



Healthy Blue

AIM
SpecialtyHealth.

Rehabilitation

PROVIDER OFFICE STAFF END USER TRAINING

Overview

AIM* works with leading insurers to improve healthcare quality and manage costs for today's most complex and prevalent tests and treatments, helping to promote care that is appropriate, safe and affordable. In today's session, you'll be introduced to our new **Rehabilitation** Program to be managed by AIM Specialty Health® (AIM), a separate company, for Commercial fully insured and Medicaid members.

The following resources are available now:

- **ProviderPortal_{SM}** (direct link www.providerportal.com or single sign on) will be available for order request submission twenty-four hours a day, seven days a week, processing requests in real-time using clinical criteria.
- AIM **Call Center** Monday through Friday 7:30 am – 7 pm (Central Time) at:

| | | |
|--|--------------|--|
| Medicaid - Healthy Blue Missouri (MO) | 855.574.6479 | Effective 1/1/2021 request starting on 12/21/2020 |
| Medicaid - Healthy Blue Nebraska (NE) | 855.574.6478 | Effective 1/1/2021 request starting on 12/21/2020 |
| Medicaid (IN, NY, WNY, WI) | 800.714.0040 | live |
| Medicare (CA, CO, CT, GA, IN, KY, ME, MO, NH, NM, NY, OH, TN, TX, TX MMP, VA, WA, WI)* | 800.714.0040 | live * FL, NJ preauthorization is managed by different vendor |
| Anthem Commercial (CT, ME,NH) | 866-714-1107 | live |
| Anthem Commercial (IN,KY,MO,OH,WI) | 800-554-0580 | live |
| Anthem BCBSGA | 866-714-1103 | live |
| Empire NY Commercial F/I | 877-430-2288 | live |
| Anthem Commercial F/I (CO,NV) | 877-291-0366 | live |
| Anthem Commercial F/I (CA) | 877-291-0360 | TBD 2021 |

Preauthorization not required from AIM

Based on the following states, **lines of business** and **age bands**, a pre-authorization is not required from AIM:

| Age | Line of Business | States |
|----------------------------------|--------------------------|---|
| Birth – 3 rd Birthday | Commercial Fully Insured | Wisconsin, Indiana, Ohio, Missouri, Kentucky, Maine, Connecticut, New Hampshire |
| Birth – 6 th Birthday | Commercial Fully Insured | Colorado |

Based on the following **state**, **lines of business**, **age band** and **condition**, are out of scope for AIM:

| Age | Line of Business | State | Clinical Condition |
|-------------|------------------|----------|-------------------------------------|
| 21 and over | Medicaid | Missouri | Non covered benefit unless pregnant |

Based on the following **states**, **line of business** and **clinical condition**, a pre-authorization is not required from AIM, but benefit limits, if applicable, may still be applied

| Line of Business | State | Clinical Condition |
|--------------------------|--|---|
| Commercial Fully Insured | IN, KY, OH, MO, WI, NY, CT, NH, ME, GA, CO, NV | Autism Spectrum Disorder/Pervasive Development Delays (for the following primary diagnosis ICD-10 codes: F84.0, F84.2, F84.3, F84.5, F84.8, or F84.9) |

COVID-19 Update

Effective March 17, 2020, the Telehealth place of service is applicable where the AIM Rehabilitative program is live. The Rehab Telehealth FAQ was published in the April provider newsletters titled *“Information from Anthem for Care Providers about COVID-19”*. See Provider News for updates for Care Providers about Coronavirus (COVID-19).

Certain CPT codes would be appropriate to be considered for telehealth (audio and video) physical, occupational, and speech therapies. Anthem will waive member cost shares for telehealth visits from in-network providers from March 17, 2020 through September 30, 2020 for commercial members and from March 17 2020 through December 31, 2020 for Medicare and Medicaid plans, for the following physical, occupational and speech therapies for visits coded with Place of Service (POS) “02” and modifier 95 or GT:

- Physical therapy (PT) evaluation codes: 97161, 97162, 97163 and 97164
- Occupational therapy (OT) evaluation codes: 97165, 97166, 97167 and 97168
- PT/OT treatment codes: 97110, 97112, 97530 and 97535
- Speech therapy (ST) evaluation codes: 92521, 92522, 92523 and 92524
- Speech therapy treatment codes: 92507, 92526, 92606 and 92609

PT/OT CPT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139-97150, 97533 and 97537-97546.

Limitation related to state mandates and licensure/state practice act would still apply. Benefit limitations, where applicable, would still apply.

