



Anthem Blue Cross and Blue Shield  
Serving Hoosier Healthwise, Healthy Indiana  
Plan and Hoosier Care Connect



# Working with Anthem Blue Cross and Blue Shield (Anthem)

**New rehabilitation program**

# Overview

AIM Specialty Health® (AIM) works with leading insurers to improve health care quality and manage costs for today's most complex and prevalent tests and treatments, helping to promote care that is appropriate, safe and affordable. AIM will manage a new **Rehabilitation Program** for Medicaid members.

The following resources are available now:

- **ProviderPortal** — This website, [www.providerportal.com](http://www.providerportal.com), will be available for ordering request submissions 24 hours a day, 7 days a week, processing requests in real-time using clinical criteria.
- AIM call center — The call center is available Monday through Friday, 7:30 a.m. to 7 p.m. (Central Time) at **1-800-714-0040**, effective April 1, 2019.

# ProviderPortal

The screenshot displays the ProviderPortal interface for a patient named John Doe. The top navigation bar includes links for Availability, Home, Notifications, and My Favorites. Below this, there are tabs for Patient Registration, Claims & Payments, Reporting, Payer Spaces, and More. A search bar and a dropdown menu for 'My Patients Only' are also present.

The patient information section shows:  
Date of Service: Jul 29, 2019  
Transaction ID: [blank]  
Transaction Date: Jul 29 10:17 am  
Customer ID: [blank]  
Member ID: ABC9999999999999  
DOB: Jan 01, 1999  
Plan / Coverage Date: Mar 01, 2019 - Dec 31, 9999  
Gender: Male

The 'Coverage and Benefits' section is highlighted with a yellow box. It shows a list of physical therapy services, with the first one highlighted in yellow:

Physical Therapy
<b>Physical Therapy - PT</b>
Active Coverage   Network Not Applicable   Family
Insurance Type: Preferred Provider Organization (PPO)
Plan / Product: BLUE CARD PPO MEDICAL/SURGICAL
Place of Service: Inpatient Hospital
- AUTH REQUIRED UNKNOWN; CANNOT DETERMINE IF THIS BENEFIT REQUIRES AN AUTHORIZATION.
- AUTHORIZATION INJECTABLES AND ADVANCED IMAGING

Below this, there is a section for 'Contact Information - Physical Therapy' also highlighted in yellow:

Contact Information - Physical Therapy
Utilization Management Organization
Name: AIM Specialty Health
Phone: 1-800-554-0580

A note at the bottom of the screenshot states: "NOTE: AIM contact number varies by state".

# Rehabilitation Program

The AIM Rehabilitation Program uses evidence-based clinical practice guidelines in the rehabilitative services industry to maximize a member's functional outcomes, coordinate integrative health care decisions, improve the member's total cost of care and optimize provider satisfaction.

This program provides a clinical appropriateness review process that encompasses the appropriate duration of rehabilitative services at the appropriate place of service, with the goal of maximizing the member's functional improvement while enhancing and simplifying the provider's experience in the delivery of care.



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# Program scope

## Physical therapy

### CG-REHAB-04

- Supervised modalities
- Constant attendance modalities
- Therapeutic procedures
- Adaptive equipment training
- Wound care and lymphedema treatment
- Other physical therapy services
- Unlisted procedures not covered

## Occupational therapy

### CG-REHAB-05

- Supervised modalities
- Constant attendance modalities
- Therapeutic procedures
- Adaptive equipment training
- Wound care and lymphedema treatment
- Other occupational therapy services
- Biofeedback not covered
- Unlisted procedures not covered

## Speech therapy

### CG-REHAB-06

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

Please note: Procedure codes may vary by line of business or may be managed by the local health plan.

# Rehabilitation clinical experts power our program

## Our clinical experts lead the way:

- An experienced team of therapists and physicians lead and support our Rehabilitation Program.
- Their expertise across numerous clinical specialties immediately expands your organization's clinical acumen.

