MASSACHUSETTS

Frequently asked questions

Quality Care Cancer Program

The Blue Cross Blue Shield of Massachusetts (Blue Cross) Quality Care Cancer Program is designed to cover cancer care that is evidence-based, safe, and clinically appropriate.

In this program, medical oncology and radiation oncology treatment plans for Blue Cross members will be reviewed for coverage against evidence-based clinical criteria. AIM Specialty Health®', an independent company, will administer this program on our behalf.

Links to topic areas in this FAQ

Program Overview and Administration

1. What is AIM? How will the program be administered?

AIM Specialty Health®' (AIM) is a leading specialty benefits management company with more than 25 years of experience managing radiology, cardiology, genetic testing, oncology, musculoskeletal, sleep management, surgical, and rehabilitation services. Its mission is to help ensure health care services are clinically appropriate, safe, and affordable. It promotes the most appropriate use of specialty care services by applying widely accepted clinical guidelines delivered through an innovative platform of technologies and services.

2. What is the Quality Care Cancer Program?

The Quality Care Cancer Program is a utilization management program that requires health care providers to request prior authorization for therapeutic and supportive medical oncology drugs and radiation oncology services for Blue Cross members being treated on an outpatient basis. It is also enables providers to compare planned cancer treatment regimens against evidence-based, optimal cancer treatment regimens, while ensuring prescribed regimens are aligned with Blue Cross medical policy or, for Medicare Advantage members, CMS Coverage Determinations.

3. How does the program benefit my practice and patients?

- Actionable information: When your practice prescribes a cancer treatment regimen for a patient and submits it to AIM for review, the prescribed regimen is compared against evidence-based AIM Cancer Treatment Pathways (Pathways). If the planned regimen is not aligned with a Pathway, information on available Pathway regimens may be presented for your review.
- Getting a coverage decision before the service is rendered: Because the services requested are reviewed in real-time against Blue Cross medical policy, you'll know whether the service is covered or if additional information is needed.
- S-code reimbursement (applies to medical oncology services only): By choosing AIM Cancer Treatment Pathways regimens when clinically appropriate, in-network Blue Cross ordering physicians may be eligible for additional reimbursement. Out-of-network health care providers or out-of-area BlueCard providers are not eligible for S-code reimbursement.

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Program Information

1. Which members require prior authorization through AIM?

Please check member benefits and eligibility to determine whether prior authorization is required. Blue Cross requires clinicians ordering medical oncology treatments to request prior authorization for:

- Commercial HMO/POS members
- Commercial PPO/EPO plan members
- New England Health Plan (NEHP) members with a Massachusetts primary care provider
- Medicare Advantage members

2. When should a provider contact AIM?

Providers should contact AIM to get a prior authorization for any outpatient treatment plan beginning on or after **July 1, 2021**. This includes:

- Any treatments for existing patients (members) or new Blue Cross members (who receive treatment after the program is in place)
- Any treatment requests previously authorized by the health plan to go past July 1, 2021 or with no expiration date (meaning “to progression”)
- Any change to a treatment plan previously authorized and extending past July 1, 2021

3. Does an authorization need to be requested with AIM for treatment received before July 1, 2021?

Yes. Treatment must be authorized for members who began treatment before July 1, 2021 and who need to continue that same course of treatment after July 1. Requests for the same ongoing treatment will be approved immediately, so the member’s coverage for care is not interrupted.

4. If my patient recently switched their insurance to Blue Cross Blue Shield of Massachusetts and had been undergoing cancer treatment with their previous insurer, do I need to request authorization for their medical oncology or radiation oncology services?

Yes. If their treatment is for a service that requires authorization as part of our program, then you will need to request authorization with AIM.

If	Then
The request meets medical necessity criteria	You’ll receive an immediate response (through AIM ***Provider****Portal* or on the phone).

