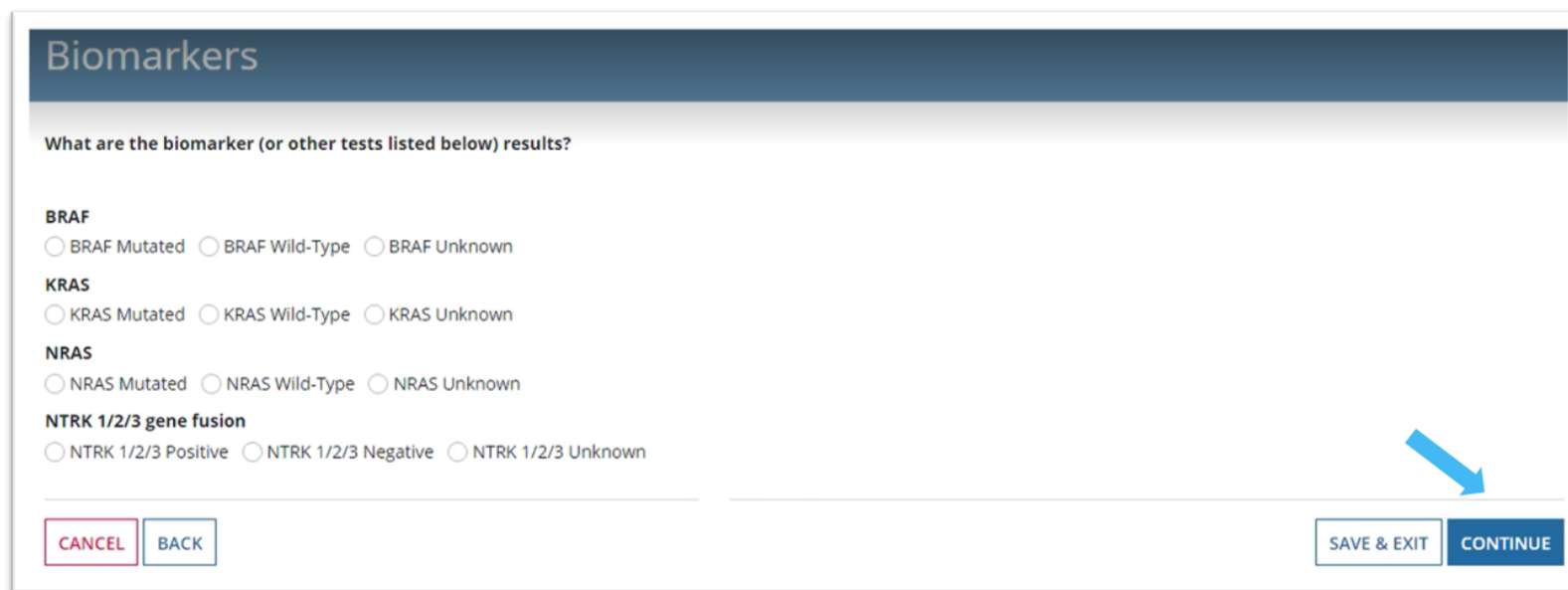
User will complete clinical scenario information

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

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



Biomarkers



Biomarkers

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

BRAF

☐ BRAF Mutated ☐ BRAF Wild-Type ☐ BRAF Unknown

KRAS

☐ KRAS Mutated ☐ KRAS Wild-Type ☐ KRAS Unknown

NRAS

☐ NRAS Mutated ☐ NRAS Wild-Type ☐ NRAS Unknown

NTRK 1/2/3 gene fusion

☐ NTRK 1/2/3 Positive ☐ NTRK 1/2/3 Negative ☐ NTRK 1/2/3 Unknown

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

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

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

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



Performance Status

Performance Status

What is the patient's performance status?