## Our clinician reviewers specialties include:

- Physical therapy
- Occupational therapy
- Speech therapy
- Physiatry
- Internal medicine
- Orthopedics
- Pediatrics



**Dr. Kerrie Reed**  
Medical Director,  
Rehabilitation

Serves as the clinical leader and is responsible for the clinical strategy



**Gina Giegling**  
GM / VP,  
Rehabilitation and  
MSK

Serves as the business leader and is responsible for the business strategy and design



**Disha Patel**  
Director, Rehabilitation  
and MSK

Serves as the clinical architect and is responsible for the clinical design

# 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. The episode of care is generally defined as the period from initial evaluation until discharge.

AIM will provide an authorization with a visit allocation for those requests where the member meets medical necessity. 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 those visits have been rendered may not reflect the accurate medical necessity criteria. An authorization cannot be obtained more than 30 days prior to your service date.

If after delivering the initial authorized number of visits, the member still needs additional therapy, the provider can return to the AIM **ProviderPortal** and create a second request. Because these requests are treating the same medical problem/condition, the system will consider both requests (cases) under the same episode of care.

The system will take into consideration that the provider is continuing treatment, and the clinical questions will be presented to capture the progress made in order to render a determination. You can have several cases, or authorizations, under the same episode of care.



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# Episode of care request flow

## Patient is evaluated.

Therapist performs the evaluation and determines therapy is needed

## Initial request

Provider creates an AIM portal request, reports patient's functional tool score and diagnosis, and answers clinical questions. If clinical necessity is met, an authorization with visits is provided.

## Therapy is delivered.

Therapist delivers the authorized visits, then determines if the patient attained their goals (discharge). If the patient didn't respond to therapy or made improvements but still needs more therapy, that can be recorded.

## Progress is reported after delivery of initial visits.

Therapist reports patient's updated functional tool score, **progress towards goals**, and if relevant, **mitigating factors**. Next, a determination is made if additional visits are clinically necessary

## Progress is reported after delivery of visits.

Therapist **uploads documentation**. Next, a determination is made if additional visits are clinically necessary.

## Patient attains goals or skilled services are no longer needed.

Patient is ready for discharge.



# Clinical appropriateness review

## Basis for visit allotment:

- Primary treatment diagnosis
- Confirmation of autism or developmental delay
- Evaluation date remains consistent throughout the episode of care
- Functional tool and score
- Comorbidities
- Member's response to treatment or any mitigating factors
- Member's attainment of goals
- Member's improvement in functional tool score

## Included settings:

- Office
- Outpatient hospital
- Independent clinic

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 (for example, progress notes, initial evaluation/re-evaluation, etc.).

# Review responsibilities

## will perform:

- Prospective reviews.
- Within a less than two business day service grace period.
- Reconsiderations up to 10 business days with additional information\*.
- Valid timeframe for requests are based on the number of visits that are allocated.
- Peer-to-peer/therapist-to-therapist discussion.

\* Where applicable, may vary by state and line of business.

## Anthem will perform:

- Inpatient and home health requests.
- Unspecified codes not managed by AIM\*.
- Less than two business day service grace period.
- Appeals.
- Pre-authorization prior to AIM's effective date.
- Responses to member questions.

# Rehabilitation microsite

**WELCOME**    **HOW TO PARTICIPATE**    **GETTING THE ANSWERS YOU NEED**    **RESOURCES**

## Rehabilitation Program

### Welcome

AIM Specialty Health (AIM) recognizes the key role that you and other providers play in the delivery of care for patients needing rehabilitative services to improve, adapt or restore functions, which have been impaired or permanently lost.

Developed in collaboration with your patients' health plans, our Rehabilitation Program provides a clinical appropriateness review process that encompasses the appropriate duration of rehabilitation services. The program includes review of rehabilitative and habilitative outpatient physical, occupational and speech therapy services for medical necessity.

#### Our process

AIM is here to assist in your efforts to deliver the best quality and affordable care for your patients. The clinical information you submit is reviewed against AIM clinical guidelines and health plan specific guidelines to ensure alignment with current best practices. Therapy providers and physicians benefit by having a central location to obtain authorizations required by your patients' health plans. This decision can be made immediately if all relevant clinical information is provided.

