

Date.: 08/16/2017

DIANNE P WEBER
47778 BRAUNER PL
POTOMAC FALLS, VA 20165

Member ID: PROTECTED
Case-No: 123813460

Member: DIANNE P WEBER Date of Birth: 03/24/1959
Health Plan: Anthem Blue Cross and Blue Shield

Servicing Provider: PROTON THERAPY CENTER
Ordering Provider: EMMA HOLLIDAY

Treatment Code: CPT-77432 Treatment Desc: STEREOTACTIC RADIATION
TREATMENT

Diagnosis Code: ICD10-R69. Diagnosis Desc: ILLNESS UNSPECIFIED

Date of Service: 08/14/2017

Non-Covered Period: 08/14/2017 - 11/11/2017

Dear Member or Member Representative:

AIM Specialty Health (AIM) performs utilization review services for certain outpatient procedures on behalf of Anthem Blue Cross and Blue Shield. We recently received a request from your provider to determine benefit coverage under your health benefit plan for the service listed above.

Based upon your health benefit plan, the medical information provided to us, and the review by a physician licensed in the Commonwealth of Virginia, we have determined that the request for benefit coverage is not approved for the following reason:

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Ltr.Ref.No.: 2102869

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We cannot approve this request for Proton Beam Radiation Therapy (PBRT). This is a special type of radiation treatment. Your doctor told us that you have an anal cancer. Medical studies have not shown that this treatment is as good as other treatments for this condition. For this reason, this treatment is not medically necessary for you. We based this decision on the health plan clinical guideline titled: Proton Beam Radiation Therapy (THER-RAD.00002).

The AIM physician reviewer that is responsible for this decision is:

Joel Schwartz, MD
AIM Specialty Health
540 Lake Cook Rd
Deerfield, IL 60015
1-866-789-0158

What should I do now?

This decision doesn't mean that you cannot or should not receive this service. Only you and your health care provider can decide whether you need it. This just means that your health plan can't cover it. You should always discuss treatment choices with your provider. (We've sent a copy of this letter to your provider.)

What if we have questions?

Your physician may want us to reconsider or discuss this decision. Information on how your physician can make a request for a reconsideration of this decision is enclosed with this letter.

For questions about your policy, claims or network providers, please call the member services number on your member ID card.

Enclosed for your convenience is information about your member rights and your provider rights. Thank you for the opportunity to review this request.

Sincerely,

Anthem Blue Cross and Blue Shield

enclosure

cc: PROTON THERAPY CENTER
EMMA HOLLIDAY

You Should Know

If your provider has already completed and billed for this service, you'll get an Explanation of Benefits (EOB) that lists the claim amount and other claim information.

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