AIM clinical review programs



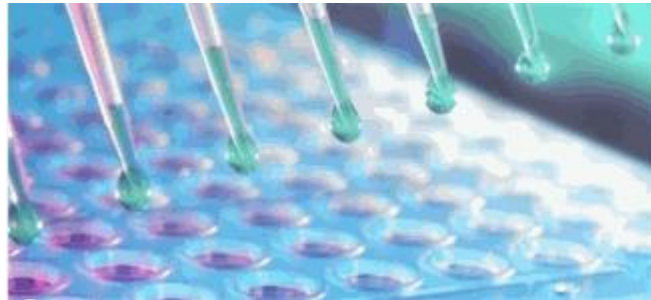
Radiology



Cardiology



Sleep



Genetic Testing



Medical Oncology



Radiation Oncology



Rehabilitation



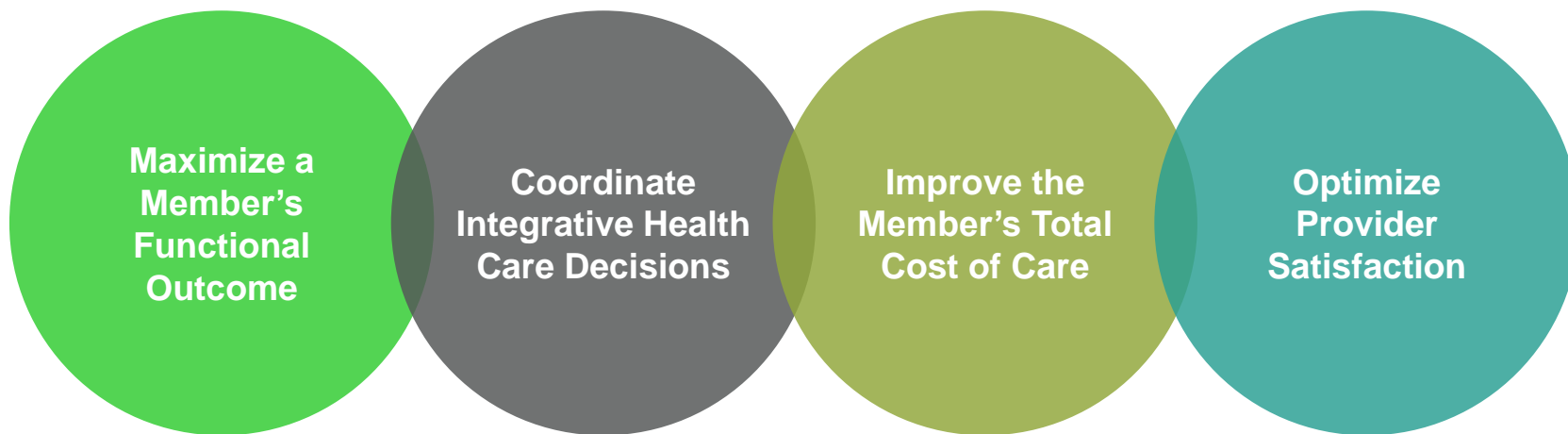
Joint and spine



Interventional pain

Rehabilitation Program

The AIM Rehabilitative Program uses evidence-based clinical practice guidelines focus on:



Clinical Appropriateness Review Process encompasses the appropriate duration of rehabilitative services at the appropriate place of service, with the goal of maximizing the member's functional improvement, while at the same time enhancing and simplifying the provider's experience in the delivery of care.



Program scope

Disciplines included in the program

Physical Therapy

AIM guidelines
(Medicare: NCD,LCD, CMS Manual)



- Supervised Modalities
- Constant Attendance Modalities
- Therapeutic Procedures
- Adaptive Equipment Training
- Wound care and lymphedema Treatment
- Other Physical therapy services

Occupational Therapy

AIM guidelines
(Medicare: NCD,LCD, CMS Manual)



- Supervised Modalities
- Constant Attendance Modalities
- Therapeutic Procedures
- Adaptive Equipment Training
- Wound care and lymphedema Treatment
- Other Occupational therapy services

Speech Therapy

AIM guidelines
(Medicare: NCD,LCD, CMS Manual)



- Speech Fluency
- Speech sound production
- Language comprehension and expression
- Oral and pharyngeal swallowing function
- Auditory processing

Please note:

- *Procedure codes may vary by lines of business or may be managed by the local health plan.*
- *Chiropractors billing for Therapy codes require a pre-auth.*

Clinical appropriateness review

Criteria Determining Visit Allotment

Initial Request:

- Primary Treatment Diagnosis
- Confirmation of autism, developmental delay, or traumatic brain injury
- Evaluation date consistent throughout the episode of care
- Functional outcomes tool and score
- Comorbidities/recent surgery

For Subsequent Requests:

- Member's response to treatment or any mitigating factors if poor response
- Member's attainment of goals
- Member's improvement in functional outcomes tool score
- Review of clinical documentation for all recurring requests

Included settings:

- Office
- Outpatient hospital
- Independent clinic
- Telehealth

Check to see if the facility is in network for the member before starting therapy

Please note: Additional documentation may be required when requesting additional visits (e.g. progress notes, initial evaluation/re-evaluation, etc.)

Rehabilitation clinical experts power our program

An experienced team of therapist and physicians lead and support our Rehabilitation program

Their expertise across numerous clinical specialties provides clinical acumen immediately

Our clinical reviewers specialties include physical, occupational, and speech language therapy

Our clinical reviewers also specialize in physiatry, internal medicine, orthopedics and pediatrics



**KERRIE
REED**

Medical Director,
Rehabilitation

Clinical leader responsible for the clinical strategy.



**GINA
GIEGLING**

GM / Vice President,
Rehabilitation and MSK

Business leader responsible for the business strategy and design.



**DISHA
PATEL**

Clinical Architect Director,
Rehabilitation and MSK

Clinical Architect responsible for the clinical design.



**YVONNE
SULLIVAN**

Provider Engagement
Manager, Rehabilitation

Engagement Manager responsible for outreach and education.

Episode of care

An episode of care is the managed care provided for a specific injury, surgery, condition or illness during a set time period.



AIM will provide an authorization with a visit allocation for those requests where the member meets medical necessity.