If	Then
The request does not meet medical necessity criteria	You'll be asked a few questions to determine if the request is being made for continuity of care reasons (for example, they are continuing a treatment regimen that started before July 1, 2021). If AIM determines that the request is for continuity of care, it will be approved real-time. If AIM cannot determine that the request is for continuity of care, AIM will inform the ordering physician's office of a pending denial and offer peer-to-peer discussion with an AIM medical oncologist.

5. Will members be able to contact AIM?

Members should contact Blue Cross Blue Shield of Massachusetts directly if they have any questions. For our Medicare Advantage members, we are available to help them submit an authorization request, if asked. We would work with AIM to help with that process.

6. Who can submit authorization requests?

Ordering clinicians and their staff may submit requests for outpatient treatment on or after July 1, 2021. You can find ordering checklists and other helpful resources online at:

- Medical oncology**: aimproviders.com/qualitycarecancer**
- Radiation oncology**: aimproviders.com/radoncology**

Servicing/rendering providers cannot submit requests. However, we urge you to log in to AIM ***Provider****Portal* to verify that an authorization is in place before performing the service.

7. What information will the ordering physician or clinician (or their office staff) need to have ready to request prior authorization for a new or existing treatment?

For medical oncology:

- Member's first and last name, date of birth, member ID number
- Line of therapy, stage of cancer, pathology
- Ordering provider's first and last name, servicing provider's name (may be a facility)
- ECOG or performance status
- Chemotherapy, immunotherapy, supportive drugs (all drugs included in the regimen)
- Biomarkers or tumor characteristics
- Tumor-specific and general worksheets can be found on the microsite at: aimproviders.com/qualitycarecancer

For radiation oncology:

- Please refer to the Radiation Oncology Request Checklist on the AIM Resources page.

8. What happens when we submit an authorization request for a member who received treatment before July 1, 2021?

If	Then
The request meets medical necessity criteria	You'll receive an immediate response (through AIM ***Provider****Portal* or on the phone).
The request does not meet medical necessity criteria	You'll be asked a few questions to determine if the request is being made for continuity of care reasons (for example, they are continuing a treatment regimen that started before July 1, 2021). If AIM determines that the request is for continuity of care, it will be approved real-time. If AIM cannot determine that the request is for continuity of care, AIM will inform the ordering physician's office of a pending denial and offer peer-to-peer discussion with an AIM medical oncologist.

9. What happens when a request cannot be approved on intake?

A nurse from AIM will contact your office by phone to let you know that a case has pended for a peer-to-peer conversation. We ask provider offices to have the ordering physician call AIM as soon as possible to discuss the case with the AIM medical oncologist. Until AIM receives a return phone call from the ordering physician (or their representative physician assistant or nurse practitioner), the case will continue to pend.

- **Non-urgent cases will pend for up to 3 business days** (for commercial members)
- **Urgent requests will pend for up to 72 hours of receipt** (for commercial members)
- **Non-urgent and urgent requests** (Medicare members): We follow mandated timeframes

At that time, if the clinical information requested is not provided and the peer-to-peer didn't take place, the case will be denied. A denial letter will be sent to the member and provider. No adverse determination will be made until the case has been reviewed by an AIM medical oncologist. AIM physicians are available for a scheduled conversation or any time during AIM's business hours, Monday – Friday, 8 a.m. – 6 p.m. ET. A peer-to-peer discussion with an AIM medical oncologist is always offered before any adverse determination is made.

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AIM Clinical Review Process

1. If the treatment is not approved by AIM, is there an option to appeal the decision?

Denial letters include appeal instructions for both health care providers and members.

For commercial members: Providers can call AIM after a denial decision, to request a reconsideration. If the reconsideration request doesn't lead to an approval, providers can submit first level appeals to AIM. Member appeals should be submitted to Blue Cross Blue Shield of Massachusetts.

For Medicare Advantage members: The member may appeal or the provider may appeal on behalf of their member by contacting the Blue Cross Medicare Advantage Appeals and Grievances department within the appeal timeframes outlined in the member's denial letter.