☒ ECOG Scale ☐ Karnofsky Scale

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

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

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

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

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

☐ Unknown

CANCEL

BACK

SAVE & EXIT

CONTINUE

User will enter performance status

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

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



Additional Biomarkers – Off Pathway Regimen

Additional Biomarkers

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

Microsatellite Instability/mismatch repair

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

CANCEL

BACK

SAVE & EXIT

CONTINUE

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

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

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



Alternative Regimens

Alternative Regimens

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

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

trastuzumab (trastuz)

SAVE & EXIT

UPDATE REGIMEN

Alternative Regimens

Selected Drugs

You have requested drugs that may require additional review:

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

Alternative Regimens

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

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

CANCEL

BACK

SAVE & EXIT

CONTINUE WITH CURRENT DRUG SELECTION

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

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

OR

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



Dosing Schedule

Dosing Schedule

Enter height and weight to see doses as final doses

Height *

60

Unit *

inches

Weight *

120

Unit *

pounds

CREATE NEW DOSING SCHEDULE

Bev- FOLFOX6 - Pathway Ineligible

1

Drugs	Dose Amount	Final Dose	Route	Daily Frequency	Schedule	Cycle Length	Cycles
Bevacizumab (Avastin)	5,000 MG/KG	272,000 MG	IV	QD	D1	14 Days	Cycle 1
Oxaliplatin (Oxaliplatin)	85,000 MG/M2	129,200 MG			D1		
Fluorouracil (Fluorouracil)	400,000 MG/M2	608,000 MG			D1		
Fluorouracil (Fluorouracil)	1,200,000 MG/M2	1,824,000 MG			D1, 2		
Leucovorin Calcium (Leucovorin Calcium)	400,000 MG/M2	608,000 MG			D1		

SELECT

QA DS bev FOLFOX - Pathway Ineligible

2

Drugs	Dose Amount	Final Dose	Route	Daily Frequency	Schedule	Cycle Length	Cycles
Bevacizumab (Avastin)	5,000 MG/KG	272,000 MG	IV	QD	D1	14 Days	Cycle 1
Oxaliplatin (Oxaliplatin)	85,000 MG/M2	129,200 MG			D1		
Fluorouracil (Fluorouracil)	400,000 MG/M2	608,000 MG			D1		
Fluorouracil (Fluorouracil)	1,200,000 MG/M2	1,824,000 MG			D1, 2		
Leucovorin Calcium (Leucovorin Calcium)	400,000 MG/M2	608,000 MG			D1		

SELECT

CANCEL

BACK

SAVE & EXIT

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

User is required to enter Height and Weight

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



Dosing Schedule | Create a New Dosing Schedule

Dosing Schedule - Edit

Enter height and weight to see doses as final doses

Height

Unit

Weight

Unit

60

inches

130

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

When a custom treatment is entered on a request:

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

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

Note: Custom treatments may pend for additional clinical review

Dosing Schedule

Enter height and weight to see doses as final doses

Height

Unit

Weight

Unit

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

Regimen | Pathway eligibility

TCH+P Q21 C1-6 Trastuzumab D1 Pert 840 LD/
240 D1 C1-6 - Pathway Eligible

Edit

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

SELECT

TCHP Q21 C1-6 + HP Maintenance C6- -
Pathway Ineligible

Edit

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

SELECT

Pathway eligibility displays next to the regimen name

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



Additional Clinical Information

Member Age is not Greater Than or Equal To 65 Years

CONFIRM

L > ECOG is not 3 - 4

CONFIRM

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

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

CONFIRM

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

CANCEL BACK SAVE & EXIT CONTINUE

Additional clinical questions may display when requesting supportive drugs

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

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



Additional Clinical Information

Additional Clinical Information

Does the individual have adequate cardiac function? *

☐ Yes

☐ No

☐ Unknown

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

☐ Yes

☐ No

☐ Unknown

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

☐ Yes

☐ No

☐ Unknown

CANCEL

BACK

SAVE & EXIT

CONTINUE

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

- User should answer the questions accordingly

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



Review and Continue

Review & Continue

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

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

Request Summary

docetaxel, carboplatin, trastuzumab and pertuzumab (TCHP)

J9045 | Carboplatin (Paraplatin) | IV

J9171 | Docetaxel (DOCetaxel) | IV

J9306 | Pertuzumab (Perjeta) | IV

J9355 | Trastuzumab (Herceptin) | IV

J2506 | Pegfilgrastim (Neulasta) | SC

Clinical Scenario

Review & Continue

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

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

Height 60 inches

Weight 130 pounds

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

Additional Clinical Information

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

No

Additional Clinical Information for WBC Growth Factor

Rules Applied

Member Age is not Greater Than or Equal To 65 Years, ECOG is not 3 - 4

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

CANCEL

BACK

SAVE & EXIT

CONTINUE

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

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



Review and Continue

Biomarkers

Biomarkers

HER2 Unknown

Performance Status

Performance Status

0 ECOG

Dosing Schedule

Height

60 inches

Weight

130 pounds

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

Additional Clinical Information

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

No

Review & Continue

Your request for J6045 | Carboplatin (Paraplatin), J6171 | Docetaxel (DOCetaxel), J6306 | Pertuzumab (Perjeta), J6355 | Trastuzumab (Herceptin) does not require additional review at this time