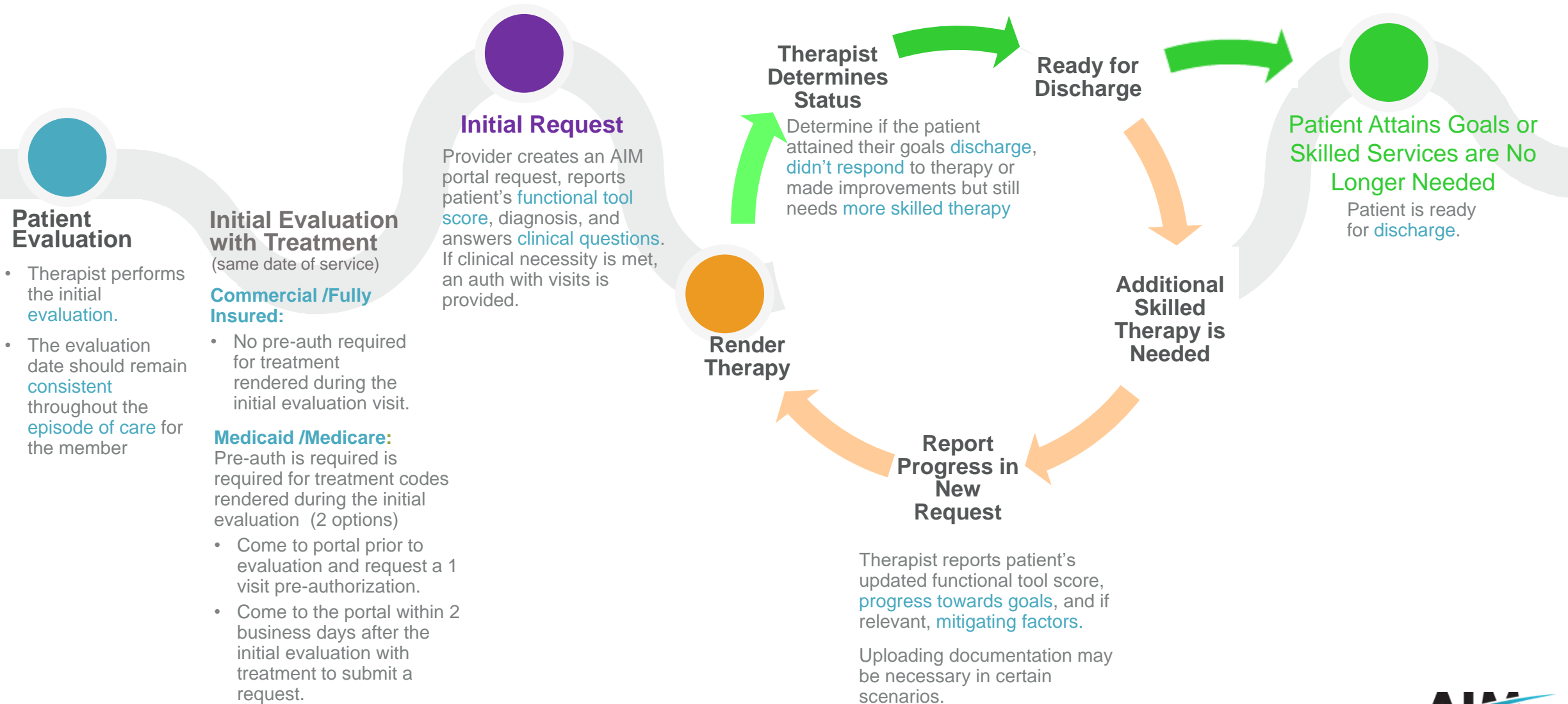
If after delivering the authorized number of visits, the member still needs additional skilled therapy, the provider can return to the AIM provider portal and create another request for visits.

For a given episode of care, it is possible that more than one case will get created, but it is dependent on the member's progress with their treatment plan.

For an optimal request response:

- Requests should be made only after an active authorization has either expired or there are no more authorized visits remaining for the member
- Initiating a request before visits have been rendered may not reflect the accurate medical necessity criteria
- An authorization will not be able to be obtained greater than 30 days prior to your service date

Episode of Care Flow



Review responsibility



will perform...

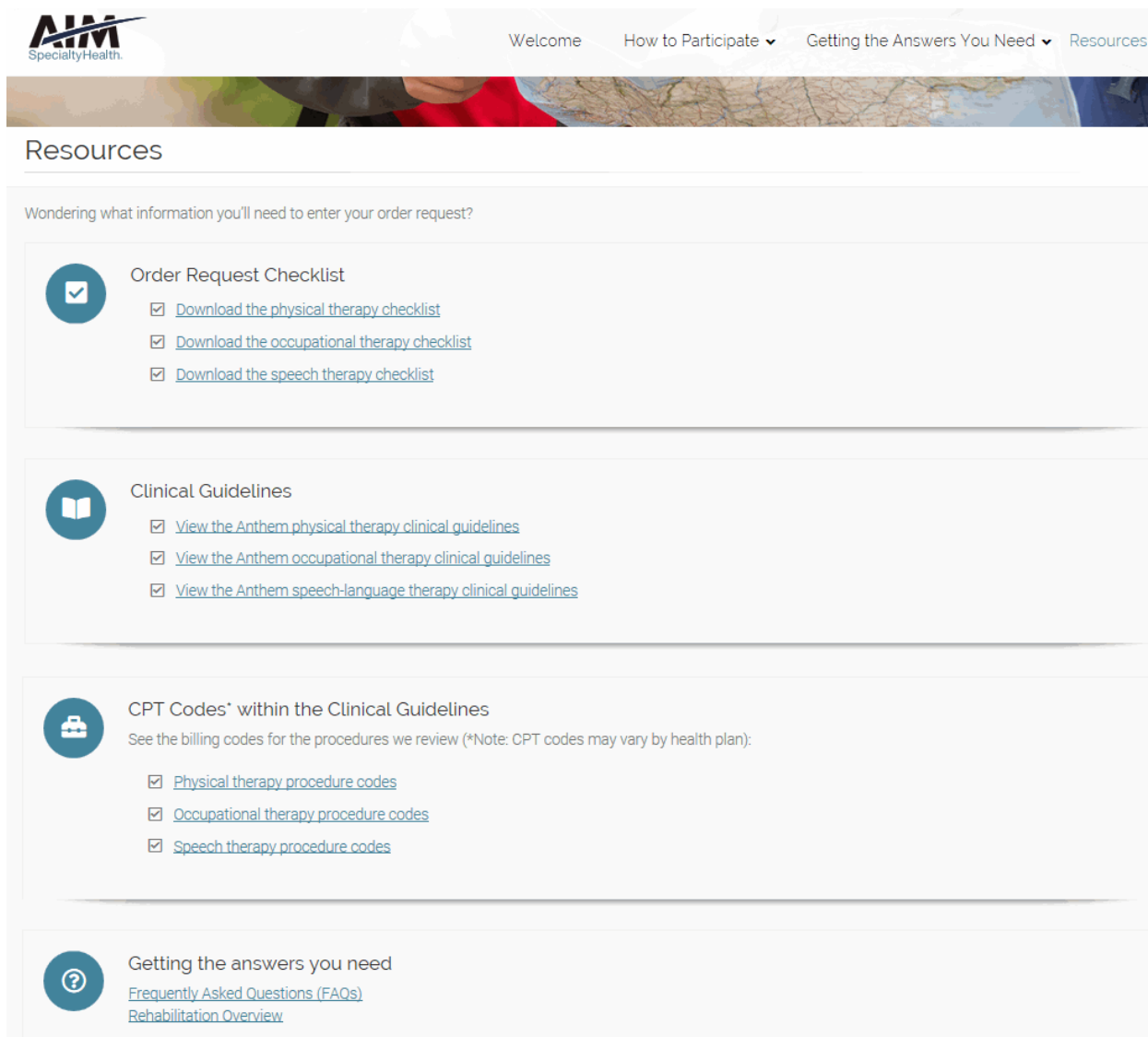
- Prospective reviews
- ≤2 Day service grace period
- Reconsiderations up to 3 business days with additional information
- Valid timeframe for requests are based on the number of visits that are allocated (or state mandate)
- Peer to Peer / Therapist to Therapist discussion



Healthy Blue will perform...

