Working with Anthem®
New Rehabilitation Program
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:

<table>
<thead>
<tr>
<th>Medicaid (IN, NY, WNY, WI)</th>
<th>800.714.0040 (now available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem (CA)</td>
<td>877-291-0360 (available 6/24)</td>
</tr>
<tr>
<td>Anthem (CO,NV)</td>
<td>877-291-0366 (available 6/24)</td>
</tr>
<tr>
<td>Anthem (CT, ME,NH)</td>
<td>866-714-1107 (available 6/24)</td>
</tr>
<tr>
<td>Anthem (IN,KY,MO,OH,WI)</td>
<td>800-554-0580 (available 6/24)</td>
</tr>
<tr>
<td>Anthem BCBSGA</td>
<td>866-714-1103 (available 6/24)</td>
</tr>
<tr>
<td>Empire NY Commercial F/I</td>
<td>877-430-2288 (available 6/24)</td>
</tr>
</tbody>
</table>
Pre-authorization not required

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

<table>
<thead>
<tr>
<th>State</th>
<th>Line of Business</th>
<th>Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin</td>
<td>Medicaid and Commercial Fully Insured</td>
<td>0 – 3 years old</td>
</tr>
<tr>
<td>Indiana</td>
<td>Commercial Fully Insured</td>
<td>0 – 3 years old</td>
</tr>
<tr>
<td>Ohio</td>
<td>Commercial Fully Insured</td>
<td>0 – 3 years old</td>
</tr>
<tr>
<td>Missouri</td>
<td>Commercial Fully Insured</td>
<td>0 – 3 years old</td>
</tr>
<tr>
<td>Kentucky</td>
<td>Commercial Fully Insured</td>
<td>0 – 3 years old</td>
</tr>
<tr>
<td>Colorado</td>
<td>Commercial Fully Insured</td>
<td>0 – 6 years old</td>
</tr>
<tr>
<td>Maine</td>
<td>Commercial Fully Insured</td>
<td>0 – 10 years old</td>
</tr>
</tbody>
</table>
ALIGNING CARE WITH BEST PRACTICES: CLINICAL APPROPRIATENESS REVIEW

In the complex arena of health care, rapid advances in medicine make it hard for physicians to keep up with the latest evidence-based guidelines.

LEARN MORE

Clinical review programs:
- Radiology Benefit Management
- Cardiology
- Sleep
- Specialty Pharmacy
- Radiation Therapy
- Genetic Testing
- Musculoskeletal
- Rehabilitation

Shopper programs:
- Imaging
- Sleep
- Surgical Procedure

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 may 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**

**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.
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
Review responsibilities

**AIM Specialty Health** 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 Blue Cross Blue Shield** 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
ProviderPortal demo
Request flow demonstrated during the Portal demo

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

Request reviewed in **real time** against
- State Mandates
- Clinical Guidelines

**Immediate approval** if **consistent with clinical criteria**
Clinical experts available for discussion if criteria is not met

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

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

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Member Number</th>
<th>Relation</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>State</th>
<th>Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black, Bob</td>
<td>0000000000</td>
<td>Employee</td>
<td>M</td>
<td>xx/xx/xxxx</td>
<td>NY</td>
<td>BCBS</td>
</tr>
</tbody>
</table>

Total Number of Records Found: 1
Select Rehabilitation
Condition (ICD10) and service (CPT) selection

Enter Condition & Services

Condition *
Enter an ICD code or description to search

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
Enter ICD code or description
## Service (CPT Code) selection

<table>
<thead>
<tr>
<th>Condition</th>
<th>Services</th>
</tr>
</thead>
</table>
| M75.50 – Bursitis of unspecified shoulder | 97110 - Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes  
97112 - Therapeutic procedure to re-educate brain-to-nerveto-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 |

CONTINUE
Identify therapy type

Some CPT Codes are associated with multiple therapy disciplines
Selection of physical therapy

Enter Condition & Services

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

Services

- 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
- [x] Physical Therapy

[DELETE SERVICE] [SAVE THERAPY TYPE] [CONTINUE]
Therapy start date selection

Enter Condition & Services

Condition:
M75.50 - Bursitis of unspecified shoulder

Services

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

Physical Therapy Service(s)

Service Code | Service Description
--------------|--------------------------------------------------
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.

<table>
<thead>
<tr>
<th>Condition &amp; Service(s)</th>
<th>Ordering Provider</th>
<th>Servicing Provider(s)</th>
<th>Clinical</th>
<th>Review</th>
</tr>
</thead>
</table>

**Physical Therapy**

Was an evaluation performed by a therapist? *

- [ ] Yes
- [ ] No

[CONTINUE]
## Episode of care metrics – continued

<table>
<thead>
<tr>
<th>Condition &amp; Service(s)</th>
<th>Ordering Provider</th>
<th>Servicing Provider(s)</th>
<th>Clinical</th>
</tr>
</thead>
</table>

### Physical Therapy

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

**What was the Evaluation Date?**

```
mmdyyyy
```

**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.**

- 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.*

- 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 *
Ordering provider selection

<table>
<thead>
<tr>
<th>Condition &amp; Service(s)</th>
<th>Ordering Provider</th>
<th>Servicing Provider(s)</th>
<th>Clinical</th>
<th>Review</th>
</tr>
</thead>
</table>

**Ordering Provider Search**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NPI</th>
<th>TIN</th>
<th>Phone</th>
</tr>
</thead>
</table>

**Provider Results**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>NPI</th>
<th>TIN</th>
<th>Health Plan</th>
</tr>
</thead>
</table>
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
Treating therapist selection (optional)

Search for the treating therapist if they are the billing entity otherwise unknown is acceptable.
## Clinical entry