Our program reviews outpatient rehabilitative services including, but not limited to:

- Physical therapy
- Occupational therapy
- Speech therapy

*Note: Review requirements and modalities may vary by health plan. Please verify or check with the patient's health plan if you have any questions.*

### Provider webinar

#### The Rehabilitation ProviderPortal<sup>SM</sup> Experience

Learn to enter your rehabilitative services order request online

**Get the details and register here**

The AIM **ProviderPortal** is your access point for submitting order requests online. [Learn more](#)

## Comprehensive provider microsite contains:

- Overview of the program
- Resources with checklists
- FAQ
- CPT codes included in the program
- Available webinars
- Information on how to register for the **ProviderPortal**

<http://www.aimproviders.com/rehabilitation>

# Rehabilitation microsite — resources

WELCOME HOW TO PARTICIPATE GETTING THE ANSWERS YOU NEED RESOURCES

## Rehabilitation Program

### Resources

**Order request checklists\*:**

Wondering what information you'll need to enter your order request? Download our checklist to learn more.

- [Physical therapy](#)
- [Occupational therapy](#)
- [Speech therapy](#)

\*Note: procedures reviewed may vary by health plan

**Clinical Guidelines**

- [View the Anthem physical therapy clinical guidelines](#)
- [View the Anthem occupational therapy clinical guidelines](#)
- [View the Anthem speech-language therapy clinical guidelines](#)

**CPT Codes\* within the Clinical Guidelines**  
See the billing codes for the procedures we review

- [Physical therapy](#)
- [Occupational therapy](#)
- [Speech therapy](#)

## Resources section

- Checklists containing the information needed for requests, including a list of the functional tools and score values
- Link to Anthem guidelines
- CPT codes included in the program

## Available support

- Portal login Issues **1-800-252-2021**
- Rehab questions for providers only — [rehabprogram@aimspecialtyhealth.com](mailto:rehabprogram@aimspecialtyhealth.com)

<http://aimproviders.com/rehabilitation/Resources.html>

# *ProviderPortal* demo



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# Request flow demonstrated during the *ProviderPortal* demo



Enter **therapy request** with other member information via the AIM *ProviderPortal*.

Request reviewed in **real time** against:

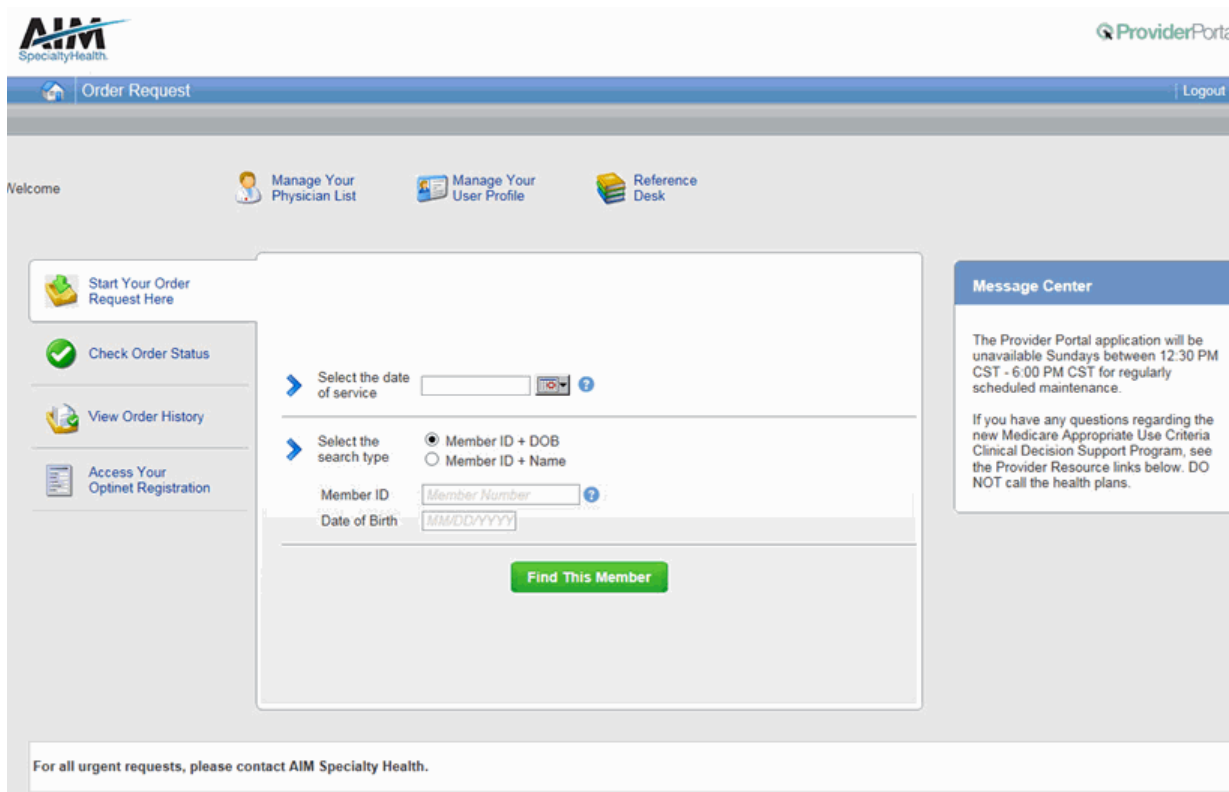
- State mandates.
- Clinical guidelines.