- Inpatient and home health requests
- Unspecified codes not managed by AIM
- >2 Day retro review
- Appeals (and reconsideration for Medicare)
- Pre-Authorization requirements prior to AIM's effective date
- Responding to member questions

Rehabilitation microsite – resources



<https://aimproviders.com/rehabilitation/resources/>

Resources Section

- Checklists containing the information needed for requests, including a list of the functional tools and score values
- Link to Clinical Guidelines
- CPT Codes included in the program
- Portal Login Issues – (800) 252-2021
- Rehab Questions for providers only - rehabprogram@aimspecialtyhealth.com

ProviderPortal Demo

Portal home page

AIM SpecialtyHealth

ProviderPortal

Logout

Order Request

Welcome

Manage Your Physician List

Manage Your User Profile

Reference Desk

Start Your Order Request Here

Check Order Status

View Order History

Access Your Optinet Registration

Select the date of service

Select the search type

Member ID + DOB

Member ID + Name

Member ID

Date of Birth

Find This Member

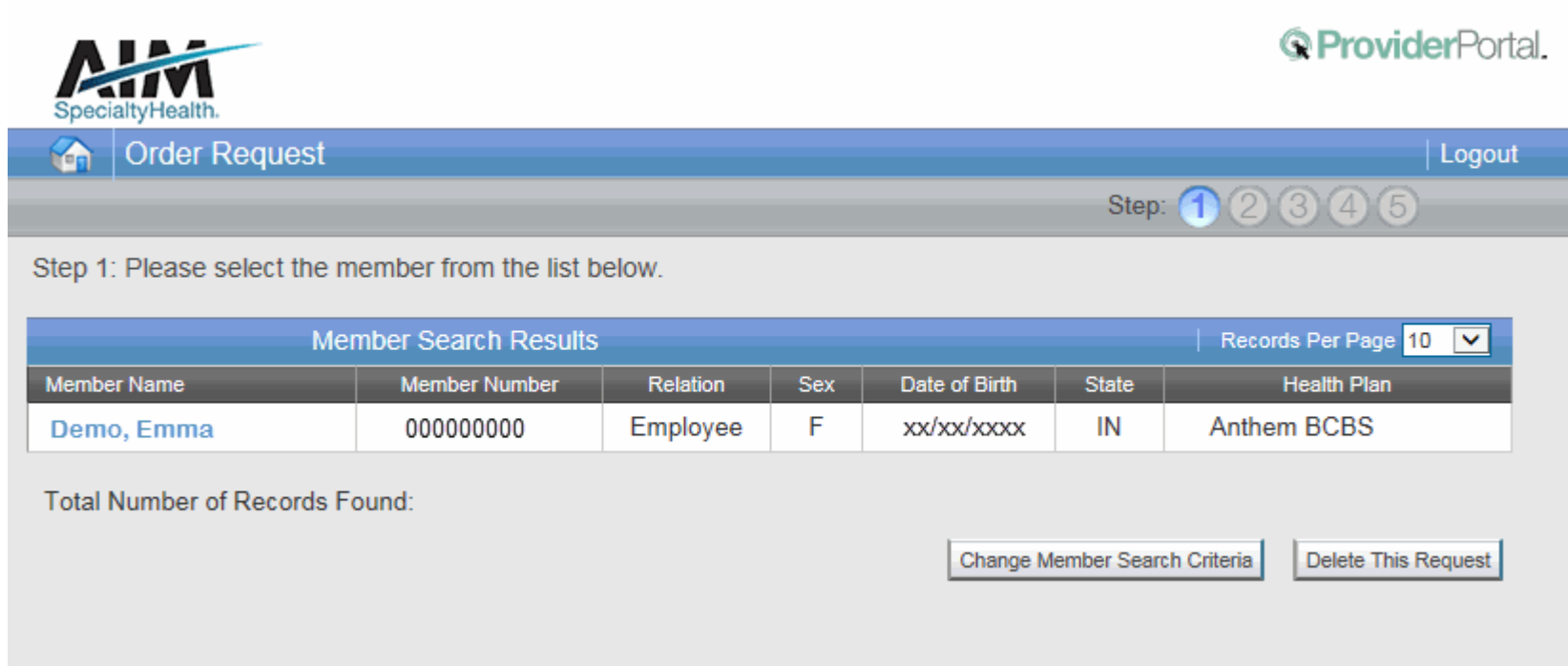
Message Center

The Provider Portal application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.

Create a pre-authorization request:

1. Please enter the treatment start date in the “**Date of Service**”
2. Provide the following member information:
Member ID and date of birth
or
Member ID and name
3. Next, chose “**Find this Member**” to search for your member.

