Working with Anthem®

New Rehabilitation Program

Revision date 07/26/2018

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. A new **Rehabilitation** Program to be managed by AIM Specialty Health® (AIM), a separate company, for Commercial fully insured and Medicaid members.

- Medicaid: IN, NY, WNY, WI – effective **4/1/2019**

- Anthem Commercial fully insured (CA, CO, CT, GA, IN, KY, ME, MO, NH, NV, NY, OH, WI) – effective **7/01/2019**

The following resources will be available:

- *ProviderPortal* (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 (IN, NY, WNY, WI)	800.714.0040 (now available)
Anthem (CA)	877-291-0360 (available 6/24)
Anthem (CO,NV)	877-291-0366 (available 6/24)
Anthem (CT, ME,NH)	866-714-1107 (available 6/24)
Anthem (IN,KY,MO,OH,WI)	800-554-0580 (available 6/24)
Anthem BCBSGA	866-714-1103 (available 6/24)
Empire NY Commercial F/I	877-430-2288 (available 6/24)

Pre-authorization not required

Based on the following States, lines of business and age bands, a pre-authorization is not required:

State	Line of Business	Ages
Wisconsin	Medicaid and Commercial Fully Insured	0 – 3 years old
Indiana	Commercial Fully Insured	0 – 3 years old
Ohio	Commercial Fully Insured	0 – 3 years old
Missouri	Commercial Fully Insured	0 – 3 years old
Kentucky	Commercial Fully Insured	0 – 3 years old
Colorado	Commercial Fully Insured	0 – 6 years old
Maine	Commercial Fully Insured	0 – 10 years old

Clinical review programs:

- Radiology Benefit Management
- Specialty Pharmacy
- Cardiology
- Sleep
- Radiation Therapy
- Genetic Testing
- Musculoskeletal
- Rehabilitation

Shopper programs:
- Imaging
- Surgical Procedure
- Sleep

Site of care programs:
- Imaging
- Specialty Pharmacy

Quality Program:
- Cancer Care Quality Program

Rehabilitation Program

The AIM Rehabilitative 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.

Our 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 at the same time enhancing and simplifying the provider's experience in the delivery of care.
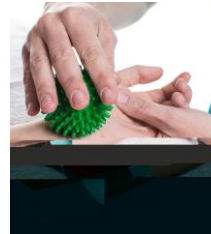
Program scope

Disciplines included in the program

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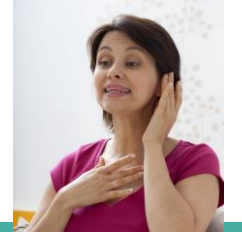
- Speech Fluency
- Speech sound production
- Language comprehension and expression
- Oral and pharyngeal swallowing function
- Auditory processing

Please note: Procedure codes my vary by lines 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 expands your organization's clinical brainpower and acumen immediately.