2. How does a physician office staff member obtain an order number from AIM and request clinical appropriateness review?

There are three ways providers can contact AIM to request review and obtain an order number:

Through the Blue Cross Provider Central website	Log in to bluecrossma.com/provider and go to **eTools**. Click AIM Specialty Health and then use the **Go Now** button. You'll be redirected to the AIM site.
AIM *Provider*Portal	Go to providerportal.com (registration is required). Note: If you've already registered for the AIM ***Provider****Portal* for Blue Cross Blue Shield of Massachusetts or another insurer, you won't need to register again. Need AIM ***Provider****Portal* support? Call **1-800-252-2021**.
Phone (AIM Contact Center)	Call **1-866-745-1783** (Monday – Friday, 8 a.m. – 6 p.m. ET)

3. What should I enter as the date of service for the treatment?

The date of service is the actual date the treatment is likely to begin. You should not administer treatment before that date.

4. Will I be required to provide medical records or other clinical documents?

In most cases, medical records are not required. If medical records are needed to complete the review, AIM's clinical review team will notify your office.

5. Do I have to submit a new authorization request for each drug and HCPCS code?

Please submit regimens as a whole whenever possible. However, we know that sometimes a new drug may need to be added to the patient's treatment plan. If a new chemotherapy or immunotherapy drug is being submitted, all drugs within that treatment plan must be submitted as a new treatment plan. If a supportive drug is being added, that drug may be submitted alone. In the additional information section, the staff may reference the previously authorized regimen's Order ID number and the type of regimen originally requested, which will help the AIM Call Center staff to review the case more quickly.

6. What happens if I do not call AIM and do not enter information through the AIM *ProviderPortal*?

We encourage you to request a review of the treatment regimen before the start of services. Retrospective authorization requests may be initiated up to two business days after the treatment start date. Failure to contact AIM for oncology treatment, supportive drugs, and radiation oncology services covered under the Quality Care Cancer Program may result in claim denials.

7. How will we know when a peer-to-peer is needed?

When a case pends for review, it will go to an "In Progress" status. AIM will call the ordering provider requesting a call-back for peer-to-peer review, should it be required.

8. Can we request an urgent authorization?

If you have an urgent request, please contact AIM **at 1-866-745-1783**. Urgent requests will receive response times as indicated below:

- **Review and closure of urgent commercial** cases within 48 hours of the receipt of request
- **Review and closure, including notification of decision of expedited Medicare Advantage** cases within 24 hours of receipt of the request

Medical Oncology

1. How will the approval of medical oncology services be communicated to providers?

Once the office staff has entered the required information into ***Provider****Portal*, an immediate decision (in many of the cases) will be rendered. When your authorization is approved, the managed drugs on the Order Request Summary will show:

For medical oncology:

- The name of the approved drug(s) and their HCPCS codes
- The dosing information
- The number of visits approved
- The total billing units approved
- A valid date range
- An order ID number and, if applicable, a Pathway Eligible ID number
- S-Codes awarded (in-network Blue Cross Blue Shield of Massachusetts providers only)

If AIM needs more information to review the case, the system will indicate that the case is pending review or "In Progress." A Registered Nurse (RN) from AIM will call the ordering provider's office for clarification or additional clinical records. If the case status is updated, an email will be sent to the end user who initially entered the case.

2. How are reviewed requests communicated?

AIM will include an order ID for reviewed drugs on an Order Request Summary in the ***Provider****Portal,* whether the order request was initiated in the ***Provider****Portal* or by phone. AIM will send approval or denial letters to the member, ordering provider, and servicing provider on behalf of Blue Cross. **Note: an order ID number will not be given if the request is denied.**

3. What is a three-week end date period and why is it given for medical oncology?

Many oncology patients experience side effects that could delay their treatment. The three-week period considers the frequency of those types of delays. However, if a given number of treatments is authorized, and the valid date range allows for another treatment (for example, six treatments authorized, but a seventh can fit into the valid date range), you must request a new authorization.

4. How do I know which codes require prior authorization and how can I access medical policies for medical oncology?

You can review Blue Cross medical policy at bluecrossma.com/medical-policies. Medical policies, including lists of codes that will require prior authorization, will be posted online on June 1, 2021.