Step 1 – select member



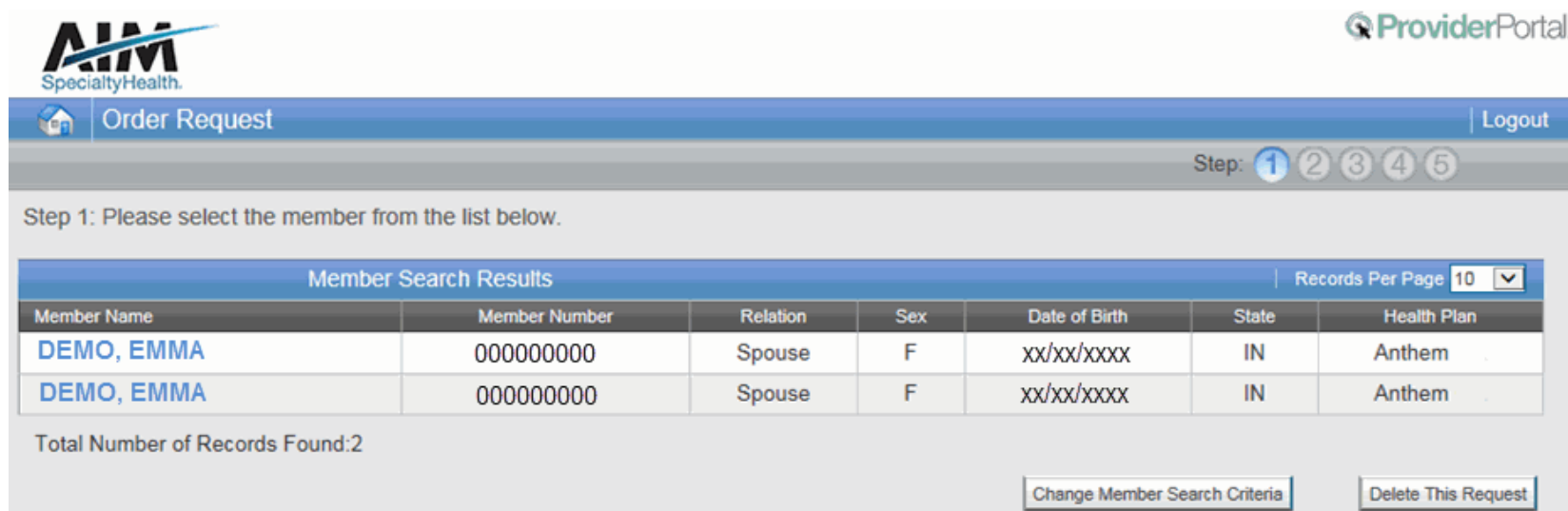
The screenshot shows the AIM Specialty Health Provider Portal interface. At the top, there is a header with the AIM Specialty Health logo on the left and the ProviderPortal logo on the right. Below the header is a navigation bar with a home icon, the text "Order Request", and a "Logout" link. A progress indicator shows five steps, with the first step (1) highlighted. The main content area displays the instruction "Step 1: Please select the member from the list below." Below this is a table titled "Member Search Results" with a "Records Per Page" dropdown set to 10. The table contains one row of member data. Below the table, it says "Total Number of Records Found:" followed by two buttons: "Change Member Search Criteria" and "Delete This Request".

| Member Name | Member Number | Relation | Sex | Date of Birth | State | Health Plan |
|-------------|---------------|----------|-----|---------------|-------|-------------|
| Demo, Emma | 000000000 | Employee | F | xx/xx/xxxx | IN | Anthem BCBS |

Select your member from the search results by clicking on the **member name**.

If your member does not appear in the results, you can change your criteria and search again using the **“Change member search criteria”** button.

More than one result?



The screenshot shows the AIM Specialty Health Provider Portal interface. At the top, there's a navigation bar with the AIM logo, a home icon, and the text "Order Request". On the right of the navigation bar is a "Logout" link. Below the navigation bar is a progress indicator showing five steps, with the first step (1) highlighted. The main content area is titled "Step 1: Please select the member from the list below." Below this is a table titled "Member Search Results" with a "Records Per Page" dropdown set to 10. The table contains two identical rows of member information. Below the table, it says "Total Number of Records Found:2". At the bottom right of the main content area are two buttons: "Change Member Search Criteria" and "Delete This Request".

| Member Name | Member Number | Relation | Sex | Date of Birth | State | Health Plan |
|-------------|---------------|----------|-----|---------------|-------|-------------|
| DEMO, EMMA | 000000000 | Spouse | F | xx/xx/xxxx | IN | Anthem |
| DEMO, EMMA | 000000000 | Spouse | F | xx/xx/xxxx | IN | Anthem |

Total Number of Records Found:2

[Change Member Search Criteria](#) [Delete This Request](#)

If the search results in more than one record, try selecting the last record in the list.

If that record doesn't require a preauthorization, go back and select the other record.










Select Rehabilitation

Order Request | Logout

Step: 1 2 3 4 5

Demo, Emma [Edit](#) [Show Details](#)

Select the order type for this request. Then click Continue below.

| | | |
|--|--|--|
|  Diagnostic Imaging View Code List <i>Includes:</i> Angiography, Bone Density CT, CTA, MRA, MRI, Nuclear Medicine, PET |  Cardiovascular View Code List <i>Includes:</i> Angiography, percutaneous coronary revascularization, arterial ultrasound |  Sleep Management View Code List <i>Includes:</i> HST, In Lab, Titration, APAP/BPAP/CPAP, Oral Appliance, MSLT, MWT |
|  Musculoskeletal View Code List <i>Includes:</i> Joint Surgery, Spine Surgery & Interventional Pain Management |  Radiation Therapy View Code List <i>Includes:</i> 2D/3D, Brachytherapy, IGRT, IMRT, IORT, Proton, Stereotactic (SRS/SBRT), SIRT |  Chemotherapy and Supportive Drugs View Code List <i>Includes:</i> Review of cancer drugs, side effect management and treatment pathways |
|  Genetic Testing View Code List <i>Includes:</i> Laboratory testing for the inheritance or management of genetic conditions |  Other Surgical Procedures View Code List <i>Includes:</i> Arthroscopy, Colonoscopy & Endoscopy |  Rehabilitation View Code List <i>Includes:</i> Physical Therapy, Occupational Therapy and Speech Therapy |

[Delete This Request](#) [Continue](#)

On the order type screen, select **“Rehabilitation”** and then select the **“Continue”** button.

Note: only programs that are currently managed by AIM for the selected member will display on the order type selection screen.


If there is no rehabilitation tile

R2D2

Edit

Health Plan: Anthem National


Select the order type for this request. Then click Continue below.



Diagnostic Imaging

[View Code List](#)

Includes:
Angiography, Bone Density CT, CTA, MRA, MRI, Nuclear Medicine, PET



Cardiovascular

[View Code List](#)

Includes:
Angiography, percutaneous coronary revascularization, arterial ultrasound

If the rehabilitative tile is not displayed, that is an indication the member is not managed by AIM for rehab services.

Check the Health Plan name, for example, if it indicates Anthem National, their members are currently not participating.