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 will not be able to be obtained greater than 30 days prior to your service date.
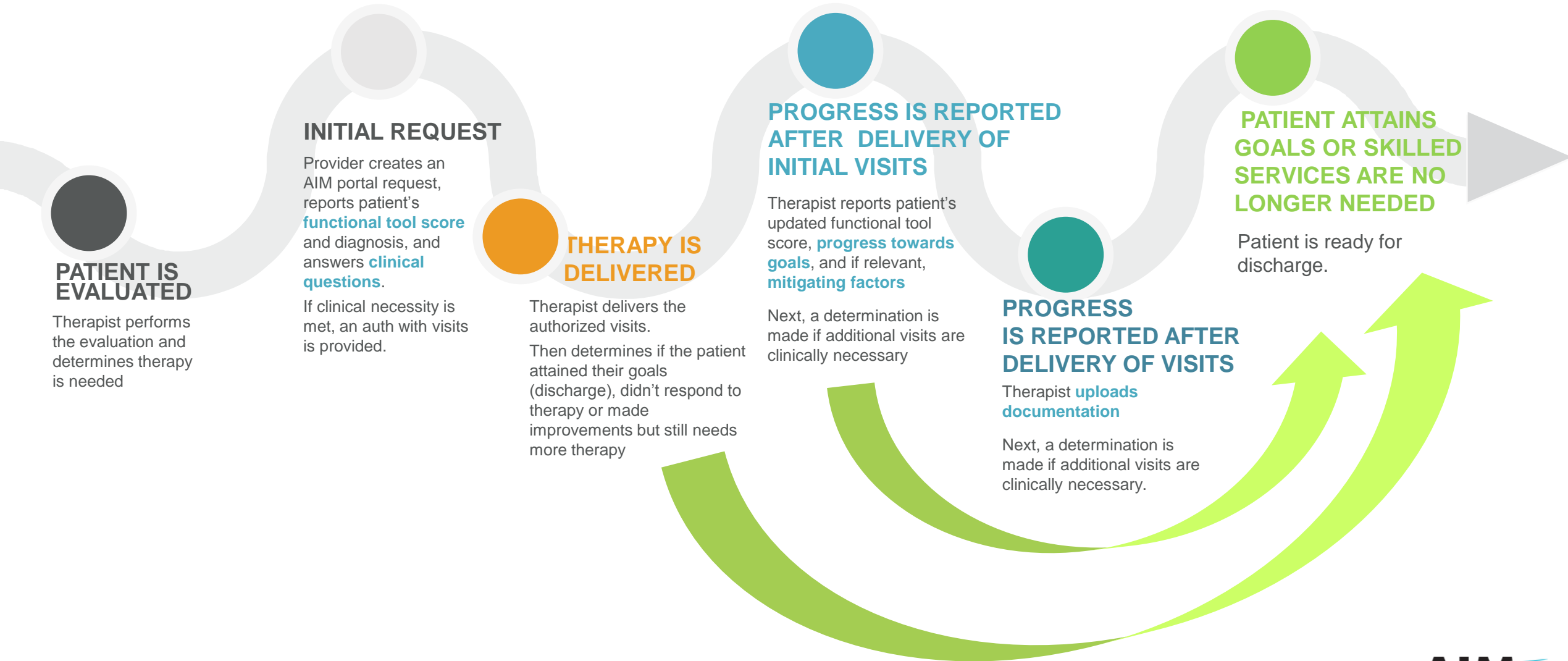
If after delivering the initial authorized number of visits, the member still needs additional therapy, the provider can return to the AIM provider portal and create a second request. Because these requests are treating the same medical problem/condition, the system will consider both requests (cases) 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, per episode of care.

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 auth with visits is provided.

THERAPY IS DELIVERED

Therapist delivers the authorized visits.

Then determines if the patient attained their goals (discharge), didn't respond to therapy or made improvements but still needs more therapy

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.

AIM SpecialtyHealth®

Clinical appropriateness review

Basis for visit allotment

- Primary treatment diagnosis

- Comorbidities

- Evaluation Date

- Functional Tool Score

- Member's response to treatment

- Member's attainment of goals

- Member's improvement in Functional Tool Score

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

Included settings:

- Independent clinics

- Outpatient hospital

- Freestanding outpatient facilities

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

AIM SpecialtyHealth®

Review responsibilities

AIM will perform…

- Prospective reviews

- ≤2 Day retro review for outpatient requests*

- Reconsiderations up to 10 business days with additional information*

- Valid timeframe for requests are based on the number of visits that are allocated

Anthem BlueCross BlueShield will perform…

- Inpatient and home health requests

- Unspecified codes not managed by AIM

- >2 Day retro review

- Appeals

- Pre-Authorization\Claims prior to AIM's effective date

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

Rehabilitation microsite

http://www.aimproviders.com/rehabilitation

Comprehensive Provider Microsite

- Overview of the program
- Resources with checklists
- FAQs
- CPT Codes included in the program
- Available webinars
- Information on how to register for portal

Rehabilitation microsite - resources

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

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

- Portal Login Issues – (800) 252-2021

- Rehab Questions - rehabprogram@aimspecialtyhealth.com

*Provider*Portal **demo**

AIM
SpecialtyHealth.