Immediate approval is granted if **consistent with clinical criteria**.

Clinical experts are available for discussion if criteria is not met.

Integration with **health plan** for claims processing, letter generation and reporting

# ProviderPortal home page



AIM Specialty Health

ProviderPortal

Order Request Logout

Welcome

Manage Your Physician List

Manage Your User Profile

Reference Desk

Start Your Order Request Here

Check Order Status

View Order History

Access Your Optnet 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.

If you have any questions regarding the new Medicare Appropriate Use Criteria Clinical Decision Support Program, see the Provider Resource links below. DO NOT call the health plans.

For all urgent requests, please contact AIM Specialty Health.

# Select member

 ProviderPortal.

Order Request Logout

Step: **1** 2 3 4 5

Step 1: Please select the member from the list below.

Records Per Page: 10

Member Name	Member Number	Relation	Sex	Date of Birth	State	Health Plan
Black, Bob	0000000000	Employee	M	xx/xx/xxxx	NY	BCBS

Total Number of Records Found: 1



# Select Rehabilitation











ProviderPortal.

Order Request

Step: 1 2 3 4 5

BLACK, BOB [Edit](#) [Show Details](#)

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

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

# Condition (ICD-10) and service (CPT) selection

Condition & Service(s)	Ordering Provider	Servicing Provider(s)	Clinical	Review
<b>Enter Condition &amp; Services</b>				
<b>Condition *</b>		<b>Services *</b>		
<input type="text" value="Enter an ICD code or description to search"/>		<input type="text"/>		
<a href="#">Condition Search Tips ^</a>		<a href="#">Service Search Tips ^</a>		
<ul style="list-style-type: none"><li>• Type at least two characters</li><li>• Enter one ICD code or description</li><li>• Searching by ICD Code typically provides the best results</li><li>• Searching by description may provide less precise results</li><li>• A condition selection is required to continue</li></ul>		<ul style="list-style-type: none"><li>• Type at least two characters</li><li>• Enter one CPT code, HCPCS code, or description at a time</li><li>• Multiple Services can be entered</li></ul>		
				<input type="button" value="CONTINUE"/>

# Enter ICD-10 code or description

Member	Condition & Service(s)	Ordering Provider	Servicing Provider(s)	Clinical	Review
<b>Enter Condition &amp; Services</b>					
<b>Condition *</b>		<b>Services *</b>			
<input type="text" value="m75.5"/>		<input type="text"/>			
M75.50 – Bursitis of unspecified shoulder					
M75.51 – Bursitis of right shoulder					
M75.52 – Bursitis of left shoulder					
<small>Searching by the codes system provides the best results</small>					
<ul style="list-style-type: none"><li>• Searching by description may provide less precise results</li><li>• A condition selection is required to continue</li></ul>		<ul style="list-style-type: none"><li>• Type at least two characters</li><li>• Enter one CPT code, HCPCS code, or description at a time</li><li>• Multiple Services can be entered</li></ul>			
<a href="#">Service Search Tips</a> ↕					
<input type="button" value="BACK TO MEMBER"/>		<input type="button" value="CONTINUE"/>			

# Service (CPT code) selection

Condition & Service(s)	Ordering Provider	Servicing Provider(s)	Clinical	Review
<b>Enter Condition &amp; Services</b>				
<b>Condition *</b> M75.50 – Bursitis of unspecified shoulder ✕			<b>Services *</b> 9711  97110 - Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 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	
				<a href="#">CONTINUE</a>

# Identify therapy type

Some CPT codes are associated with multiple therapy disciplines.

Condition & Service(s)	Ordering Provider	Servicing Provider(s)	Clinical	Review
<b>Enter Condition &amp; Services</b>				
<b>Condition *</b> M75.50 – Bursitis of unspecified shoulder ✕			<b>Services</b>  <i>Service Search Tips</i> ^	
			<ul style="list-style-type: none"><li>Type at least two characters</li><li>Enter one CPT code, HCPCS code, or description at a time</li><li>Multiple Services can be entered</li></ul>	
<b>Rehabilitation (1)</b>				
What is the therapy type for the service requested? (97110 Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes) *				
<input type="radio"/> Occupational Therapy			<input type="radio"/> Physical Therapy	
				<b>DELETE SERVICE</b> <b>SAVE THERAPY TYPE</b>
				<b>CONTINUE</b>

# Selection of physical therapy

Condition & Service(s)	Ordering Provider	Servicing Provider(s)	Clinical	Review
<b>Enter Condition &amp; Services</b>				
<b>Condition *</b> M75.50 – Bursitis of unspecified shoulder ✕			<b>Services</b> <input type="text"/>	
				<i>Service Search Tips</i> ^
				<ul style="list-style-type: none"><li>Type at least two characters</li><li>Enter one CPT code, HCPCS code, or description at a time</li><li>Multiple Services can be entered</li></ul>
<b>Rehabilitation (1)</b>				
<b>What is the therapy type for the service requested? (97110 Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes) *</b>			<b>DELETE SERVICE</b>	<b>SAVE THERAPY TYPE</b>
<input type="radio"/> Occupational Therapy				
<input checked="" type="radio"/> Physical Therapy				
<hr/>				
<b>CONTINUE</b>				

# Therapy start date selection

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

## Enter Condition & Services

**Condition \***  
M75.50 - Bursitis of unspecified shoulder x

**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

←    August 2019    →

SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

TODAY    CLEAR

mm/dd/yyyy

Additional services.

**Physical Therapy Service(s) ▾**

Service Code	Service Description
<input type="radio"/> 97110	Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes

# Episode of care metrics

The system will request information on the current metrics for the member.

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

## Physical Therapy

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

Yes

No

[BACK TO MEMBER](#) [CONTINUE](#)



# Episode of care metrics — continued

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

## Physical Therapy

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

Yes  
 No

What was the Evaluation Date? \*

Has the patient received therapy visits related to this evaluation since the start of the AIM Program? \*

Yes  
 No

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

10MWT - 10 meter walk test  
 12 Item MS Walking Scale  
 2MWT - 2 Minute walk test  
 6MWT - 6 Minute Walk Test

[BACK TO MEMBER](#) [CONTINUE](#)

# Functional Tool selection – Example using DASH

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

## Physical Therapy

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

Yes  
 No

What was the Evaluation Date? \*

Has the patient received therapy visits related to this evaluation since the start of the AIM Program? \*

Yes  
 No

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  
 Dizziness Handicap Inventory  
 Dynamic Gait Index  
 ESDM - Early Start Denver Model  
 FIM - Functional Independence measure  
 Foot and Ankle Ability Measure  
 Functional Gait Assessment

[BACK TO MEMBER](#)   [CONTINUE](#)

# Enter score

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

## Physical Therapy

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

Yes  
 No

What was the Evaluation Date? \*

03/17/2019

Has the patient received therapy visits related to this evaluation since the start of the AIM Program? \*

Yes  
 No

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

[+ Select Additional Functional Tool](#)

**DASH - Disabilities of Arm, Shoulder, Hand \*** [X Remove Tool](#)

Enter the value between 0 and 100

[BACK TO MEMBER](#) [CONTINUE](#)

# Ordering provider selection

---

Condition & Service(s)**Ordering Provider**Servicing Provider(s)ClinicalReview

### Ordering Provider Search

Last Name	First Name	Address	City	State *	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NPI	TIN	Phone			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

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


### Provider Results

Name	Address	City	State	NPI	TIN	Health Plan
------	---------	------	-------	-----	-----	-------------

# Specify if ordering and treating therapist are the same

[← Show Search Results](#)

**Ordering Provider Information**

 **PATEL, D**

Address  
City, State Zip Code

**Phone:** (xxx) xxx-xxxx  
**Fax:** (xxx) xxx-xxxx  
**Email:**

**Individual NPI:** 1234567890  
**TIN:** 123456789  
**Client Provider ID:**

**Ordering Provider is also the:**  
 Treating Therapist

# Facility search

Search for facility and specify if it is the billing entity.

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](#) ▼

**SEARCH**

**Provider Results**

Facility	Address	City	State	ZIP Code	Mileage	Phone	TIN	NPI	Network
----------	---------	------	-------	----------	---------	-------	-----	-----	---------

# Facility place of service selection

Confirm the Place of Service type for the Servicing Facility \*

Select ▼

Select

Office

Outpatient Hospital

Independent Clinic

# Treating therapist selection (optional)

Search for the treating therapist if they are the billing entity; otherwise *unknown* is acceptable.

▼ **Treating Therapist Search**

Last Name	First Name	Address	City	State *	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NPI	TIN	Phone	Closest to		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> Ordering Provider <input type="radio"/> Member		

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

UNKNOWN TREATING THERAPIST

**Provider Results**

Facility	Address	City	State	ZIP Code	Mileage	Phone	TIN	NPI	Network
----------	---------	------	-------	----------	---------	-------	-----	-----	---------



# Clinical entry

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

Rehabilitation (1)

**START CLINICAL**

**Condition:**  
M75.50 Bursitis of unspecified shoulder

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

[BACK TO SERVICING PROVIDER\(S\)](#)   [CONTINUE](#)

# Clinical entry (cont.)

Condition & Service(s)	Ordering Provider	Servicing Provider(s)	Clinical	Review						
<p>Rehabilitation (1)</p> <p><b>Condition:</b> M75.50 Bursitis of unspecified shoulder</p> <table border="1"><thead><tr><th>Code</th><th>Description</th><th>Clinical</th></tr></thead><tbody><tr><td>97110</td><td>Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes</td><td><b>In Progress</b> →</td></tr></tbody></table>	Code	Description	Clinical	97110	Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	<b>In Progress</b> →			<p><b>Clinical Questions</b></p> <p><b>What is the complexity level of the evaluation that was completed for this request?</b></p> <p><input type="radio"/> Low complexity (CPT 97161)</p> <p><input type="radio"/> Moderate complexity (CPT 97162)</p> <p><input type="radio"/> High complexity (CPT 97163)</p> <p><input type="radio"/> Unknown</p> <p><a href="#">CLOSE</a></p>	
Code	Description	Clinical								
97110	Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	<b>In Progress</b> →								
<a href="#">BACK TO SERVICING PROVIDER(S)</a>				<a href="#">CONTINUE</a>						

# Clinical entry (cont.)

Servicing Provider(s)	Clinical	Review
<b>Clinical Questions</b>		
		Expand All
<b>What is the complexity level of the evaluation that was completed for this request?</b>		Show Answers
Moderate complexity (CPT 97162)		
<b>Which of the following best describes the primary purpose of therapy?</b>		
<input type="radio"/> Developing age appropriate skills which were previously undeveloped or keeping functions which are at risk of being lost		
<input type="radio"/> Improving, restoring, or adapting functional mobility or skills		
<input type="radio"/> Maintaining the current level of function, range of motion, strength, pain, or balance		
<input type="radio"/> Enhancing athletic performance or for recreational capability		
<input type="radio"/> Providing massage therapy		
<input type="radio"/> Elastic therapeutic taping (eg, Kinesio Tape)		
<input type="radio"/> None of these apply		
<input type="button" value="CLOSE"/>		
		<input type="button" value="CONTINUE"/>

