

Claim Filing Checklist

The following may be considered to assist with submitting claims completely and accurately, which is important for timely claims processing, for appropriate payment, and to avoid denied claims.

Patient Clinical Diagnosis

Summary of diagnosis (including ICD-10-CM, CPT, AND HCPCS codes)

Date of diagnosis

Rationale for scalp cooling treatment (summary statement of medical need and reason(s) for the treatment being requested)

Treatment start date

Prior therapies

Summary of patient's history (recent symptoms/condition, and physician opinion of patient prognosis or disease progression*)

*Exercise medical judgment and discretion when providing a diagnosis and characterization of the patient's medical condition

Health Plan Information

Include additional information requested by the health plan in box 19 of the CMS-1500 form or in box 80 of the CMS-145- (UB-04) form

Include additional information requested by the health plan in box 24E of the CMS-1500 form or in box 66 of the CMS-145- (UB-04) form:

- 0662T for fit and calibration only once per patient
- 0663T at each treatment

Additional Information

Letter of medical necessity

Prior authorization if needed

Prescribing information

Notes from patient's medical records

Clinical guidelines from NCCN Clinical Practice Guidelines in Oncology ([NCCN Guidelines®](#))

Next Steps

Review claim for accuracy including:

- Patient ID numbers
- Diagnosis code
- On-label use

File claim as soon as possible within health plan filing time limits

Reconcile claim reports promptly and thoroughly to assure proper processing

Verify payment amounts correspond with your health plan allowables and your private health plan contracts

Sample Letters

[View a sample Letter of Appeal here >](#)

[View a sample Letter of Medical Necessity here >](#)

The information provided on this checklist is general in nature and is not intended to be conclusive or exhaustive. As the patient's healthcare provider, you are responsible for applying your clinical judgment regarding appropriate care and treatment of each patient.

Accurate completion of reimbursement- or coverage-related documentation is the responsibility of the healthcare provider and patient. Paxman and its agents make no guarantee regarding reimbursement for scalp cooling.

NOTE: Retain a copy of all submissions for your personal records.

The information contained in this checklist is provided by Paxman for informational purposes for patients who have been prescribed scalp cooling. There is no requirement that any patient or healthcare provider use Paxman scalp cooling in exchange for this information, and this checklist is not meant to substitute for a prescriber's independent medical decision-making.