If you are unable to locate a specific ICD-10 diagnosis code for a cancer type in the AIM system, you won't be able to proceed with the authorization request. The ICD-10 codes available for selection in the system are the only ones that are a part of this program.

As always, providers should check benefits and eligibility to determine the member's benefits and any authorization requirements.

5. What does Pathway Eligible ID on the Order Summary indicate?

Pathway Eligible ID's indicate that the regimen met Pathway criteria. The Blue Cross participating ordering provider (not servicing provider), may bill S-codes.

6. What do the deviations on my request indicate?

When entering clinical information for your request, you may encounter the following deviations. These mean that your entry does not align with the expected entry, which may affect AIM's ability to approve it and/or meeting Pathway status.

- **Custom Treatment Plan** – the combination of therapeutic treatment drugs cannot be matched to an evidence-based regimen; therefore, all of the supportive drugs will also display as a custom request. The dosing will be manually entered by the requesting provider. These cases will always result in an "In Progress" status.

- **Cycles/Dosing** – changing these fields will often result in a deviation for each drug*, as the Pathways requested are selected based on these parameters as well as safety, efficacy, and cost:
  - Length of treatment (e.g., every 21 days)
  - Number of cycles (e.g., 1 – 4 cycles, or 1,2,3,4 cycles)
  - Days per cycles (e.g., day 1, 8, 15)
  - Frequency per day (e.g., QD)

*Most drugs are not being managed on the actual dose (e.g., Mgs or Grams) but have warnings when the dose is outside the set parameters for the drug being requested. This alerts the staff to verify that the correct dose has been entered.

- **Line of treatment, stage, pathology, performance status (ECOG), biomarkers** – answering Unknown or Not Reported can often lead to deviations, especially when required for a particular drug (e.g., Herceptin requires a patient to be HER2-positive). Make sure that the regimen chosen, (always listed at the top of each clinical data collection page), matches the data being entered into the case. Any mismatch will cause a deviation and may cause the case to pend for review or go to an "In Progress" status.

- **Febrile Neutropenia (FN) Risk deviation - the risk of developing FN with this type of regimen is:**
  - **Low** – 0 – 10%; no growth factor indicated. Request may require AIM clinical review.
  - **Intermediate** – 10 – 20%; must have an additional risk factor to justify the use of a growth factor. Request may require AIM clinical review.

Clinical Trials Program

1. Does AIM conduct prior authorization services and Pathway determination for clinical trial drugs?

The AIM Oncology Program provides prior authorization and Pathway determination for non-investigational drugs included in a cancer treatment regimen and reviews associated supportive therapy.

AIM does not review the investigational drug(s) in a clinical trial regimen for the following reasons:

- Investigational drugs are not the financial responsibility of the health plan
- There are no clinical criteria for reviewing such requests

While the AIM ***Provider****Portal* contains a library of current National Cancer Institute (NCI) trials that allow a provider to flag an individual's participation in a qualified trial, AIM currently uses this information as a mechanism for reporting and analytics.

Requests should include all drugs in the regimen, including clinical trial drugs. This allows AIM to understand all potential side effects that can occur, which may justify the use of therapeutic and supportive drugs requested.

2. How do I indicate my patient is enrolled in a clinical trial?

After entering the treatment plan dates, the AIM system asks if the patient has been enrolled in an NCI-registered clinical trial. If the provider attests the requested treatment is part of a clinical trial, the provider will be prompted to enter a Trial ID.

Radiation Oncology

1. How long is an order number valid for?

Once approved, AIM will provide the ordering physician with an order number, which will be valid for 90 days from the initial treatment date. Issuance of an order number is not a guarantee of payment. When submitted, the claim will be processed in accordance with the terms of the member's health benefit plan.