Step 1 – review member information

Member Condition & Service(s) Ordering Provider Servicing Provider(s) Clinical Review

Member Summary

Service Date: 01/01/2021

Selected Member

DEMO, EMMA [Change Member](#)

123 Somewhere
Indianapolis, IN 46230

Phone: (xxx) xxx-xxxx **DoB:** xx/xx/xxxx | **Age:** 40 | F

Email: Name@email.com

Demographics [Show Demographics](#)

Available Solutions [Show Solutions](#)

Enrollment [Show Enrollment](#)

CONTINUE

Select “Continue” to move forward with your request.

If the member is not the correct member, select “Change Member”.

Step 2 – select primary diagnosis

Member

Condition & Service(s)

Ordering Provider

Servicing Provider(s)

Clinical

Review

Enter Condition & Services

Service Date: 01/01/2021

Condition *

M25.519 – Pain in unspecified shoulder

M75.90 – Shoulder lesion, unspecified, unspecified shoulder

M25.512 – Pain in left shoulder

M25.511 – Pain in right shoulder

M25.119 – Fistula, unspecified shoulder

M67.419 – Ganglion, unspecified shoulder

Condition Search Tips ^

- Type at least two characters
- Enter one ICD code or description
- Searching by ICD Code typically provides the best results
- Searching by description may provide less precise results
- A condition selection is required to continue

Services *

Service Search Tips ^

- Type at least two characters
- Enter one CPT code, HCPCS code, or description at a time
- Multiple Services can be entered

Search for the primary diagnosis by the description or ICD code.

The diagnosis could be the ICD-10 code provided by the ordering / referring physician or if you are in a direct access state, the ICD-10 code that the therapist is allocating for this member.

Step 2 – select service(s)

Member

Condition & Service(s)

Ordering Provider

Servicing Provider(s)

Clinical

Review

Enter Condition & Services

Service Date: 01/01/2021

Condition *
M25.519 – Pain in unspecified shoulder ✕

Services *

Enter a CPT code, HCPCS code, or description to search

97110 - Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes

97112 - Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes

97113 - Water pool therapy with therapeutic exercises to 1 or more areas, each 15 minutes

97116 - Walking training to 1 or more areas, each 15 minutes

[Service Search Tips ^](#)

- Type at least two characters
- Enter one CPT code, HCPCS code, or description at a time
- Multiple Services can be entered

Search for services by the description or the CPT code.

Step 2 – identify the therapy type

Member

Condition & Service(s)

Ordering Provider

Servicing Provider(s)

Clinical

Review

Enter Condition & Services

Service Date: 01/01/2021

Condition *

M25.519 – Pain in unspecified shoulder ✕

Services

Enter a CPT code, HCPCS code, or description to search

Service Search Tips ^

- Type at least two characters
- Enter one CPT code, HCPCS code, or description at a time
- Multiple Services can be entered

Rehabilitation (1)

What is the therapy type for the service requested? (97110 Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes) *

☐ Occupational Therapy

☒ Physical Therapy

BACK TO MEMBER

CONTINUE

When the selected CPT code exists in more than one discipline, the system will prompt you to select which therapy you are requesting.

Once all of the CPT codes have been selected, select the “Continue” button.

No pre-auth from AIM is required messages

Member is showing as ineligible and is currently not being managed by AIM at this time.

Member Eligibility

- services for this member for the service date entered do not require pre-authorization by AIM.
Please note that benefit limits, if applicable, will still be applied.

Member is not being managed by AIM for the selected therapy services at this time.

Member Eligibility

- Physical Therapy services for this member for the service date entered do not require pre-authorization by AIM.
Please note that benefit limits, if applicable, will still be applied.

No pre-authorization is required due to member's age.

Member Eligibility

- An authorization from AIM is not required at this time due to the age of this member.

There are different circumstances where a pre-authorization is not required from AIM at the time of the request.

The system displays one of these message to indicate a pre-authorization is not required from AIM at this time.

Step 2b – enter episode of care metrics

Member Condition & Service(s) Ordering Provider Servicing Provider(s) Clinical Review

Physical Therapy

1

Is this a request to provide autism services for a confirmed diagnosis of autism spectrum disorder or pervasive developmental delay (a primary diagnosis of one of the following ICD-10 codes: F84.0, F84.2, F84.3, F84.5, F84.8, or F84.9)? ? *

☐ Yes

☐ No



2

Was an evaluation performed by a therapist or a licensed qualified provider of therapy services? *

☐ Yes

☐ No



3

What was the Evaluation Date? *

mm/dd/yyyy

Enter the episode of care metrics.

1. Indicate if this request is to provide services for a confirmed dx of autism or pervasive developmental delay as specified by the listed ICD codes. (For some members, a “Yes” answer will result in no pre-auth from AIM).
2. Next, indicate if an initial evaluation has been performed. (A “No” answer will provide you with 1 visit to allow you to perform the initial evaluation).
3. If an initial evaluation was performed, enter the initial evaluation date. Please keep this initial evaluation date consistent throughout the episode of care

Step 2 – episode of care entry continued

1 Select the Functional Tool used from the groups provided. Up to two (2) functional tool scores can be entered.*

0 - 9 A - C **D - F** G - K L - P Q - Z TOOL NOT LISTED

- ☐ DASH - Disabilities of Arm, Shoulder, Hand
- ☐ DDST-II - Denver Developmental Screening Test II
- ☐ Dizziness Handicap Inventory
- ☐ Dynamic Gait Index
- ☐ ESDM - Early Start Denver Model
- ☐ FIM - Functional Independence measure
- ☐ Foot and Ankle Ability Measure
- ☐ FOTO Ankle/Foot
- ☐ FOTO Elbow/Wrist/Hand
- ☐ FOTO General Orthopedic
- ☐ FOTO General Physical Functioning
- ☐ FOTO Hip
- ☐ FOTO Knee
- ☐ FOTO Low Back
- ☐ FOTO Neck
- ☒ FOTO Shoulder
- ☐ Functional Gait Assessment

ADD TOOL

2

i If an additional Functional Tool Score was used, add the tool and provide the score.