# Clinical entry (cont.)

SAVE & EXIT CANCEL REQUEST

Servicing Provider(s) Clinical Review

**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

CLOSE

CONTINUE

# Clinical entry (cont.)

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?** Show Answers ⌵

No

**Select all conditions that apply.**

- BMI > 40
- Chronic obstructive pulmonary disease (COPD)
- Cognitive impairment
- Diabetes mellitus
- Arthritis conditions
- Neurological condition
- Immunosuppression
- None of these apply
- Unknown

Continue ⌵

# Clinical attestation

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 type="radio"/>	<input type="radio"/>
It is expected that functional improvement will be achieved and documented over a reasonable and predictable timeframe.	<input type="radio"/>	<input type="radio"/>
The services will be delivered by a licensed provider of physical therapy.	<input type="radio"/>	<input type="radio"/>

CLOSE

# Order preview – review information collected

Tracking Number: 0V6Q QXS43

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

**Review the information for this case to make any changes and submit to confirm the Pre-authorization number or if additional review is needed.**

Services Requested (1)

Service Date: 06/03/2019 [Hide Details](#)

Condition: M75.50 Bursitis of 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: **PATEL, L** [Change Ordering Provider](#) | [Show Details](#)

Servicing Facility (Billing Provider): **PHYSICAL THERAPY** [Change Servicing Facility](#) | [Show Details](#)

Treating Therapist: **Unknown** [Change Treating Therapist](#) | [Hide Details](#)

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



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# Order summary (after request is submitted)

## Rehabilitation

WITHDRAW ORDER

Order Number: **04V5P0KKZ**

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

Valid Dates: 8/1/2019 - 8/30/2019

Order Status: CLOSED

*Order ID only applies to the Rehabilitation service(s) requested. Other services for this request will have a separate Order ID if Approved.*

### Rehabilitation Visits

Approved Visits: 6

### Services Requested (1)

✔ All requested services meet criteria

[Hide Details](#)

Service Date 06/03/2019

Condition M75.50 - Bursitis of unspecified shoulder

### Physical Therapy Service(s):

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



# Condition (ICD10) and service (CPT) selection

Condition & Service(s)	Ordering Provider	Servicing Provider(s)	Clinical	Review
<b>Enter Condition &amp; Services</b>				
<b>Condition *</b>		<b>Services *</b>		
<input type="text" value="Enter an ICD code or description to search"/>		<input type="text"/>		
<a href="#">Condition Search Tips ^</a>		<a href="#">Service Search Tips ^</a>		
<ul style="list-style-type: none"><li>Type at least two characters</li><li>Enter one ICD code or description</li><li>Searching by ICD Code typically provides the best results</li><li>Searching by description may provide less precise results</li><li>A condition selection is required to continue</li></ul>		<ul style="list-style-type: none"><li>Type at least two characters</li><li>Enter one CPT code, HCPCS code, or description at a time</li><li>Multiple Services can be entered</li></ul>		
				<input type="button" value="CONTINUE"/>

# Start new request



START REQUEST MY PROFILE CHECK STATUS  **ProviderPortal**

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

Search By:  DOB  Name

Member Number \*

Date of Birth \*

# FAQ

## **Is the initial treatment included in the *Evaluation Authorization* for the first visit?**

- While the initial evaluation does not require preauthorization (PA), treatment for Medicaid patients rendered with the evaluation does require PA. Because of this, we have improved functionality for Medicaid patients to allow a two business day service grace period to initiate a request. For commercial patients, treatment rendered with the evaluation does not require PA.

## **What if I already have an authorization that is valid through the go-live date?**

- If you have a PA for visits that extends through the go-live date, Anthem will honor that authorization and those visits will get paid. If patient still requires skilled services beyond that date, you will need to request an authorization from AIM.
- Please ensure your current active authorization has either expired, or there are no more authorized visits remaining before initiating a new request. Initiating a request before those visits have been rendered may not reflect the accurate medical necessity criteria.