2. How will the approval of radiation oncology services be communicated to providers?

Once the office staff has entered the required information into ***Provider****Portal*, an immediate decision (in many of the cases) will be rendered. When your authorization is approved, the Order Request Summary will show:

For radiation oncology:

- The name of the approved procedure(s) and the included CPT codes
- The quantity of CPT codes approved
- A valid date range
- An Order ID number

If AIM needs more information to review the case, the system will indicate that the case is pending review or "In Progress." A Registered Nurse (RN) from AIM will call the ordering provider's office for clarification or additional clinical records. If the case status is updated, an email will be sent to the end user who initially entered the case.

3. What if I need a longer treatment period?

The order reflects an expected maximum duration of treatment of 90 days. If treatment continues beyond 90 days, please submit a new treatment regimen request to AIM. Most users will find the most efficient way to track the order request time period is to save the summary page that you receive from the AIM ***Provider****Portal*, after completing your initial order in your patients' charts, so that the information to report continuation of treatment is easily available.

4. How will radiation therapy requests be reviewed by AIM?

AIM will review requests against AIM proprietary clinical guidelines as well as health plan medical policy, and National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) if applicable.

If the request meets medical necessity criteria based on the information submitted by the ordering provider's office, the provider will receive an order number. If the request does not immediately meet criteria, the case will be forwarded to a nurse for additional clinical review. Nurse reviewers will request additional information regarding the case. If the additional information confirms that the case is consistent with program guidelines, the provider will then receive an order number.

If, with the additional information the case still does not meet criteria, the case will be forwarded to a physician reviewer. Upon review, the physician reviewer may issue an order number or issue an adverse determination. The ordering provider will be notified of the final outcome for the request.

For EBRT, pre-certification is required only for procedures involving bone metastases, lung cancer (NSCLC), and breast cancer. Additionally, we are requesting that providers contact AIM to review all other 3D-conformal therapy requests on a voluntary basis.

AIM Cancer Treatment Pathways

1. What is an AIM Cancer Treatment Pathway?

AIM Cancer Treatment Pathways are developed using a rigorous review of professional consensus guidelines and published clinical data. When evaluating a regimen's clinical merits, AIM oncologists consider:

- Clinical benefits (efficacy)
- Side effects/toxicity – particularly side effects impacting quality of life or commonly leading to hospitalizations
- Strength of consensus guidelines

Lastly, those regimens that have favorable efficacy and toxicity profiles (as compared to all other chemotherapy treatments for the same diagnosis), are evaluated based on cost.

Standards of oncologic care evolve rapidly. To keep pace, AIM Cancer Treatment Pathways are reviewed at least quarterly, but more often when warranted by new drug approvals, new clinical data, or changes in consensus guidelines.

All AIM Pathways and Pathway updates are vetted by a panel of practicing community and academic oncologists from the country's leading cancer care institutions before they are adopted.

2. Where can I find a copy of the AIM Cancer Treatment Pathways?

The Pathways are posted on aimproviders.com/qualitycarecancer. On this website you can find information, tools, and worksheets to help you implement the program into your practice.

3. What should I consider when selecting a Pathway?

Selecting a Pathway depends upon a number of factors, including the type of cancer, the stage of disease, and the biomarkers or specific genetic profile of the patient's cancer. Within each cancer type, separate Pathways are usually available for early stage through advanced cancer, sub-types of cancer (e.g., HER2-positive), and different lines of therapy.

4. What if I am treating a patient for whom a Pathway regimen is not available?

If a Pathway regimen is not available for a particular type of cancer or line of therapy, the regimen you select will be reviewed for benefit coverage under plan medical policy. Please note that S-code reimbursement is not available for regimens that are not AIM Cancer Treatment Pathways.

5. Do Pathways apply to pediatric patients?

AIM Cancer Treatment Pathways exist for cancers observed most often, but not exclusively, in adults and can be considered for any relevant patient regardless of age. If a Pathway regimen is not available for a particular type of cancer or line of therapy for a pediatric (or adult) patient, the prescribed regimen still needs to be entered into the AIM ***Provider****Portal* to ensure alignment with Blue Cross Blue Shield of Massachusetts medical policy.

