

ACME HEALTHCARE  
SPECIALTY PHARMACY CLAIM FORM

Form ID: CIG-SP-2025-04-Rev3

CLAIM INFORMATION

Date Received: 05/12/2025

Claim ID: SP-CIG-24051378942

Submission Method: Electronic

Claim Type: Specialty Pharmacy - Medical Benefit

PATIENT/MEMBER INFORMATION

Member ID: 0072354981

Group Number: 74289-001

Plan Type: ACME Comprehensive Specialty Plus

Patient Name: Johnson, Robert M

Date of Birth: 08/14/1972

Gender: Male

Address: 432 Lakeview Dr, Chicago, IL 60611

Phone: (312) 555-7891

Email: r.johnson@example.com

Employer Name: Northstar Technologies Inc

Effective Date: 01/01/2024

PROVIDER INFORMATION

Provider Name: Metropolitan Infusion Center

Provider NPI: 1487652390

Tax ID: 82-7456321

Facility Type: Specialty Infusion Facility

Network Status: ☒ In-Network ☐ Out-of-Network

Provider Address: 275 Michigan Ave, Suite 1200

City/State/ZIP: Chicago, IL 60601

Provider Phone: (312) 555-3000

Treating Physician: Sarah Chen, MD

Physician NPI: 5432167890

Specialty: Rheumatology

SERVICE INFORMATION

Date(s) of Service: 05/10/2025

HCPCS/CPT Description Units Charge Amount

J1745 Infliximab, 10mg 40 \$9,746.50

96413 Chemo admin, IV infusion, 1st hour 1 \$395.12

96415 Chemo admin, IV infusion, add'l hour 1 \$163.62

J1200 Diphenhydramine HCl 50 mg 1 \$42.45

TOTAL: \$12,847.58

Place of Service Code: 11 (Office)

Primary Diagnosis Code: K50.00 (Crohn's disease of small intestine, without complications)

Secondary Diagnosis Code(s): K50.10, D50.0

PRESCRIPTION DETAILS

Drug Name: REMICADE (infliximab)

NDC: 57894-0030-01

Dosage: 5mg/kg (Total: 400mg)

Patient Weight: 80 kg

Route of Administration: Intravenous

Frequency: Every 8 weeks after induction

Quantity Dispensed: 4 vials (100mg each)

Days Supply: 56

Date Prescribed: 04/30/2025

Prescriber NPI: 5432167890

Prescription #: RX8754329

Refill #: 0 (Initial fill)

Prior Authorization: ☐ Approved ☒ Denied ☐ Pending

PA Number: \_\_\_\_\_

#### CLINICAL DOCUMENTATION

Primary Diagnosis: Crohn's Disease, moderate to severe (K50.00)

Diagnosis Date: 09/17/2023

Previous Treatments:

1. Mesalamine (Asacol HD): 01/15/2024 - 03/20/2024

Outcome: Inadequate response after 8 weeks of therapy

2. Azathioprine: 03/22/2024 - 04/18/2024

Outcome: Discontinued due to adverse reaction (pancreatitis)

3. Adalimumab (Humira): Not attempted

Recent Relevant Lab Values:

C-Reactive Protein: 24 mg/L (Ref: <10 mg/L) - 04/22/2025

ESR: 42 mm/hr (Ref: <20 mm/hr) - 04/22/2025

TB Test (QuantiFERON Gold): Negative - 04/15/2025

Hepatitis B Surface Antigen: Negative - 04/15/2025

Recent Procedures:

Colonoscopy (04/10/2025): Active inflammation with ulcerations in ileum and ascending colon

Clinical Notes: Patient has failed conventional therapy and meets criteria for biologic treatment.

Severe disease with evidence of intestinal inflammation on endoscopy and elevated inflammatory markers. Patient is at risk for complications without appropriate treatment.

#### BENEFIT VERIFICATION

Service Type: Specialty Pharmacy - Infused Biologic

Benefit Category: ☒ Medical ☐ Pharmacy

Authorization Required: ☒ Yes ☐ No

Step Therapy Required: ☒ Yes ☐ No

Site of Care Requirement: ☒ Yes ☐ No

Exception Status:

☒ Step Therapy Exception (Documented adverse reaction to Azathioprine)

☐ Medical Necessity Exception

☐ Continuity of Care Exception

☐ No Exceptions

Applicable Rider: Specialty Medication Management Program

#### ACME USE ONLY

Deductible Status:

Annual: \$2,000.00 | Met YTD: \$1,500.00 | Remaining: \$500.00

Out-of-Pocket Status:

Annual: \$5,500.00 | Met YTD: \$2,750.00 | Remaining: \$2,750.00

Coinsurance Rate: 20% after deductible

Claim Flags:

☒ High-Dollar (>\$10,000)

☒ Potential Step Therapy Override

☒ Initial Biologic Treatment

☒ Time-Sensitive (Patient condition deteriorating)

SOP Reference: ACME-SOP-SPECIALTY-BIO-20250318.4

State Jurisdiction: Illinois

Applicable Regulations:

IL Insurance Code 215 ILCS 5/356z.35 (Step Therapy Exception Requirements)

NAIC Model Act on Step Therapy Protocols

AUDIT TRAIL (Internal Use Only)

05/12/2025 14:23:47 - Claim received from Metropolitan Infusion Center

05/12/2025 14:23:48 - Initial automated validation passed

05/12/2025 14:23:50 - Claim routed to Specialty Pharmacy queue

05/12/2025 14:24:01 - Automated benefit verification initiated

05/12/2025 14:24:15 - Automated SOP retrieval initiated

05/12/2025 14:24:23 - Automated medical necessity review initiated

05/12/2025 14:24:30 - Agentic workflow processing initiated

CLAIM DISPOSITION (To Be Completed by Claims Processor)

■ APPROVED

■ APPROVED WITH MODIFICATIONS

■ PENDING ADDITIONAL INFORMATION

■ ESCALATED FOR REVIEW

■ DENIED

Processor ID: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Comments: \_\_\_\_\_

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