






Carelon Authorization Submission Process Flow


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


Order Request


Welcome LILIA FLORES  Provider Management  Manage Your User Profile  Help Center


 Start Your Order Request Here

 Order Search

 Check Order Status

 View Order History

 Check Member's Eligibility

Service Date * 

Member Details:

First Name *

Last Name *

Member ID *

Date of Birth *

[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.
- The Member ID should match what is on the member's card including Alpha Prefix where applicable.
- In the member's id number entry, do not include the dependent code.
- For Federal Employee (FEP) members, please include the leading "R" in the search. If there is an asterisk as part of the Member ID, do not search.
- Member not found? Try entering only one character of the patient's first name and two characters of the last name. If you are still having trouble, try removing the prefix from the member's id number (first three characters of the member's ID number) and search again.

[Find This Member](#)

Order Request Logout

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

Member Details



[REDACTED]
Date of Birth: [REDACTED]
Member ID: [REDACTED]
[REDACTED]
Female
Independence Administrators

Service Date: 1/11/2024 [Edit Service](#)

Eligibility Details

Effective: 07/01/2023-01/01/3000
 Product Code: PPO2
Employer Group ID: 015840
Independence Administrators


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



Cardiovascular

View Code List


Coronary Angiography, Percutaneous Coronary Intervention, Arterial Ultrasound, Physiologic Arterial Study, Cardiac Devices (ICD, CRT, Pacemaker)



Sleep Management

View Code List

Diagnostic Sleep Study (home/lab), Titration Study, APAP/BPAP/CPAP, Oral Appliance, MSLT, MWT



Musculoskeletal

View Code List

Joint Surgery, Spine Surgery & Interventional Pain Management

Step 2: Select the ordering physician

Order Request Step: 1 2 3 4

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

[REDACTED] [Edit](#) [Hide Details](#)

Member #: [REDACTED] Date of Service: 1/11/2024

Date of Birth: [REDACTED] Health Plan: Independence Administrators

Ordering Provider Search

Search Type:

Name
 TIN or NPI
 Address

FIRST NAME:

LAST NAME:

STATE:

Ordering Providers View Local Records				
Name	Address	City	Specialty	Health Plan
BAEZA, LESLIE	4605 FRANKFORD AVE	PHILADELPHIA	Podiatry,Surgical Chiroprody	AmeriHealth Administrators

Step 3: Enter the Exam or CPT Code

Order Request Step

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

Hide Details

ENTER EXAMS

CODE SEARCH

Enter here

OR

EXAM

Select

DESCRIPTION

Select

[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

Step 4: Enter ICD-10 code.

Order Request

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

Hide Details

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

Order Request Logout

Step: 1 2 3 4 5

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

Hide Details

EXAMS REQUESTED (1)

Chest (Thorax) - CT
ICD Code / Description:
R09.89 Other specified symptoms and signs involving the circulat...

ENTER MEMBER'S CLINICAL INFORMATION

Please answer the following questions to provide as much information as possible for clinical review.

This concludes the clinical questions for this exam. Please ensure you have answered them as completely and accurately as possible for efficient processing of your request.

Withdraw Exam Next

Order Request Logout

Step: 1 2 3 4 5

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

Hide Details

EXAMS REQUESTED (1)

Chest (Thorax) - CT
Does Not Require Further Clinical Review
ICD Code / Description:
R09.89 Other specified symptoms and signs involi...

EXAM SUMMARY

Chest (Thorax) - CT

CLINICAL SCENARIO
No additional information needed

CLINICAL DETAILS
No additional information needed

Withdraw Exam Withdraw Request Continue

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

Order Request Logout

Step: 1 2 3 4 5

Step 5: Please Choose a Facility

Member #: [REDACTED] Hide Details

Date of Service: 1/11/2024

Date of Birth: [REDACTED] Health Plan: Independence Administrators

Ordering Provider: BAEZA, LESLIE

Find Provider:

FACILITY NAME:

CITY:

STATE:

ZIP:

GROUP NPI:

In Network Expanded Search


Facility Search Results Records Per Page 10

Facility Name	Address	City	State	Phone	Distance	Action	Map
CHESTER COUNTY HOSPITAL	701 E MARSHALL ST	WEST CHESTER	PA	(610)431-5000	27.43	View Details	View

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

Order Request Logout


[Submit This Request](#) [Withdraw Request](#) [Go to My Homepage](#) [Save as PDF](#)



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

Order Request Preview

Request Status: Has Not Been Submitted	Health Plan: Independence Administrators	Scheduled Date of Service: 01/11/2024
---	---	--

Member Information: 	Ordering Provider: BAEZA , LESLIE 4605 FRANKFORD AVE PHILADELPHIA , PA 191245803 Phone: (215)289-7007 Fax: (000)000-0000 NPI: 1942477021	Servicing Provider: 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			Review Exam Withdraw Exam

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

Order Request Review Logout

1 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](#)



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

Order Request Summary

Health Plan:
Independence Administrators

Scheduled Date of Service:
1/11/2024

Order ID: **135574224** **✓ Authorized**

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:

BAEZA, LESLIE
4605 FRANKFORD AVE
PHILADELPHIA, PA 191245803
Phone: (215)289-7007
NPI: 1942477021

Servicing Provider:

[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