6. What happens if I do not select a treatment regimen that is designated as an AIM Cancer Treatment Pathway?

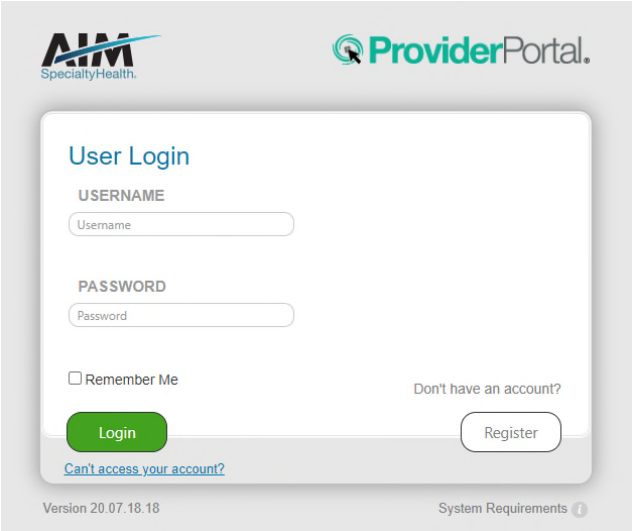
The requested treatment regimen will be reviewed for alignment with Blue Cross Blue Shield of Massachusetts medical policy. A regimen that is not a Pathway regimen may still be authorized. The claim for that regimen will be paid, but additional S-code reimbursement will not be available.

7. How often are the AIM Cancer Treatment Pathways updated?

AIM Cancer Treatment Pathways are reviewed at least quarterly or more frequently, as needed. Updates, which include both new and retired Pathways, are found on aimproviders.com/qualitycarecancer.

The *ProviderPortal*

1. How do I access the AIM *Provider*Portal?



You have two options:

- If you're already registered for the Blue Cross Provider Central website, we have direct access to AIM ***Provider****Portal.*

Simply log in to bluecrossma.com/provider and go to **eTools**. Click AIM Specialty Health and then use the **Go Now** button. You'll be redirected to the AIM site to start entering your authorization. No additional registration for AIM's site is required.

- Or, you can go directly to AIM ***Provider****Portal* at www.providerportal.com.

If you need help, contact the ***Provider****Portal* Support Team at **1-800-252-2021** available weekdays between 7 a.m. – 6 p.m. CST or via email at WebCustomerService@aimspecialtyhealth.com.

2. How do I register for the AIM website if I want to go there directly?

If you are accessing AIM's site from Blue Cross' Provider Central, you don't need to register for AIM's ***Provider****Portal* Otherwise, to begin the registration process, select the Register button located on the ***Provider****Portal*'s home page at www.providerportal.com. Complete the required fields under the Details, Login Information, and Health Plan Details tabs. Once registered, the user will receive an email requesting they validate their email to continue the registration process.

If you are already registered for one insurance company and need to add additional health plan(s) to your profile, please contact AIM ***Provider****Portal* support team at **1-800-252-2021** (available weekdays between 7am-6 pm CST) or via email at WebCustomerService@aimspecialtyhealth.com.

3. How can I look up prior authorization for a member?

To view the details of a prior authorization you will need to log in to the ***Provider****Portal* and select Check Order Status. Select the member's Health Plan, Order Type and Search Type. After selecting Find Order, the Order Request Summary will display.

4. How do I enter a request on the AIM *ProviderPortal*?

For step-by-step instructions for submitting a case, go to the Reference Desk in the ***Provider****Portal*

5. Why is a Duplicate Order notification displayed on my Order Request?

This notification will appear when a similar request is on file or the dates from one order overlap with another. An AIM RN will review these cases to verify if the request is truly a duplicate or not.

6. Why is a physician in our practice showing as out-of-network?

This means that the physician is out-of-network with Blue Cross and the benefits may not apply or may be paid at a lower rate. If the regimen meets Pathway criteria, the physician will not be eligible for S-codes. If you believe the provider should be listed as in-network, check with your Blue Cross network representatives to see if the provider is contracted as in-network. Blue Cross sends provider and member files nightly to AIM.

