

Radiology and Cardiology Solution

PROVIDER OFFICE STAFF END USER TRAINING

10/6/2020



Effective January 1, 2021, AIM will manage radiology and cardiology reviews for Healthy Blue membership through a program called the Radiology and Cardiology. Our objective today is to help you understand what this means to you and your practice.

Agenda

- Introduction to AIM Specialty Health*
- Radiology and Cardiology overview
- Preparing for the Radiology and Cardiology
- AIM *ProviderPortal_{SM}* Order Request Demonstration
- Additional AIM ProviderPortal Features
- Questions





AIM delivers clinical programs across all 50 states





Our multispecialty team of physicians assures clinical credibility



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Radiology and Cardiology overview



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Services requiring preauthorization

Radiology

- Computed tomography (CT), including CTA
- Magnetic resonance imaging (MRI), including MRA, MRS, MRM, fMRI
- Nuclear Cardiology
- Positron emission tomography (PET)

Cardiology

- Stress Echocardiology (SE)
- Resting Transthoracic Echocardiology (TTE)
- Transesophageal
 Echocardiology (TEE)

Expanded Cardiology

- Arterial Ultrasound
- Diagnostic Cardiac
 Catheterization
- Percutaneous Coronary Intervention (PCI) such as cardiac stents and balloon angioplasty

* The program does not include low tech exams such as x-ray and ultrasound







Ordering provider initiated requests



AIM will accept additional clinical information not previously submitted for a denied case for a period of up to 10 days



Retrospective reviews within 2 business days of the initial date of service for all cardiac study cases except for PCI, Arterial Duplex Imaging, Cardiac Resynchronization Therapy and Implantable Cardioverter – Defibrillators

Their retrospective reviews timeframe is within 10 business days of the date of service

Clinical review steps

Z Case review **3** Education and intervention

Case closure 5 Additional reviews

Submission captured

1

Case

intake

through our online **Provider**Portal_{SM} or directly with a referral specialist within one of our call centers

Member demographics

Ordering and servicing provider demographics

Clinical case information

Requests are reviewed in real time against applicable Healthy Blue medical

policy or AIM clinical guidelines

Peer-to-peer discussion if

previous adjudication indicated that the case does not meet clinical criteria Document final review outcome

Messaging of final review outcome to provider

Extract case information to health plan

Pre-service reconsiderations



How long is a preauthorization valid?



ORDER NUMBER VALID TIMEFRAME IS BASED ON:

The day the case was entered + 60 calendar days



AIM closes most cases within 24 hours



CASE







Preparing for the Radiology and Cardiology Program





Contact center and **Provider**Portal will be available beginning on 12/21/2020 for preauthorization requests with dates of service rendered on or after 1/1/2021



Submitting an order request

ProviderPortal

AIM contact center

- Register at <u>www.providerportal.com</u>
- Available 24 hours/day, 7 days/week except for maintenance on Sundays from 12-6 pm CT
- SSO through EPA for out-of-state providers (Blue plans only)
- ProviderPortal support team: (800) 252-2021
- AIM clinical guidelines available on *ProviderPortal*

- Dedicated toll-free number: (855)574-6479
- Contact center hours: Monday Friday 7AM 7PM CST
- Voicemail messages received after business hours will be responded to the next business day

* AIM call center is closed on the following holidays: Thanksgiving Day, the day after Thanksgiving, Christmas Day, New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, and Labor Day.



Which Healthy Blue members need preauthorization through AIM?

Included lines of business (products):

Medicaid

Excluded lines of business (products):

- Commercial
- Medicare

Please contact the health plan to verify preauthorization requirements for members who are not found within the AIM system.

If the health plan confirms eligibility, they may contact AIM to have the member manually added into the AIM system.



Order request checklist

Demographic information

- Member's first and last name, and date of birth
- Ordering provider's first and last name
- Name and location of the facility

Clinical information

Date of the procedure

- CPT code(s) and the name of the procedure you are requesting
- Member's diagnosis



Provider microsite



Cardiology

All Specialty Healths (All) recognizes the key role that medic with cardiovascular disease. Developed in collaboration with yo helps support quality care that is consistent with established br and the patients you serve.