FOTO Shoulder *

X Remove Tool

Enter the value between 3 and 100

3

CONTINUE

Select the functional outcome tool from the list, which is in alphabetical order. Up to two tools can be selected. If you do not find your tool, please select “Tool not listed” and enter the name of your tool.

1. Once you find your tool, select “Add tool”
2. Then enter the tool score (note there may be some tools that do not require a score).
3. Select “Continue” once done the tool(s) have been selected.

Step 3 – search and select referring provider

Member Condition & Service(s) **Ordering Provider** Servicing Provider(s) Clinical Review

▼ **Ordering Provider Search** 1

Last Name First Name Address City * State * ZIP Code

NPI TIN Phone

^ Fewer Search Options | Search Tips ▼

SEARCH

3 + Add Provider

1. Search for the referring provider.
For commercial plans, for some states there is a direct access option.

When searching for a provider, the less information entered the better. City and State or Zip code and State are required

Using the fictitious provider “Joe Smith, TIN 123456789, 3333 Nowhere avenue, Munster, IN, 46321” to illustrate some of the search options below:

- TIN (or NPI), state and city (example: TIN 123456789, Munster, IN)
- State, city and part of address (example: IN, Munster, 3333)
- Part of provider name, city and state (example: Jo, Munster, IN)

2. Select provider if found in results.


3. If provider is not found, select “Add provider” link

Step 4 – select facility and place of service

1

Member Condition & Service(s) Ordering Provider **Servicing Provider(s)** Clinical Review

Servicing Facility (Billing Provider)

 **In Progress** ✓

Will the Servicing Facility be billing for the request? ? *

☒ Yes ☐ No

▼ Servicing Facility Search

Provider Name Address City * State * ZIP Code

NPI TIN Phone

Closest to ? ☒ Ordering Provider ☐ Member

[^ Fewer Search Options](#) | [Search Tips](#) ▼

2 **SEARCH**

4

Select

Office

Outpatient Hospital

Independent Clinic

Telehealth

Select ▼

1. Identify who is billing (facility or therapist)

2. Search for the facility.

When searching for a provider, the less information entered the better. City and State or Zip code and State are required

Using the fictitious provider “ABC Therapy, TIN 123456789, 3333 Nowhere avenue, Munster, IN, 46321” to illustrate some of the search options below:

- TIN (or NPI), state and city (example: TIN 123456789, Munster, IN)
- State, city and part of address (example: IN, Munster, 3333)
- Part of provider name, city and state (example: Therapy, Munster, IN)

3. Select provider if found in results.

If provider is not found, select “Add provider” link

4. After selecting the facility, select the place of service

Step 4 – select therapist (optional)

Selecting the treating therapist is optional unless they will be the billing entity.

Otherwise, you can select “Unknown Therapist”

▼Treating Therapist Search

Last Name

First Name

Address

City

State *

ZIP Code

California ▼

▸ More Search Options

UNKNOWN TREATING THERAPIST

SEARCH

Provider Results

| Facility | Address | City | State | ZIP Code | Mileage | Phone | TIN | NPI | Network |
|--|---------|------|-------|----------|---------|-------|-----|-----|---------|
| No providers were returned in your search. Please try again. | | | | | | | | | |

Step 5 – start the clinical entry

Tracking Number: 0ZWL F3MCX

DEMO, EMMA

Date of Birth: | Age: | Member ID:

SAVE & EXIT

CANCEL REQUEST

Member

Condition & Service(s)

Ordering Provider

Servicing Provider(s)

Clinical

Review

Rehabilitation (1)

START CLINICAL

Condition:
M25.519 Pain in unspecified shoulder

Physical Therapy Services(s): ?

| Code | Description | Clinical |
|-------|--|-------------|
| 97110 | Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes | Not Started |

Based on the member clinical scenario and whether it is an initial or subsequent request, you will need to answer some clinical questions.

Select “Start clinical” button

Step 5 – clinical entry

Based on the answer you provide, the next question will be displayed.

Member

Condition & Service(s)

Ordering Provider

Servicing Provider(s)

Clinical

Review

Rehabilitation (1)

Condition:

M25.519 Pain in unspecified shoulder

Physical Therapy Services(s): ?

| Code | Description | Clinical |
|-------|--|-------------|
| 97110 | Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes | In Progress |

Clinical Questions

Collapse

All

What is the complexity level of the evaluation that was completed for this request?

☐ Low complexity (CPT 97161)

☐ Moderate complexity (CPT 97162)

☐ High complexity (CPT 97163)

☐ Unknown

?

 Unsure of this question? Show clinical help

Step 5 – clinical entry

Clinical Questions

⌵ Expand
All

What is the complexity level of the evaluation that was completed for this request? [Show Answers](#) ⌵

Moderate complexity (CPT 97162)

Which of the following best describes the primary purpose of therapy?

☐ Developing age appropriate skills which were previously undeveloped or keeping functions which are at risk of being lost

☐ Improving, restoring, or adapting functional mobility or skills

☐ Maintaining the current level of function, range of motion, strength, pain, or balance

☐ Enhancing athletic performance or for recreational capability

☐ Providing massage therapy

☐ Elastic therapeutic taping (eg, Kinesio Tape)

☐ None of these apply

Based on your answer, the next question will display.

You can change the previous answer by selecting “show answers”.

Step 5 – clinical entry

Clinical Questions

⌵ Expand

All

What is the complexity level of the evaluation that was completed for this request?

Show Answers ⌵

Moderate complexity (CPT 97162)

Which of the following best describes the primary purpose of therapy?

Show Answers ⌵

Improving, restoring, or adapting functional mobility or skills

Did the patient have a surgical procedure in the last three (3) months related to the conditions for which services are being requested?

☐ Yes

☐ No

☐ Unknown

Based on your answer, the next question will display.

You can change the previous answer by selecting “show answers”.

Step 5 – clinical entry

Did the patient have a surgical procedure in the last three (3) months related to the conditions for which services are being requested? [Show Answers](#) ▼

No

Select all conditions expected to impact treatment:

- ☐ Morbid obesity
- ☐ Respiratory disorders
- ☐ Cognitive impairment
- ☐ Diabetes mellitus
- ☐ Musculoskeletal disorders
- ☐ Neurological condition
- ☐ Ongoing dialysis or cancer treatment
- ☐ Current pregnancy or recently postpartum
- ☐ Psychological disorders
- ☐ Uncorrected hearing or vision impairment
- ☐ Social determinants of health
- ☐ None of these apply
- ☐ Unknown

[Continue](#) ▼

🔗 Unsure of this question? [Show clinical help](#)

Based on your answer, the next question will display.