<table>
<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>Not Started</td>
</tr>
</tbody>
</table>

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

**Condition & Service(s)**

**Ordering Provider**

**Servicing Provider(s)**

**Clinical**

**Review**

**Rehabilitation (1)**

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

<table>
<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>In Progress</td>
</tr>
</tbody>
</table>

**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

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

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 (e.g., Kinesio Tape)
- None of these apply

CLOSE

CONTINUE
Clinical entry

**Clinical Questions**

- **What is the complexity level of the evaluation that was completed for this request?**
  - Moderate complexity (CPT 97162)

- **Which of the following best describes the primary purpose of therapy?**
  - Improving, restoring, or adapting functional mobility or skills

- **Is therapy needed to achieve this purpose?**
  - Yes
  - No
  - Unknown
Clinical Questions

What is the complexity level of the evaluation that was completed for this request?
- Moderate complexity (CPT 97162)

Which of the following best describes the primary purpose of therapy?
- Improving, restoring, or adapting functional mobility or skills

Is therapy needed to achieve this purpose?
- 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
Clinical Questions

What is the complexity level of the evaluation that was completed for this request?
- Moderate complexity (CPT 97162)

Which of the following best describes the primary purpose of therapy?
- Improving, restoring, or adapting functional mobility or skills

Is therapy needed to achieve this purpose?
- Yes

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

<table>
<thead>
<tr>
<th>Please attest to the following:</th>
<th>Attest</th>
<th>Do not Attest</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a complete plan of care documented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is expected that functional improvement will be achieved and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>documented over a reasonable and predictable timeframe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The services will be delivered by a licensed provider of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>physical therapy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SAVE**

**CLOSE**
Order preview – review information collected
Order summary (after request is submitted)

Rehabilitation

Order Number: 04V5P0KKZ
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
Service Date: 06/03/2019
Condition: M75.50 - Bursitis of unspecified shoulder

Physical Therapy Service(s):

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Clinical Feedback</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>Not Applicable</td>
</tr>
</tbody>
</table>
Start New Request
ProviderPortal demo – Speech Clinical Example
Speech Example – Episode of Care metrics

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

<table>
<thead>
<tr>
<th>Condition &amp; Service(s)</th>
<th>Ordering Provider</th>
<th>Servicing Provider(s)</th>
<th>Clinical</th>
<th>Review</th>
</tr>
</thead>
</table>

**Speech Therapy**

Was an evaluation performed by a therapist? *

- Yes
- No
Speech Therapy – Episode of Care metrics

Speech Therapy

Was an evaluation performed by a therapist? *

- 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.*

- [ ] A-C
- [ ] D-F
- [ ] G-K
- [ ] L-P
- [ ] Q-Z
- [ ] TOOL NOT LISTED

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

CASL - Comprehensive Assessment of Spoken Language

No score is required to be entered.
## Speech – Clinical Entry

<table>
<thead>
<tr>
<th>Condition &amp; Service(s)</th>
<th>Ordering Provider</th>
<th>Servicing Provider(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation (1)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Clinical

**Condition:**
R47.9 Unspecified speech disturbances

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>92507</td>
<td>Treatment of speech, language, voice, communication, and/or hearing processing disorder</td>
<td>Not Started</td>
</tr>
</tbody>
</table>
### Clinical entry

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

**Rehabilitation (1)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>R47.89</td>
<td>Other speech disturbances</td>
<td></td>
</tr>
<tr>
<td>92507</td>
<td>Treatment of speech, language, voice, communication, and/or hearing processing disorder</td>
<td><strong>In Progress</strong></td>
</tr>
</tbody>
</table>

**Clinical Questions**

- Does the patient have a diagnosis of developmental disability?
  - [ ] Yes
  - [ ] No
  - [ ] Unknown

[CLOSE]
Clinical entry

Clinical Questions

**Does the patient have a diagnosis of developmental disability?**
- No

**Does the patient have a diagnosis of traumatic brain injury (TBI)?**
- Yes
- No
- Unknown

CLOSE

Clinical Questions

**Does the patient have a diagnosis of developmental disability?**
- No

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

Does the patient have a diagnosis of developmental disability?
   No

Does the patient have a diagnosis of traumatic brain injury (TBI)?
   No

Which of the following best describes the primary purpose of therapy?
   Improving, restoring, or adapting functions which have been impaired or permanently lost

Is therapy needed to achieve this purpose?
   Yes
   No
   Unknown

Clinical Questions

Does the patient have a diagnosis of developmental disability?
   No

Does the patient have a diagnosis of traumatic brain injury (TBI)?
   No

Which of the following best describes the primary purpose of therapy?
   Improving, restoring, or adapting functions which have been impaired or permanently lost

Is therapy needed to achieve this purpose?
   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
Clinical entry

Does the patient have a diagnosis of developmental disability?  
No

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

- Speech and language (e.g., speech fluency, sound production, voice, articulation, language comprehension and expression, or auditory processing disorder [APD])
- Swallowing (e.g., dysphagia, oral or pharyngeal dysfunction, feeding, or diet modification)
- Cognition, communication, or hearing function (e.g., attention, memory, problem solving, reasoning, or executive functioning)
- None of these apply

Select all premorbid conditions that apply.

- Intellectual disability
- Neurological condition
- Psychological history
- Polysubstance abuse
- Recent tracheostomy
- Radiation to the brain
- None of these apply

Continue

CLOSE
Clinical entry

Select all premorbid conditions that apply.

None of these apply

Please attest to all of the following:

<table>
<thead>
<tr>
<th>Attest</th>
<th>Do not attest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>It is expected that functional improvement will be achieved and documented over a reasonable and predictable timeframe.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>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)</td>
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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 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 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.
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
Thank you for attending!

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