Our process

Based on the clinical information you submit, we conduct clinic against <u>clinical guidelines</u> and health plan medical policies, proauthorizations required by your patients' health plans.

Our review process encompasses certain outpatient invasive a procedures including, but not limited to*;

Diagnostic Services:

🖾 Coronary andiography



I love the quick response I get when using the ProviderPortal. Even if

programs all run smoothly. That's

tions have to be made, you

nurse reviews or peer-to-peer

important in our busy world.

Provider practice feedback

Welcome

AIM Specially Healthe (AIM) understands the key role that medical practices play in the delivery of care for patients who require imaging studies. Developed in collocation with your patients health plans, our Radiology program helps support quarkly care that is consistent with ourem medical evidence and delivered in the most clinically appropriate setting. And that's good news for your practice and your patients.

Our process

Our review process encompasses

Imaging Study Review

Using the patient's clinical information that you submit, we conduct a clinical appropriateness review of your advanced imaging request against our evidence-based clinical guidelines or your patient's health plan medical collow.

Imaging Clinical Site of Care Review

Providers can visit the microsite for:

- > On-site clinical engagement
- > Clinical guidelines
- > Order request checklists
- > Webinars

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Look for these items at www.aimprovider.com/radiology

www.aimprovider.com/cardiology



ProviderPortal highlights

ProviderPortal modules



ProviderPortal access and registration

- Access via <u>www.providerportal.com</u>
- AIM *ProviderPortal* home page will be displayed



ProviderPortal login/registration

| User Login | |
|--|---|
| USERNAME | |
| Username | |
| PASSWORD | |
| Password | |
| Remember Me | Don't have an account? |
| Login | Register |
| Can't access your account? | |
| /ersion 19.05.31.s00005312 | System Requirements |
| The Provider Portal application will be un for regularly scheduled maintenance. | navailable Sundays between 12:30 PM CST - 6:00 PM CST |
| If you have any questions regarding the | new Medicare Appropriate Use Criteria Clinical Decision |

If you are registered with the AIM *ProviderPortal,* log in with your existing user account.

or

Click the "**Register**" button to begin your registration process if you are a new user.



ProviderPortal registration

| Specialty-Health" | Provider Porta | al. | | | | |
|------------------------------|-----------------------|----------------------|-----------|------|-------------------------|---|
| Register | | | | | | |
| Contact Web Customer Service | | 1. User Details | | | | |
| AIM Specia (800) 252-2 | alty Health 2021 | FIRST NAME | LAST NAME | USE | R ROLE | |
| | | | | Sele | ct | • |
| | | OPCANIZATION NAME | | Sele | ct | |
| | | | | Ord | Ordering Provider | |
| | | | | Serv | icing Provider | |
| | | ADDRESS 1 | | Hea | Ith Plan Representative | |
| | | | | Gen | etic Counselor | |
| | | ADDRESS 2 (optional) | | | | |
| | | | | | | |
| | | | | | | |

Enter your name & practice information to begin registering

Select the applicable user role type, scroll down to continue...



ProviderPortal registration

3. Application Selection

Select the applications you will need to access.

💎 Health Plan Utilization Review Programs 🕧

Please enter at least one valid Provider Identifier to associate your account with the available Health Plans. You may enter multiple Provider Identifiers. If your Health Plan is not displayed please contact Web Customer Service at 1-800-252-2021.

Select

Select

Tax ID (TIN)

Group TIN

NPI

4.

Group NPI

Provider ID

Tagree to the terms of service

Enter your **practice's Group identifier**. E.g. TIN

Select the type of ID you will be using to register from the drop down list

Then type in the number in the following field





ProviderPortal order request demonstration

NOTE: Actual member and provider data will not be used in this presentation



ProviderPortal Home Page

| | | Logoul |
|-------------------------------------|---|---|
| ome 🌖 | Manage Your Physician List User Profile Desk | |
| Start Your Order | ſ | Message Center |
| Check Order Status | Select the date of service | The Provider Portal application will b unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance. |
| View Order History | Select the Search type Member ID + DOB Member ID + Name | |
| Access Your Optinet Registration | Date of Birth MM/DD/YYYY | |

 Enter the treatment start date in the "Date of Service"

preauthorization request:

To create a

2. Provide the following member information:

Member ID and Date of Birth

Or

Member ID and Name

3. Next, chose "Find this Member" to search for your member.



Member search results

_ _ _ _

| Speciality-Health. | | | | | | © ProviderPorta |
|-----------------------------|--------------------------|----------|-----|---------------|-----------|-------------------------|
| n Order Request | | | | | | Help Logo |
| | | | | | | 1234 |
| ep 1: Please select the men | ber from the list below. | | | | | |
| | | | | | | |
| on't see your member? Exp | and your search | | | | | |
| Member Search Resu | lts | | | | Record | s Per Page 🛛 🔳 |
| Member Name | Member Number | Relation | Sex | Date of Birth | State | Health Plan |
| SMITH JACK | 00000001 | Employee | м | 6/12/1985 | IL | HealthPlan1 |
| SMITH JACKIE | 00000002 | Spouse | F | 8/17/1987 | IL | HealthPlan1 |
| | | | | | Total Num | ber of Records Found: 2 |

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

If your patient does not appear in the results, you can change your criteria and search again using the "Expand your search" button.



Order type selection



On the order type screen, select "**Diagnostic Imaging**" or "**Cardiovascular**" and then select the "**Continue**" button.

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



Ordering provider selection



| Ordening Frovider Search | | | | | T Record. | |
|--------------------------|---|--------------|----------------|--------|---------------------|-------------------|
| Search Type: | | Name | Address | City | Specialty | Health Plan |
| Name Thus No. | * | ABEL, JACK | 877 HARBOR ST. | WATER | Internal Medicine | HEALTHONE |
| | Ŕ | ABEL, JAKE | 500 PORT DR. | WATER | Pulmonary Diseases | HEALTHTWO |
| FIRST NAME: | 숥 | ABEL, JANE | 56 LAKE DR. | LAND | Miscellaneous | HEALTHTHREE |
| JACK | * | ABEL, JOE | 12 BEACH DR. | LAND | Neurology | HEALTHONE |
| LAST NAME: | 合 | ABEL, JOEL | 888 PEARL ST. | LAND | Pediatrics | HEALTHFIVE |
| STATE | ŵ | ABEL, JOEY | 6 SECHS CT. | ISLAND | Infectious Diseases | HEALTHSIX |
| Please Select V | ☆ | ABEL, JOHN | 77 SIEBEN RD. | WATER | Orthopedic Surgery | HEALTHTWO |
| | ŵ | ABEL, JOHNNY | 888 ACHT ST. | SKY | Dermatology | HEALTHONE |
| Piro Cicar | 会 | ABEL, PAT | 9 NOVE DR. | SKY | Pulmonary Diseases | HEALTHFIVE |
| | ŵ | ABEL, PATRIC | 10 DEZ ST. | LAND | Obstetrics | HEALTHTWO |
| | | | | | Total Number of F | Records Found: 10 |

Delete This Request

Help | Logout

(12345

Select the ordering provider by clicking on the physician's name

Ordering providers that are associated with group identifier (e.g. TIN, NPI, etc). in the user's registration will be available for selection

For practices with multiple providers, establishing "Favorites" will allow for increased intake efficiency



Ordering provider fax confirmation

| ALFA Specially Health | | | | | Revealed Portal. |
|---|--|--|----------------|---------------------|---------------------|
| 🏠 Order Request | | | | | Help Logout |
| | | | | | 12345 |
| SMITH, JACK / 1 Member #: 1234567890 Date of Birth: 6/12/1985 Ordering Provider: ABEL, JOE / 1 | Edit Date of Service: 6/13/2 Health Plan: Health Edit | Hide Details 020 / Edit IplanOne | | | |
| Step 2: Please select the Ordering Provi | der from the list below | | | | |
| | Recent | Favorites | Search Results | | |
| Ordering Provider Search | Ordering Providers | | | Record | ds Per Page 🛛 🔳 |
| Search Type: | Na Ordering Provid | ler Fax Number | | Specialty | Health Plan |
| Name This is NDI | AE Blassa aptar or confi | m the obvision's fav a | umber below | Internal Medicine | HEALTHONE |
| Address | AE | rm the physician's fax n | Imper below | Pulmonary Diseases | HEALTHTWO |
| FIRST NAME: | AE (111) 333-3334 | | | Miscellaneous | HEALTHTHREE |
| JACK | AE Why do you need this | <u>s?</u> | | Neurology | HEALTHONE |
| LAST NAME: | AE | | | Pediatrics | HEALTHFIVE |
| STATE | 😭 🗛 Save 🛛 E | ax Unavailable | | Infectious Diseases | HEALTHSIX |
| Please Select | AE | | | Orthopedic Surgery | HEALTHTWO |
| | ABEL, JOHNNY | 888 ACHT ST. | SKY | Dermatology | HEALTHONE |
| | ABEL, PAT | 9 NOVE DR. | SKY | Pulmonary Diseases | HEALTHFIVE |
| | ABEL, PATRIC | 10 DEZ ST. | LAND | Obstetrics | HEALTHTWO |
| | | | | Total Number of | Records Found: 10 |
| | | | | | Delete This Resusst |

Enter the fax number to be used when communicating the outcome of an adverse determination (denial) case

or

If a fax number was previously entered for the provider, confirm the number is correct

Press the "**Save**" button to continue.



Exam selection

| SpecialtyHealth. | | Revealed a construction of the second |
|--|---|--|
| n Order Request | | Help Logout |
| | | 12345 |
| SMITH, JACK / Edit Member #: 1234567890 Date Date of Birth: 6/12/1985 Healt Ordering Provider: ABEL, JOE / Edit | Hide Details of Service: 6/13/2020 / Edit h Plan: HealthplanOne | Rint |
| ENTER EXAMS | EXAMS REQUESTED | |
| | Multiple exams can be entered at this time. | |
| EXAM Select | | |
| DESCRIPTION Select | | |
| Add Exam Clear | | |
| Unable to find your exam? | | |

You have the ability to search for an exam or procedure by CPT code.

To begin, type the CPT code for the exam or procedure you're requesting.

If you prefer, you may select the exam name and description from the drop down menu.

Then choose "**Add Exam**" to begin the review process.



Adding more exams or procedures

| SpecialtyHealth. | C C C C C C C C C C C C C C C C C C C | ProviderPortal. |
|---|--|-----------------------------|
| 🕋 Order Request | | Help Logout |
| | | 12345 |
| SMITH, JACK / Edit Member #: 1234567890 Date o Date of Birth: 6/12/1985 Health Ordering Provider: ABEL, JOE / Edit | Hide Details f Service: 6/13/2020 / Edit Plan: HealthplanOne | 📑 Print |
| ENTER EXAMS | EXAMS REQUESTED (1) | |
| CPT CODE 78452 Q | Multiple exams can be entered at this time. Once you finished entering your exams, click Next to Resting Transthoracic Echocardiography | enter clinical information. |
| OR | | |
| EXAM Nuclear Medicine | | |
| DESCRIPTION Myocardial Perfusion Imaging | Withdraw Request | Next |
| Add Exam <u>Clear</u> Unable to find your exam? | | |
| | | |

If you need to review another exam or procedure for this patient, you can add an additional exam from this screen.

Simply search again by CPT code or select the exam name and description from the drop down menu.

Then choose "**Add Exam**". Your additional exam or procedure will now be listed.



Exam selection continued

| SpecialtyHealth. | | Revealed a constant of the second sec |
|--|--|--|
| 🕋 Order Request | | Help Logout |
| | | 12345 |
| SMITH, JACK / Edit Member #: 1234567890 Date Date of Birth: 6/12/1985 Healt Ordering Provider: ABEL, JOE / Edit | Hide Details of Service: 6/13/2020 / Edit o Plan: HealthplanOne | Print |
| ENTER EXAMS | EXAMS REQUESTED (2) | |
| CPT CODE | Multiple exams can be entered at this time. Once you finished entering your exams, click Next to | o enter clinical information. |
| ٩. | Resting Transthoracic Echocardiography | Delete Exam |
| OR | | |
| EXAM | Myocardial Perfusion Imaging | Delete Exam |
| Select v | | |
| DESCRIPTION | Withdraw Request | Next |
| Select | | |
| Add Exam Clear | | |
| Unable to find your exam? | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

When you are done adding exams or procedures, select the "**Next**" button to proceed with your request.



Clinical data entry: diagnosis code

| SpecialtyHealth. | © Provide | Portal. |
|---|---|-------------|
| 🏠 Order Request | He | lp Logout |
| | 00 | 2345 |
| SMITH, JACK / Edit Member #: 1234567890 Date Date of Birth: 6/12/1985 Heal Ordering Provider: ABEL, JOE / Edit | Hide Details ate of Service: 6/13/2020 / Edit ealth Plan: HealthplanOne | Print |
| ENTER EXAMS (2) | ENTER DIAGNOSIS | |
| Resting Transthoracic | Please provide the diagnosis code or description that best supports the request for this exam. | |
| Echocardiography | Q. valv | |
| Myocardial Perfusion Imaging | I38 Endocarditis, valve unspecified (Valvulitis) | |
| | C18.0 Malignant neoplasm of cecum (Ca of ileocecal valve) | |
| | Z95.2 Presence of prosthetic heart valve (Presence of heart valve) | |
| | I35.9 Nonrheumatic aortic valve disorder, unspecified (Aortic valve disease) | |
| | 135.0 Nonrheumatic aortic (valve) stenosis (Aortic valve disease) | |
| | 135.1 Nonrheumatic aortic (valve) insufficiency (Aortic valve disease) | |
| | 135.2 Nonrheumatic aortic (valve) stenosis with insufficiency (Aortic valve disease) | |
| | 135.8 Other nonrheumatic aortic valve disorders (Aortic valve disease) | |
| | 135.9 Nonrheumatic aortic valve disorder, unspecified (Aortic valve disease) | |
| | Construction of the second secon | |
| | S28.00vD. Unspecified injury of heart, unspecified with or without hemopericardium, initial encount S28.00vD. Unspecified injury of heart, unspecified with or without hemopericardium, initial encount | .er |
| | S28 9DvS. Unspecified injury of heart, unspecified with or without hemopericardium, subsequence | ncounter |
| | 151 89 Other ill-defined heart diseases (Abscess of actic valve) | |
| | I34.0 Nonrheumatic mitral (valve) insufficiency (Disease of mitral valve) | |
| | Withdraw Exam | |

Choose the exam or procedure you with to submit for review by clicking on it.

Search for the patient's diagnosis.

You may do this by either entering the diagnosis or the diagnostic (ICD) code.

When you enter at least three characters, a list of matching diagnoses will appeal.

Choose the diagnosis that corresponds to your patient's condition by selecting it.



Clinical data entry: diagnosis code continued

| i Order Request | Help Logout |
|---|--|
| | 0 0 0 0 0 |
| SMITH, JACK / Edit Member #: 1234567890 Date of Service: 6/14/202 Date of Birth: 6/13/1985 Health Plan: Healthpla Ordering Provider: ABEL, JOE / Edit | Hide Details D / Edit inOne |
| EXAMS REQUESTED (2) ENTER DIAGNO | STIC CODE |
| Resting Transthoracic Please provide the | diagnostic code that best supports the request for this exam. |
| Echocardiography DIAGNOSTIC | CODE |
| Myocardial Perfusion Imaging CLINICAL SCE Select the main re | ant neoplasm of oecum (Ca of ileooecal valve) NARIO: ason from the list below for the order request. |
| CAD (Corons | ry artery disease) eart disease |
| Disease of an | ny heart valve (Valvular dicease) |
| LV dysfunction Signs, symption Other diagno | n/CHF/Cardiomyopathy (xic, chemo, heart transplant) oms, or abnormal tests (eg, shortness of breath or chest pain) sis or reasons for imaging (click for more options) |
| | |
| Withdraw Exam | |

Based on the diagnosis or the ICD code you selected, you may be asked to provide additional clinical information regarding your patient's medical history.

Choose the most appropriate response by selecting it.

Based on your responses, additional questions may be presented to help us better evaluate your request.

Questions are always tailored to your patient and the data you enter.



Clinical data entry: diagnosis code confirmation

| SpecialtyHealth. | nden -ortal. |
|--|---------------------|
| Conder Request | Help Logout |
| | 12345 |
| SMITH, JACK / Edit Hide Details Member #: 1234567890 Date of Service: 6/13/2020 / Edit Date of Birth: 6/12/1985 Health Plan: HealthplanOne Ordering Provider: ABEL, JOE / Edit | 📑 Print |
| EXAMS REQUESTED (2) ENTER DIAGNOSTIC CODE | |
| Resting Transthoracic Please provide the diagnostic code that best supports the request for this exam. | |
| Apply C18.0 (Malignant neoplasm of cecum (Ca of ileocecal valve)) from Resting Transthoracic | |
| Myocardial Perfusion Imaging | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Withdraw Exam Withdraw Request | Next |
| | I |
| | |

C Drouidar Dortal

When selecting the next exam or procedure, you are offered the option of using the same diagnosis as your previous exam.

Select the correct answer and then select "Next". If you selected "Yes" the diagnosis code will be carried over. If you select "No" you can search again for a new diagnosis.



Additional clinical information

| SpecialtyHealth. | Provider Portal. |
|---|--|
| 🖌 Order Request | Help Logout |
| | 0000 |
| SMITH, JACK / Edit Member #: 1234567890 Date Date of Birth: 6/12/1985 Heal Ordering Provider: ABEL, JOE / Edit | Hide Details of Service: 6/13/2020 / Edit th Plan: HealthplanOne |
| EXAMS REQUESTED (2) | ENTER MEMBER'S CLINICAL INFORMATION |
| Resting Transthoracic | Please answer the following questions to provide as much information as possible for clinical review. |
| Echocardiography | CLINICAL SCENARIO |
| Myocardial Perfusion Imaging | CAD (Coronary artery disease) |
| infocurdian rendolori intiging | CLINICAL DETAILS *Is coronary artery disease (CAD) suspected or confirmed? Suspected Confirmed Unknown |
| | Additional editing of information on the Portal may be restricted. Withdraw Exam Next |

34

During the process of entering clinical information, you may

clinical information, you may encounter the **Additional Information** screen.

The Additional Information screen indicates that the AIM review team will need more information in order to evaluate your request against clinical guidelines.



Clinical exam summary

| 🕋 Order Request | Help Logout |
|--|---|
| | 12335 |
| SMITH, JACK / Edit Member #: 1234567890 Date of Date of Birth: 6/13/1985 Health Ordering Provider: ABEL, JOE / Edit | Hide Details Service: 6/14/2020 / Edit Plan: HealthplanOne |
| EXAMS REQUESTED (2) | EXAM SUMMARY |
| Resting Transthoracic Echocardiography | Resting Transthoracic Echocardiography |
| Myocardial Perfusion Imaging | CLINICAL SCENARIO Disease of any heart valve (Valvular disease) |
| | CLINICAL DETAILS *Does the patient have a murmur? Yes |
| | Select the reason for imaging. Follow-up of known valvular disease |
| | signs (eq. new or different murmur, evidence of heart failure)? Yes |
| | signs (eg, new or different mannut, evidence or neart failure): nes |
| | Withdraw Exam Vithdraw Request I'm Done |

Your first request appears to meet clinical guidelines. Review the exam summary and if the information is correct, choose "**I'm Done**".

If you entered multiple exams or procedures, you can now review your next exam.



Exam summary feedback

| 🕋 Order Request | Help Logout |
|--|---|
| | 12336 |
| SMITH, JACK / Edit Member #: 1234567890 Date Date of Birth: 6/13/1985 Healt Ordering Provider: ABEL, JOE / Edit | Hide Details of Service: 6/14/2020 / Edit n Plan: HealthplanOne |
| EXAMS REQUESTED (2) | EXAM SUMMARY |
| Resting Transthoracic Echocardiography | Your request for Myocardial Perfusion Imaging does not meet medical necessity criteria based on the information provided. Please Note: The Clinical Criteria information provided below may not be the actual criteria used when your request is reviewed by an AIM clinical reviewer. AIM clinical reviewers use the most current applicable Clinical Criteria based on program design and member plan. Please review the Clinical Criteria information specific to this exam below. |
| Myocardial Perfusion Imaging | Step Exam Myocardial Perfusion Imaging |
| | CLINICAL CRITERIA |
| | Please confirm your information is accurate: |
| | Step Clinical Scenario CAD (Coronary artery disease) / Edit Clinical Details / Edit |
| | You have the following options: |
| | Step • Print to review with a physician • Save by exiting this request. It can be accessed in View Order History. If there is additional information we should consider, please update the information on our ProviderPortal. |
| | Withdraw Exam Withdraw Request I'm Done |

When the clinical information entered does not meet clinical guidelines for the exam requested, you will receive the **Feedback** screen.

This screen displays the specific criteria that conflicts with your request.

Reviewing this criteria with the ordering physician may help determine if the exam is clinically appropriate for your patient.

Use the **Print** option to print the summary to review with a physician.



Additional clinical information

| Specialty-Health | Reprovider Portal. |
|--|--------------------|
| n Order Request | Help Logout |
| | 12305 |
| SMITH, JACK / Edit Hide Details Member #: 1234567890 Date of Service: 6/13/2020 / Edit Date of Birth: 6/12/1985 Health Plan: HealthplanOne Ordering Provider: ABEL, JOE / Edit ENTER MEMPERIE CLINICAL INFORMATION | Print |
| Resting Trar Echocardiog | review. |
| *FIRST NAME *LAST NAME Myocardial I Portal | Edit |
| *PHONE NUMBER EXT (000) 000-0000 | |
| *FAX NUMBER (000) 000-0001 | |
| Provide any additional information to support a review of this exam. (optional) | |
| T WAVE INVERSION V3-V6 I, II, AVF. FORMER SMOKER. BROTHER HAD MI AT AGE 45, DIAGNOSED WIT HEART DISEASE, SISTER-MI AGE 40. FAMILY HX OF LUNG CA | |
| (Maximum 300 characters) 182 characters k | ion carefully. |
| Continue | Next |
| | |

Entering information here will help expedite your review.

If you have no additional information, simply enter "**none**".

Select "**Continue**" to close the additional information box



Exams summary

| SpecialtyHealth. | | Q Provider Portal. |
|---|--|--|
| 🏠 Order Request | | Help Logout |
| | | 12335 |
| SMITH, JACK Member #: 1234567890 Date of Birth: 6/12/1985 Ordering Provider: ABEL, JOE | <pre>/ Edit Hide Details Date of Service: 6/13/2020 / Edit Health Plan: HealthplanOne / Edit</pre> | |
| EXAMS REQUESTED (2) | | Add Exam |
| Resting Transthora | acic Echocardiography | Review Exam Withdraw Exam |
| Myocardial Perfusi | ion Imaging | Review Exam Withdraw Exam |
| | | If you've added all desired exams, click Next to Continue. |
| Withdraw Request | | Next |

Once you've completed entering all clinical information required for all exams, you will see the Exams Summary screen.

Select **Next** to continue.



Facility selection

Find a Facility



| Facility Selection | | | | | Reco | ords Per Page | 10 💌 |
|--------------------|----------------|-------|-------|----------------|----------|------------------|----------|
| Facility Name | Address | City | State | Phone | Distance | Action | Мар |
| IMAGING CENTER | 111 SAMPLE DR. | WATER | IL | (555) 555-5551 | 1 | View Details | View |
| TWO CENTER | 222 CENTER DR. | WATER | IL | (555) 555-2221 | 2.02 | View Details | View |
| | | | | | Total N | umber of Records | Found: 2 |

Delete This Request

Select the facility where the testing will be performed.

ProviderPortal will display available facilities by distance.

Choose a facility in the list or use "**Find a Facility**" button to search for additional facilities.



| ubmit This Request | Withdraw Request | Go to My Homepage | | | |
|--|---|---|--|--|-------------------------|
| SpeciallyHealth. | | | | QF | ProviderPortal. |
| Order Reques | t Preview | | | | |
| Request Status: Has Not Been Sub | mitted | Health Plan: HEALTHPLANONE | Sche 6/13/ | eduled Date of Serv (2020 | vice: |
| Member Information SMITH, JACK Member # 00000000 111 Sample Lane Water, IL 55522 Date of Birth: 6/12/19 Phone: (000) 000-00 The information below wa information or for its consi | n: 11 185 00 s obtained from the Order stency with the patient's r | Ordering Provider: ABEL, JOE 33 Demo Dr. WATER, IL 55553-0000 Phone: (555) 333-3333 Fax: (555) 333-3334 NPI: 999999999 ring Provider and has not been independently v nedical record. | Serv IMAC 111 S WATI Phor Fax: NPI: erified by AIM. AIM assumes | icing Provider: GING CENTER GAMPLE DR. ER, IL 55555-0000 ne: (555) 555-5551 8888888888 no responsibility for the a | Edit couracy of this |
| REQUESTED EXA | MS | REQUEST STATUS | REASON | AC | TION |
| Resting Transthor | acic Echocardiogra | phy | | Review Exam | Withdraw Exam |
| Myocardial Perfus | ion Imaging | | | | |
| The Order Number covers | s one of the following app AIL S | icable codes when the outcome is Authorized o | r Completed. | | |
| CPT GROUP | CPT DESCRIPTIO | N | CPT GROUI | PDESCRIPTION | |
| 78451 78452 78453 78454 | Myocardial perf Myocardial perf Myocardial perf Myocardial perf | imaging, spect, sing imaging, spect, mult imaging, planar,sing imaging, planar, mult | Myocardial Myocardial Myocardial Myocardial | Perfusion Imaging Perfusion Imaging Perfusion Imaging Perfusion Imaging | |
| 02202 | ECHO transthe | pracic, complete cho | Resting Tra | ansthoracic Echocar | diography |

.

This is a preview of your order.

For each exam or procedure you requested, you may see a request status as well as a brief description with the reason.

Select "Submit This Request" to proceed.

| egin Another Request | Withdraw Request | Go to My Homepage | | Save as PDF | Pr |
|--|---|--|--|--|-------|
| s case has at least one ex act "Email" to share a link | am with AIM Feedback. You n to this case with another auth | nay come back later to View Order orized user. | History and edit any exam(s) | that remain open in a case. 🔀 | K E |
| Alm | | | | © Provider Po | ortal |
| Order Request | Summary | | | | |
| Request Status: In Progress | | Health Plan: HEALTHPLANONE | Case 6/18/2 | Due to Close On/Before: 2020 | |
| | | | Scheo 6/13/2 | duled Date of Service: 2020 | |
| Member Information SMITH, JACK Member # 000000001 111 Sample Lane Water, IL 55522 Date of Birth: 6/12/198 | 35 | Ordering Provider: ABEL, JOE 33 Demo Dr. WATER, IL 55553-0000 Phone: (555) 333-3333 Fax: (555) 333-3334 NPI: 999999999 | Imagi IMAG 111 S/ WATE Phon e Fax: NPI: 8 | ng Facility: / Edit ING CENTER AMPLE DR. ER, IL 55555-0000 e: (555) 555-5551 | |
| The information below was information or for its consis | obtained from the Ordering Prov tency with the patient's medical r | ider and has not been independently v | rerified by AIM. AIM assumes n | o responsibility for the accuracy of this | |
| REQUESTED | , | | | | |
| EXAM | | REQUEST STATUS | REASON | ACTION | |
| Resting Transthora | cic Echocardiography | | | Review Exam Withdraw E | ixan |
| Myocardial Perfusion | on Imaging | | | | |
| The Order Number covers | one of the following applicable co | des when the outcome is Authorized of | r Completed. | | |
| CPT GROUP | CPT DESCRIPTION | | CPT GROUP | DESCRIPTION | |
| 78451 | Myocardial perf imagin | g, spect, sing | Myocardial | Perfusion Imaging | |
| 78452 | Myocardial perf imagin | ig, spect, mult | Myocardial | Perfusion Imaging | |
| | Myocardial perf imagin | o planar sino | Myocardial | Perfusion Imaging | |

The order has now been submitted. You can **Print** or **Save to a PDF** to include in the patient's chart.

To start a new order, select "Begin Another Request".

The order request summary may be emailed to yourself if you wish access the request at a later time.



Order request summary: email

| