



Cerianna Prior Authorization (PA) Checklist

Please contact Cerianna Support at

(833) 946-6392 (Mon-Fri, 8 AM to 6 PM ET) or fax Consent to (833) 718-3297

A Prior Authorization (PA) is the process used by an insurer to reconfirm that a specific procedure or service is appropriate for a patient based on their symptoms and diagnosis. It also ensures the patient's health plan that the treatment or procedure is medically necessary. It is important to review each insurer's guidelines and requirements when drafting a PA for a patient.

The intent of this checklist is to provide you with general information that will be required when submitting a PA. It is not intended to provide medical guidance or be conclusive or exhaustive.

Note: Some health plans contract with Radiology Benefit Managers (RBMs) to manage the utilization of Advanced Imaging Services. For plans using an RBM, the PA request may be routed to the corresponding RBM; therefore, the importance of reviewing the patient's insurance benefits and requirements is important.

The information detailed below is meant to serve as a guide to the requirements from health insurers when submitting or filing a PA.

Patient Demographics

Patient Name:	Patient DOB:	
Address:	Age:	Sex:
City/State/ZIP:	SS #	

Insurance Information

Primary Insurer	Plan Type/Name:
Subscriber's Name:	Relationship to Patient:
Insurer Phone #:	Policy ID/Group #:
Secondary Insurer	Plan Type/Name:
Subscriber's Name:	Relationship to Patient:
Insurer Phone #:	Policy ID/Group #:

Physician/Prescriber

Name:	Phone #:
Address:	Tax ID & NPI #:

Procedure (Imaging) Site

Name:	Date of Service:
Address:	Tax ID & NPI #:

Medical Information

ICD-10 —Diagnosis:	Indicate CPT/HCPCS:
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Patient Medical History — Insurer may require a Letter of Medical Necessity (LOMN) to accompany the PA request

The information below should be included in the patient's LOMN and documented in the patient's medical records.

- Complete clinical assessment, including rationale for treatment
 - Diagnosis and Symptoms (include duration and severity)
 - Staging: support of suspected or known recurrent and/or metastatic disease diagnosis to include previous imaging
 - ✓ CT scan
 - ✓ FDG PET
 - Biopsy results: if none done, explanation why
 - Document patient's clinical pathway that is requiring the need to determine presence of ER+ disease status.
 - Reminder: Documentation of ER status is important as it allows for optimal therapy determination
 - ✓ Chemotherapy
 - ✓ Endocrine therapy
- Medication List