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

Request Services

docetaxel, carboplatin, trastuzumab and pertuzumab (TCHP)
J6045 | Carboplatin (Paraplatin) | IV
J6171 | Docetaxel (DOCetaxel) | IV
J6306 | Pertuzumab (Perjeta) | IV
J6355 | Trastuzumab (Herceptin) | IV
Supportive Drug
J2506 | Pegfilgrastim (Neulasta) | SC

Clinical Scenario

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

Biomarkers

HER2 Unknown

Performance Status

Performance Status: 0 ECOG

Dosing Schedule

Height

60 inches

Weight

130 pounds

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

Additional Clinical Information

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

No

Additional Clinical Information for WBC Growth Factor

Rules Applied

Member Age is not Greater Than or Equal To 65 Years, ECOG is not 3 - 4

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

Prior chemotherapy or radiation therapy

CANCEL

BACK

SAVE & EXIT

CONTINUE

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

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

Order request preview

corelon. ProviderPortal.

Order Request Logout

Go to Homepage Submit This Request Save as PDF Print

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

corelon. ProviderPortal.

Order Request Preview

Case Status: Has Not Been Submitted

Health Plan:

Member Information:

Ordering Provider:

Dispensing Provider: Edit

Modify clinical

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

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

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



Order request preview



ProviderPortal

Order Request Preview

Case Status:

Has Not Been Submitted

Health Plan:

Member Information:

Ordering Provider:

Dispensing Provider: [Edit](#)

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

DRUG DETAILS:

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

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

Select the “Submit This Request” button to complete the order request

Attach Clinical Information, *Optional*

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

Clinical Information: [-]

Disease: Melanoma

Pathology: Melanoma

Stage: IV

Treatment: Second Line

Performance Status: 0 - Normal Activity (asymptomatic)

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

Justification Questions:

Does the individual have unresectable or metastatic disease?True

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

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

Drug Justification Questions:

ATTACHMENTS

(LIMIT: 20)

FILENAME	DOCUMENT TYPE	FILE SIZE	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

Order Request

Withdraw this request | Begin Another Request | Go to Homepage | Save as PDF | Print

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

Order Request Summary

Health Plan: [Redacted] Start Date: 04/29/2022 Pathway Eligible ID: 135487923

Order ID: 135487923 **Authorized**

Valid Date Range: 04/29/2022 - 10/14/2022

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 contract at the time of services provided.

Member Information: [Redacted] Ordering Provider: [Redacted]

The drug administration information is being displayed for the convenience of the member. Please note that one or more of these drugs may also require prior authorization. Please contact the number listed on the back of the member's ID card for more information. Currently not requiring a prior authorization may change to requiring a prior authorization at any time.

Please call [Redacted] for all Urgent Requests.

Order Request

Begin Another Request | Go to Homepage | Save as PDF | Print

If the ordering provider would like to discuss this case with a Carelon Medical Benefits Management physician reviewer, contact Carelon.

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

Order Request Summary

Health Plan: [Redacted] Start Date: 02/27/2023

Order ID: 135968163 **In Progress**

Anticipated Determination Date: 02/24/2023

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: [Redacted] Ordering Provider: [Redacted] Dispensing Provider: [Redacted] [Edit](#)

Requests that meet clinical criteria will be approved upon case submission and will display as **"Authorized"**

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

Requests that may require additional review will display as **"In Progress"**

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

Order request summary - drug level details

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

Please call [redacted] for all Urgent Requests.

