Step 1: Enter the member's ID number, date of birth and requested date of service.

Step 2: Select the ordering physician

Step 3: Enter the Exam or CPT Code

Order Request

Step

Member #:   Date of Service: 1/11/2024   Hide Details
Date of Birth: Health Plan: Independence Administrators
Ordering Provider: BAEZA, LESLIE

ENTER EXAMS

CODE SEARCH

[Enter here   ] 🔍

OR

EXAM

[Select   ▼]

DESCRIPTION

[Select   ▼]

[Add Exam]   Clear

Unable to find your exam?

EXAMS REQUESTED (1)

*Multiple exams can be entered at this time. Hover over the exam name to view the covered codes included in the exam. Once you finish entering your exams, click **Next** to enter clinical information.*

Chest (Thorax) - CT without contrast

[Withdraw Request]

3

Step 4: Enter ICD-10 code.

Order Request

████████████			Hide Details
Member #:	████████	Date of Service:	1/11/2024
Date of Birth:	████████	Health Plan:	Independence Administrators
Ordering Provider: BAEZA, LESLIE			

EXAMS REQUESTED (1)

Chest (Thorax) - CT ▶

ENTER DIAGNOSIS

Please provide the diagnosis code or description that best supports the request for this exam.

`cough` ⊗   Search

⊕	R09.89	Other specified symptoms and signs involving the circulatory and respiratory systems
⊕	R11.10	Vomiting, unspecified
⊕	R04.2	Hemoptysis
⊕	R05.3	Chronic cough
⊕	R05.1	Acute cough
⊕	R05.9	Cough, unspecified
⊕	F45.8	Other somatoform disorders
⊕	J41.0	Simple chronic bronchitis
⊕	R05.2	Subacute cough
⊕	G44.83	Primary cough headache

Withdraw Exam

Step 5: After entering ICD-10 code, the clinical questions will be bypassed

Step 6: After selecting the "I'm Done" button, the following tab will display. User will need to enter or select a servicing facility.

Step 7: Once a facility has been selected, the summary page will populate for final review.

Step 8: Once the user submits the authorization request, an order number will generate.

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

Begin another Request | Withdraw Request | Go to My Homepage   Save as PDF | Print

carelon.

The selected provider has not submitted site data related to at least one of the procedures ordered on this case.

Order Request Summary

Order ID: 135574224   ✅ **Authorized**

Health Plan:	Scheduled Date of Service:	
Independence Administrators	**1/11/2024**	Approval Valid Through: **01/11/2024 - 04/09/2024**

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

Member Information:	Ordering Provider:	Servicing Provider:
	BAEZA , LESLIE 4605 FRANKFORD AVE PHILADELPHIA , PA 191245803 **Phone: (215)289-7007** NPI: 1942477021	✏ Edit **CHESTER COUNTY HOSPITAL** 701 E MARSHALL ST WEST CHESTER , PA 19380-0000 **Phone: (610)431-5000** Fax: (000)000-0000 NPI: 1356333579 TIN: 230469150

The information below was obtained from the Ordering Provider and has not been independently verified by Carelon Medical Benefits Management. Carelon assumes no responsibility for the accuracy of this information or for its consistency with the patient's medical record. Please call 833-305-1810 for all Urgent Requests.

REQUESTED EXAMS

EXAM	REQUEST STATUS	REASON	ACTION	
Chest (Thorax) - CT Without Contrast	Authorized	Criteria Met	Review Exam	Withdraw Exam