Request flow demonstrated during the Portal demo

REQUEST

Enter **therapy request**, along with other member information via AIM **ProviderPortal**

REVIEW

Request reviewed in **real time** against

- State Mandates
- Clinical Guidelines

DETERMINE

Immediate approval if **consistent with clinical criteria**

Clinical experts available for discussion if criteria is not met

SYNC

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

AIM SpecialtyHealth®

Portal home page

Select member

Select Rehabilitation

Condition (ICD10) and service (CPT) selection

Enter ICD code or description

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

Enter Condition & Services

Condition *

m75.5

M75.50 – Bursitis of unspecified shoulder

M75.51 – Bursitis of right shoulder

M75.52 – Bursitis of left shoulder

- 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

BACK TO MEMBER

CONTINUE

AIM SpecialtyHealth®

Service (CPT Code) selection

Identify therapy type

Some CPT Codes are associated with multiple therapy disciplines

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

Enter Condition & Services

Condition *

M75.50 – Bursitis of unspecified shoulder ✕

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

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) *

DELETE SERVICE   SAVE THERAPY TYPE

◯ Occupational Therapy

◯ Physical Therapy

CONTINUE

AIM SpecialtyHealth®

Selection of physical therapy

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

Enter Condition & Services

Condition *

M75.50 – Bursitis of unspecified shoulder ✖

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

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) *

[DELETE SERVICE] [SAVE THERAPY TYPE]

○ Occupational Therapy

● Physical Therapy

[CONTINUE]

AIM SpecialtyHealth®

Therapy start date selection

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

Enter Condition & Services

Condition *

M75.50 – Bursitis of unspecified shoulder ✕

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

July 2019

SUN	MON	TUE	WED	THU	FRI	SAT
23	24	25	26	27	28	29
30	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

TODAY   CLEAR

onal services.

mm/dd/yyyy

Physical Therapy Service(s) ❓

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

AIM SpecialtyHealth.

Episode of care metrics

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

Episode of care metrics – continued

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

Physical Therapy

Was an evaluation performed by a therapist? *

● Yes

○ No

What was the Evaluation Date? *

mm/dd/yyyy

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

Functional Tool selection – Example using DASH

Physical Therapy

Was an evaluation performed by a therapist? *

- ● 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.*

| 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

ADD TOOL

Enter score

Physical Therapy

Was an evaluation performed by a therapist? *

● 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

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

DASH - Disabilities of Arm, Shoulder, Hand *

✕ Remove Tool

CONTINUE

Ordering provider selection

SAVE & EXIT   CANCEL REQUEST

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

⌄ Ordering Provider Search

Last Name	First Name	Address	City	State *	ZIP Code

NPI	TIN	Phone

∧ Fewer Search Options | Search Tips ⌄

SEARCH

Provider Results

Name	Address	City	State	NPI	TIN	Health Plan

Specify if ordering and treating therapist are the same

Facility search

Search for facility and specify if it is the billing entity

Facility place of service selection

Confirm the Place of Service type for the Servicing Facility *

Select ▼
Select
Office
Outpatient Hospital
Independent Clinic

AIM
SpecialtyHealth.

Treating therapist selection (optional)

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

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**

AIM SpecialtyHealth®

Clinical entry

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

Rehabilitation (1)

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	**In Progress**	➡

Clinical Questions

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

CLOSE

BACK TO SERVICING PROVIDER(S)   CONTINUE

Clinical entry

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?

○ 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

CLOSE

CONTINUE

Clinical entry

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

Is therapy needed to achieve this purpose?

○ Yes

○ No

○ Unknown

CLOSE

CONTINUE

AIM SpecialtyHealth®

Clinical entry

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

Is therapy needed to achieve this purpose?   Show Answers ⌄

Yes

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

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

Is therapy needed to achieve this purpose?   Show Answers ⌄

   Yes

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 ⌄

AIM SpecialtyHealth®

Clinical Attestation

Please attest to the following:	Attest	Do not Attest
There is a complete plan of care documented	○	○
It is expected that functional improvement will be achieved and documented over a reasonable and predictable timeframe	○	○
The services will be delivered by a licensed provider of physical therapy	○	○

SAVE

CLOSE

AIM SpecialtyHealth.

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 *
	Home ▾		Select ▾
☐ 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, C**　　✎ 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**

AIM SpecialtyHealth®

Order summary (after request is submitted)

Rehabilitation

WITHDRAW ORDER

Order Number: 04V5P0KKZ

Email link to review this case: Send Email

Valid Dates: 07/01/2019 - 8/15/2019

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: 4

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*

AIM SpecialtyHealth®

Start New Request

ProviderPortal demo – Speech Clinical Example

AIM
SpecialtyHealth.

Speech Example – Episode of Care metrics

Using the previous Physical Therapy - the screen shots capture speech specific details

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

Speech Therapy

Was an evaluation performed by a therapist? *

○ Yes

○ No

AIM SpecialtyHealth®

Speech Therapy – Episode of Care metrics

Speech Therapy

Was an evaluation performed by a therapist? *
- ● Yes
- ○ No

What was the Evaluation Date? *

`mm/dd/yyyy`

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

- ○ BADS -Behavioural Assessment of the Dysexecutive Syndrome
- ○ Batelle Developmental Inventory Scoring
- ○ BBTOP- Bankson-Bernthal Test of Phonology
- ○ BDAE3- Boston Diagnostic Aphasia Examination-3
- ○ BNT - Boston Naming Test
- ○ CADL- Communicative Abilities of Daily Living
- ○ CASL - Comprehensive Assessment of Spoken Language
- ○ CELF-4 - Clinical Evaluation of Language Fundamentals 4th Edition
- ○ CELF-5 Clinical Evaluation of Language Fundamentals 5th edition
- ○ CELF-P Clinical Evaluation of Language Fundamentals Preschool English
- ○ CLQT - Cognitive Linguistic Quick Test
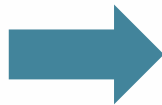
ⓘ If an additional Functional Tool Score was used, add the tool and provide the score.

CASL - Comprehensive Assessment of Spoken Language

✕ Remove Tool

No score is required to be entered

CONTINUE

AIM
SpecialtyHealth.

Speech – Clinical Entry

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

Rehabilitation (1)

START CLINICAL

Condition:

R47.9 Unspecified speech disturbances

Code	Description	Clinical
92507	Treatment of speech, language, voice, communication, and/or hearing processing disorder	Not Started

AIM SpecialtyHealth®

Clinical entry

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

Rehabilitation (1)

Condition:

R47.89 Other speech disturbances

Code	Description	Clinical	
92507	Treatment of speech, language, voice, communication, and/or hearing processing disorder	**In Progress**	➠

Clinical Questions

Collapse All

Does the patient have a diagnosis of developmental disability?

○ Yes

○ No

○ Unknown

CLOSE

AIM SpecialtyHealth®

Clinical entry

Clinical Questions

⌄ Expand All

Does the patient have a diagnosis of developmental disability?   Show Answers ⌄

No

Does the patient have a diagnosis of traumatic brain injury (TBI)?

○ Yes
○ No
○ Unknown

CLOSE

Clinical Questions

⌄ Expand All

Does the patient have a diagnosis of developmental disability?   Show Answers ⌄

No

Does the patient have a diagnosis of traumatic brain injury (TBI)?   Show Answers ⌄

No

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 functions which have been impaired or permanently lost

○ Maintaining the current level of function

○ None of these apply

Clinical entry

Clinical Questions

⤏ Expand All

Does the patient have a diagnosis of developmental disability?   Show Answers ⌄

No

Does the patient have a diagnosis of traumatic brain injury (TBI)?   Show Answers ⌄

No

Which of the following best describes the primary purpose of therapy?   Show Answers ⌄

Improving, restoring, or adapting functions which have been impaired or permanently lost

Is therapy needed to achieve this purpose?

○ Yes
○ No
○ Unknown

Clinical Questions

⤏ Expand All

Does the patient have a diagnosis of developmental disability?   Show Answers ⌄

No

Does the patient have a diagnosis of traumatic brain injury (TBI)?   Show Answers ⌄

No

Which of the following best describes the primary purpose of therapy?   Show Answers ⌄

Improving, restoring, or adapting functions which have been impaired or permanently lost

Is therapy needed to achieve this purpose?   Show Answers ⌄

Yes

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

AIM
SpecialtyHealth®

Clinical entry

≫ Expand
All

Does the patient have a diagnosis of developmental disability?   Show Answers ∨

No

Does the patient have a diagnosis of traumatic brain injury (TBI)?   Show Answers ∨

No

Which of the following best describes the primary purpose of therapy?   Show Answers ∨

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

Is therapy needed to achieve this purpose?   Show Answers ∨

Yes

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

Treatment will be focused on which of the following areas of function?

☑ Speech and language (Eg, speech fluency, sound production, voice, articulation, language comprehension and expression, or auditory processing disorder [APD])

☐ Swallowing (Eg, dysphagia, oral or pharyngeal dysfunction, feeding, or diet modification)

☐ Cognition, communication, or hearing function (Eg, attention, memory, problem solving, reasoning, or executive functioning)

☐ None of these apply

Continue ∨

CLOSE

Treatment will be focused on which of the following areas of function?   Show Answers ∨

Speech and language (Eg, speech fluency, sound production, voice, articulation, language comprehension and expression, or auditory processing disorder [APD])

Select all premorbid conditions that apply.

☐ Intellectual disability

☐ Neurological condition

☐ Psychological history

☐ Polysubstance abuse

☐ Recent tracheostomy

☐ Radiation to the brain

☑ None of these apply

☐ Unknown

Continue ∨

AIM SpecialtyHealth.

Clinical entry

Select all premorbid conditions that apply.   Show Answers ∨

  None of these apply

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)	○	○
It is expected that functional improvement will be achieved and documented over a reasonable and predictable timeframe.	○	○
The services will be delivered by a licensed provider of speech-language therapy. (Speech-language therapist or speech-language therapy assistant licensed or certified as regulated by the state and federal governments)	○	○

CLOSE

CONTINUE

AIM
SpecialtyHealth®

Frequently Asked Questions Section

Frequently asked questions (FAQs)

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

  - ✓ While the initial evaluation does not require pre-authorization, any treatment rendered with the evaluation may require preauthorization depending on the payer rules.

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

  - ✓ If Anthem has issued an authorization for visits that extends through the go-live date, they 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.

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

  - ✓ The provider should initiate a pre-auth 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 portal 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 get additional visits authorized with a new valid time frame if medical necessity criteria are met.

Frequently asked questions (FAQs)

- 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 2 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 *Provider*Portal?

    - ✓ Faxes are not available for initiating cases, please log on to AIM *Provider*Portal or call AIM to complete the request. If you are unable to upload your documents on a recurring case, please fax to 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.

Frequently asked questions (FAQs)

- Do I have to submit modifiers to AIM to get my pre-authorization?

    - ✓ 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's Clinical Guidelines, if the program is for Habilitation Services, we will pass the appropriate modifier to Anthem with the auth extract.

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

    - ✓ Please refer to the Anthem Rehab 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 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.

Frequently asked questions (FAQs)

- 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 auth can be provided before a prior claim has been submitted.

- Can you clarify who the ordering provider is on the AIM *Provider*Portal?

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

- Do we need a pre-authorization if Anthem is secondary to Medicare?

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

AIM
SpecialtyHealth.

Provider training

Providers can register for any of our webinar dates listed on the provider microsite:

www.aimproviders.com/rehabilitation/

- June 19th Wednesday - 2 pm central time

- June 25th, Tuesday - 3 pm central time

- Future dates to be added

Provider webinar

The Rehabilitation *ProviderPortal*$_{SM}$ **Experience**
Learn to enter your rehabilitative services order request online

Get the details and register here

AIM SpecialtyHealth®

Thank you for attending!