# FAQ (cont.)

**What if the member did not previously require PA, but are in the middle of treatment as of AIM go-live date?**

- The provider should initiate a PA request for the treatment as of the AIM go-live date.

**What if the patient finishes therapy before the valid time frame ends and still needs skilled services?**

- You can return to the AIM *ProviderPortal* to submit another request.

**If we do not utilize all the visits in an authorization during the valid time frame, can we extend the time frame?**

- In most instances, sufficient time is allowed to provide the authorized number of visits based on your patient's condition. If the valid time frame expires, you can return to the AIM portal to submit another request and receive additional visits if medical necessity criteria are met.

# FAQ (cont.)

## **Is there any change to the reimbursement contracting, for example fee for service or daily case rates?**

- No, AIM is not involved in any contracting or networking negotiations, and nothing has changed relative to the implementation of this AIM Program.

## **What if I utilize a Functional Tool that is not listed in the AIM portal?**

- AIM has incorporated a very comprehensive list of Functional Tools and feel strongly that every practitioner should incorporate a functional assessment into their treatment plan. However, there is an option to add a different tool and the associated score. You can enter up to two functional tools per patient per discipline.

## **What is the process for faxing in documentation if I am unable to upload my documentation on the AIM *ProviderPortal*?**

- Faxes are not available for initiating cases, please log on to AIM *ProviderPortal* or call AIM to complete the request. If you are unable to upload your documents on a recurring case, please fax to **1-833-420-9489**.

## **How can I discuss my case with a clinician or participate in a peer-to-peer?**

- If your request went for clinical review and you would like to discuss it, you can call AIM and discuss the request with a like-discipline reviewer, or subsequently a physician for a peer-to-peer.

# FAQ (cont.)

## **Do I have to submit modifiers to AIM to get my PA?**

- You would continue to submit claims with the appropriate modifiers required for your billing based on payer and line of business. AIM does not require you submit modifiers to us.
- Per Anthem clinical guidelines, if the program is for Habilitation Services, we will pass the appropriate modifier to Anthem with the authorization extract.

## **How do I know if specific CPT codes require authorization by AIM?**

- Please refer to the Anthem rehabilitation clinical guidelines, Availity, or the AIM *ProviderPortal* for a list of codes. If you have specific questions relative to your market, you can reach out to the local health plan for clarification.

## **Can a member receive an authorization for more than one discipline (PT, OT, ST) at the same time?**

- Yes, if the member meets the clinical criteria, AIM will issue separate authorizations for each discipline, even if these disciplines belong to the same facility/billing entity.

## **Can I receive an authorization if I am an out of network provider?**

- Yes, if the clinical criteria is met and the member has out of network benefits, but the ordering provider will be informed if they are out of network and that the member may have a higher out of pocket expenses. If the member does not have out of network, the request may get denied.

# FAQ (cont.)

## **Should I use the treatment diagnosis or the medical diagnosis provided by the referring physician?**

- You should use the most relevant treatment diagnosis, as allowed by your state practice act. The system only requests one diagnosis per discipline.

## **Will AIM track the number of visits available within a patient's annual visit limitation?**

- AIM will, as a courtesy, check the visit accumulator to see how many visits are remaining. However, this number is based on those visits that have been claimed and paid, but as always, an authorization is not a guarantee of payment, noting that an authorization can be provided before a prior claim has been submitted.

## **Can you clarify who the ordering provider is on the AIM *ProviderPortal*?**

- The ordering provider is the individual who is requesting the authorization. It can be the referring physician office or the therapy office. In states including Indiana that allow direct access, the ordering provider can be the same as the servicing provider.

## **Do we need a PA if Anthem is secondary to Medicare?**

- No, a PA is not required when Anthem is secondary. Medicare plans under Anthem are not part of this AIM implementation program at this time.

# Thank you

## [www.anthem.com/inmedicaidoc](http://www.anthem.com/inmedicaidoc)

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AINPEC-2311-19 rdate



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# Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1087>

**[www.anthem.com/inmedicaidoc](http://www.anthem.com/inmedicaidoc)**

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AINPEC-2311-19 October 2019



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