DRUG DETAILS:

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

The Order Request Summary provides detailed drug-level review outcomes

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

Configurable Status Options:

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





How to submit PCCA case for Radiation Therapy



Step 1 – Confirm PCCA Review Type

Step 2 – User Selects Ordering Provider

The screenshot shows a web application interface. In the background, there is a table titled 'Ordering Providers' with columns 'Specialty' and 'Health Plan'. The table contains three rows: 'Internal Medicine' with 'Optima Health', 'Other' with 'Optima Health', and 'Other' with 'Optima Health'. Below the table, it says 'DISPLAYING 1-3 OF 3 RESULTS' and there is a 'Withdraw this request' button. Overlaid on this is a modal dialog box titled 'Post Medical Necessity Review'. The dialog asks: 'Has the Health Plan directed you to AIM to submit a Post Claim Case after the claim was processed?'. There are two radio buttons: 'Yes' (selected) and 'No'. Below this, it says 'Please provide the following information'. There are two input fields: 'Claim Number' and 'Claim Submission Date'. At the bottom of the dialog, there is a checkbox labeled 'I do not have this information' and an 'OK' button.

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

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



Step 3 – Select Planning Start Date

85DUCK, DAISY  Edit

Hide Details

Member #:	3333333330	Treatment Start Date:	6/1/2020
Date of Birth:	1/1/1985	Health Plan:	
Ordering Provider:	DAGEFORDE, DAVID  Edit		

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

Planning Start Date



Next

Delete this request

[Have a comment or suggestion?](#)

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



Step 4 – Select Servicing Provider

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

Member #: 333333330 Treatment Start Date: 6/1/2020

Date of Birth: 1/1/1985 Health Plan:

Ordering Provider: DAGEFORDE, DAVID [Edit](#)

Step 4: Please Choose a Provider.

Provider Search

Facility Name:
TO

City:

State
Kentucky

Zip Code:

OR

Group NPI:

[Search](#) [Clear](#)

Provider Search Results

In Network **Out of Network**

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

DISPLAYING 1-10 OF 32 RESULTS

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

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

- Facility Name
- Group NPI

•OR

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



Step 5 – Select Procedure

85DUCK, DAISY

Show Details

Step 5: Please select the desired procedure.

Radiation Therapy Procedure

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

Primary Treatment: 

Proton Beam (CPT 77520) 

Boost: 

Proton Beam (CPT 77520) 

Select all Associated Services being requested:

☐ Special radiation treatment (CPT 77470)

☐ Special radiation physics consult (CPT 77370)

☐ Image-guided radiation therapy (IGRT) (CPT 77387)

☐ Hydrogel Spacer (CPT 55874)

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



Step 6 – Enter Clinical Information

Step 5: Please enter the Patient Disease Information.

Patient Disease Details

Treatment is for: ☒ Primary Tumor ☐ Metastatic Lesion ☐ Other

Diagnosis: Prostate Cancer

Pathology: Adenocarcinoma

TNM or Staging: ☐ TNM ☒ Stage ☐ Unknown

Stage: IIA

Bio-Markers

Gleason Score: 7

PSA: 4.1 - 9.9 ng/ml

Treatment: Definitive

Goal: Curative

Performance Status: 0 - Normal Activity (asymptomatic)