If you need additional information on what is included on some of choices, select “show clinical help” for more details.

Step 5 – clinical entry

Please attest to all of the following:

| | Attest | Do not attest |
|--|----------------------------------|-----------------------|
| There is a complete plan of care documented. (Plan of care includes short- and long-term goals, objective assessments used, and estimated frequency and duration of treatment) | <input checked="" type="radio"/> | <input type="radio"/> |
| It is expected that functional improvement will be achieved and documented over a reasonable and predictable timeframe. | <input checked="" type="radio"/> | <input type="radio"/> |
| The services will be delivered by a qualified provider of physical therapy. | <input checked="" type="radio"/> | <input type="radio"/> |

CLOSE

SAVE

CONTINUE

You will be asked to attest to three requirements as specified in the guidelines.

Next, you will need to “save” your answers and select “Continue”.

Step 6 – review collected information

Tracking Number: 0ZWL F3MCX

DEMO, EMMA

Date of Birth: | Age: | Member ID:

Member Condition & Service(s) Ordering Provider Servicing Provider(s) Clinical **Review**

Member Contact Information

Confirm the Member's Phone Number and Email Address

Phone Phone Type Email Email Type

☒ Unable to confirm phone ☒ Unable to confirm email

Rehabilitation Order Preview [WITHDRAW ORDER](#)

Please review your responses for this request, and select submit when complete.

Services Requested (1)

Service Date [Hide Details](#)

Condition M25.519 Pain in unspecified shoulder [Edit Condition & Services](#) [Edit Clinical](#)

Physical Therapy Service(s):

| Code | Description |
|-------|--|
| 97110 | Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes |

Ordering Provider [Change Ordering Provider](#) [Show Details](#)

Servicing Facility (Billing Provider) [Change Servicing Facility](#) [Show Details](#)

Treating Therapist [Change Treating Therapist](#) [Hide Details](#)

[BACK TO CLINICAL](#) [SAVE & EXIT](#) [SUBMIT ORDER](#)

The Order Request Preview allows you to review the information prior to submission and make any necessary modifications


Press the “Submit This Request” button once you have verified all of the information.

Order request results (after submission)

START REQUEST

MY PROFILE

CHECK STATUS

 **ProviderPort**

Order Summary

DEMO, EMMA

Member ID:

[ProviderPortal Home](#)

WITHDRAW ORDER

Order ID: 057WRJ6T9

Email link to review this case: [Send Email](#)

Valid Dates: 01/01/2021 - 03/01/2021

Rehabilitation Visits

Approved Visits: 6

If you disagree with the number of visits approved above, this will require you to speak to an AIM clinical reviewer to discuss the possibility of getting additional visits approved. If you request more visits during the call and we do not approve them, we will send you a denial notice for the additional visits with instructions for how to appeal and we will approve the number of visits indicated above. Please note that the number of approved visits for this request may not be the total number of visits needed under the treatment plan. You can always return to request additional visits at any time if the member requires additional therapy.

Requests that meet clinical criteria will be receive an immediate response with an Order number, approved visits and authorization valid timeframe.

Please note that the number of approved visits for this request may not be the total number of visits needed under the treatment plan. You can always return to request additional visits if the member requires additional therapy

If the request does not meet criteria, your request will be sent for clinical review. You can contact AIM to discuss your request at any time.

When uploads are required

Rehabilitation

WITHDRAW ORDER

Order Status: OPEN

Email link to review this case: [Send Email](#)

Further Review is required

This request requires you to upload the documentation listed in the Document Manager section.

In addition you have the following options:

- The ordering or treating provider has the opportunity to call and speak with an AIM Therapist or Physician Reviewer at any time.
- Withdraw this Physical Therapy case.

Document Manager

Upload the following documentation required for Clinical Review

Initial evaluation and plan of care

Subsequent plans of care

Relevant progress reports

Last three (3) daily notes

UPLOAD

Drop files here

When documentation is required, the system will indicate that an upload of documents is needed.

The list of requested documents can be found in the document manager.

Finding a case using the tracking number

The screenshot shows the 'Find Orders' section of the ProviderPortal. At the top, there is a navigation bar with 'START REQUEST', 'MY PROFILE', and 'CHECK STATUS' (which is highlighted with a checkmark icon). To the right of the navigation bar is a user profile icon and the text 'ProviderPortal'. Below the navigation bar, the 'Find Orders' section has a heading 'Find Orders' and two radio buttons: 'Order History' (selected) and 'My History'. Under 'Search For', there is a 'Search Type' dropdown menu currently set to 'Order / Tracking ID'. To the right of the dropdown is a 'Member ID *' field. Further right is an 'Order / Tracking ID' field with a placeholder text 'Enter Tracking Number'. Below the 'Search Type' dropdown is a 'RESET SEARCH' button. Below the 'Order / Tracking ID' field is a 'SEARCH' button. Below the search fields, there is a section titled 'Request(s)' with a dropdown arrow. Under this section is a table with the following columns: 'Tracking ID', 'Solution', 'Status', 'Ordering Provider', 'Entered Date', and 'Service Date'.

| Tracking ID | Solution | Status | Ordering Provider | Entered Date | Service Date |
|-------------|----------|--------|-------------------|--------------|--------------|
|-------------|----------|--------|-------------------|--------------|--------------|

After submitting a request, you will be able to find out the status and review the information, by selecting “Check Status”.

Also while creating a request if you need to stop and finish later, select the “Save and Exit” button at time during the request creation. You can utilize the “Check Status” button to find and continue with your request.



QUESTIONS

Thank you for attending!



Rehabilitation Management Program provider website:

<https://aimspecialtyhealth.com/solutions/health-plans/clinical-solutions/rehabilitation/>

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Healthy Blue.

Healthy Blue is the trade name of Community Care Health Plan of Missouri, Inc., an independent licensee of the Blue Cross and Blue Shield Association.