7. Why isn't the physician in our practice available for selection in the AIM *ProviderPortal*?

If your physician is not available for selection, contact AIM ***Provider****Portal* support at **1-800-252-2021**.

8. What do the different Case Status notifications indicate?

Case Status indicates the overall determination on the request submitted for AIM review. In addition to case status, it's important to review drug-level notifications within each case. Refer to the question below for more information.

- **In Progress –** case is pending AIM clinical review. The request will be reviewed by an AIM RN (and AIM MD, if necessary), to clarify/collect additional clinical information via phone call to the provider's office. Peer-to-peer may be offered to gather additional clinical information to evaluate the request against medical necessity criteria. Pathway eligibility has not been determined.
- **Completed** – case has been reviewed by AIM and none of the drugs require AIM clinical review. However, they may require review by another entity (for example, Blue Cross or the member's pharmacy benefit manager). Drug-level specific messages will indicate which drugs may require review by another entity and who to contact for additional information. Pathway eligibility has been determined. S-codes have been awarded where applicable.
- **Authorized** – drug(s) requiring AIM approval has/have been authorized. There may be additional drugs on the request that require review by another entity (for example, Blue Cross or the member's pharmacy benefit manager). Drug-level specific messages will indicate which drugs may require review by another entity and who to contact for additional information. Pathway eligibility has been determined. S-codes have been awarded where applicable.
- **Non-Authorized** – drug(s) requiring AIM approval does/do not meet medical necessity criteria and has not been authorized. The entire case is denied. In addition, there may be additional drugs on the request that require review by another entity (for example, Blue Cross or the member's pharmacy benefit manager). Drug-level-specific messages will indicate which drugs may require review by another entity and who to contact for additional information. Pathway eligibility has been determined; non-authorized cases are not eligible for Pathways. S-codes have not been awarded.
- **Multiple Decisions Rendered** – therapeutic treatment drug(s) requiring AIM approval has/have been authorized, but at least one supportive drug has been denied. There may be additional drugs on the request that require review by another entity (for example, Blue Cross or the member's pharmacy benefit manager). Drug-level-specific messages will indicate which drugs may require review by another entity and who to contact for additional information. Pathway eligibility has been determined. S-codes have been awarded where applicable.
- **Review Cancelled** – the case was identified as a duplicate due to it being previously submitted.

9. What do the Drug Status notifications indicate?

Drug Status indicates drug-level determination for each drug submitted for AIM review.

- **AIM Clinical Review Not Required** – AIM does not review this drug against Blue Cross medical policy, however, this drug may require review by another entity (for example, Blue Cross or the member's pharmacy benefit manager). Drug-level specific message will indicate if this drug requires review by another entity and who to contact for additional information.
- **Authorized vs. Non-authorized** – AIM reviewed this drug against Blue Cross medical policy or CMS Coverage Determinations (applicable for Medicare Advantage members only) and determined whether it meets medical necessity.

- **Other Impact** – AIM does not review this drug against Blue Cross medical policy, and this drug requires review by another entity (for example, Blue Cross or the member's pharmacy benefit manager). Drug-level specific message will indicate who to contact for additional information.
    - **Refer to Health Plan** – this drug may require review by Blue Cross. Drug-level-specific message will indicate who to contact for additional information.
    - **Refer to PBM** – this drug may require review by the pharmacy benefit manager (this could be Express Scripts, Inc., but you must check the member's coverage). Drug-level-specific message will indicate who to contact for additional information.

- **Voluntarily Cancelled** – the provider's office canceled/withdrew the drug or case, following submission.

- **Not Reviewed/Error Entry** – the case was withdrawn (i.e., accidentally entered, duplicate case entry) prior to submission.

10. What if I can't find the diagnosis I'm searching for?

Only oncology diagnoses are managed by AIM as part of Quality Care Cancer Program and can be submitted for review. If you are unable to find the diagnosis in the system, you may call AIM Customer Service at **1-800-252-2021** or contact Blue Cross.

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