Continue

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



Step 7 – Continue Entering Clinical Information

231BEAR, YOGI

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

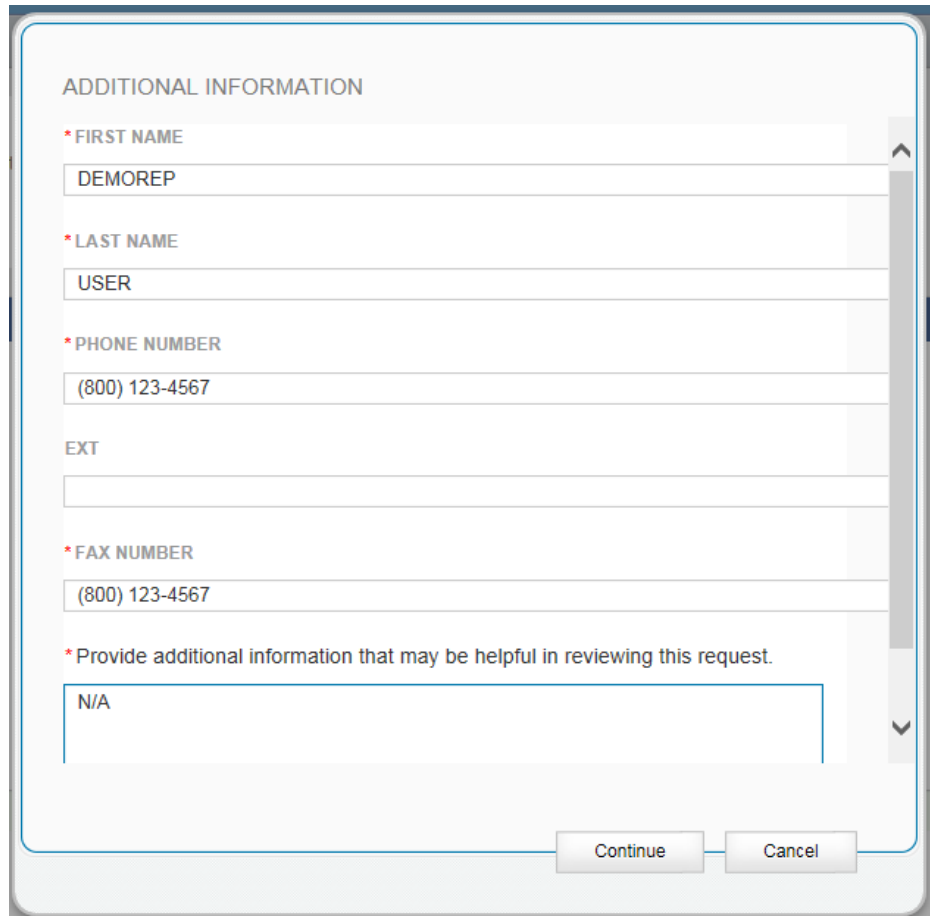
Hide Details

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. 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

When finished, click
“Next”.



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



ADDITIONAL INFORMATION

* FIRST NAME
DEMOREP

* LAST NAME
USER

* PHONE NUMBER
(800) 123-4567

EXT

* FAX NUMBER
(800) 123-4567

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

Continue Cancel

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



Step 8 – Continue Entering Clinical Information

231BEAR, YOGI [Hide Details](#)

Member #: 0022310XU03
Date of Birth: 1/1/1994
Ordering Provider: SMITH, JOHN H

Treatment Start Date: 11/1/2020
Health Plan: Optima Health

PROCEDURES REQUESTED (1)

Proton Beam Includes Boost ▶

ENTER MEMBER'S CLINICAL INFORMATION

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

DIAGNOSIS

Prostate Cancer

TREATMENT INFORMATION

Treatment Start Date

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

REQUEST SUMMARY

Expand All ▼

Proton Beam Includes Boost

Prostate Cancer

No additional information is required.

▶ Treatment Summary

Edit Treatment

▶ Clinical Details

Edit Clinical

Save and Exit

Continue

Delete this request

Click “Continue”



Order request preview

 Order Request Logout

[Submit This Request](#) [Go to Homepage](#) [Delete this request](#) [Save as PDF](#) [Print](#)

Order Request Preview

Request Status:
Has Not Been Submitted

Health Plan:
[REDACTED]

Member Information:
85MORGENDORFFER, DARIA
Member #: YRN3766999880
PO BOX 464
CHICAGO, IL 60622
Date of Birth: 1/1/1961
Phone: 312-999-9928

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

Servicing Provider: [Edit](#)
NORTHEAST REGIONAL MEDICAL CENTER
315 S OSTEOPATHY AVE
KIRKSVILLE, MO 63501
Phone: 660-785-1000
Fax: 660-785-1027
NPI: 1104899442

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

This is a preview of your order.

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



Order request summary

Order Request Summary

Order ID: [REDACTED]  Authorized

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

Health Plan: Optima Health

Start Date: 03/02/2022

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

Member Information: [REDACTED]

Ordering Provider: [REDACTED]

Servicing Provider: [REDACTED]

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

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

REQUESTED PROCEDURE(S)

ITEM #	PROCEDURE	DISEASE	REQUEST STATUS	REASON	ACTION
1	Stereotactic - Body or Spinal Cord	Brain Metastasis	Authorized	Criteria Met	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

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			
63620	Up to 5	61796, 61797, 61798, 61799, 63620, 63621			
77295	Up to 2	77295			
77301	Up to 2	77301			
77338	Up to 3	77338			
77435	Up to 5	32701, 77435			
2	Special treatment procedure	Brain Metastasis	Authorized	Criteria Met	Hide Details
CPT Code	Quantity	Included CPT Codes			
77470	Up to 1	77470			
3	Special physics consult	Brain Metastasis	Authorized	Criteria Met	Hide Details
CPT Code	Quantity	Included CPT Codes			
77370	Up to 1	77370			

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

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



Questions?



Please contact your Health Plan Network Representative

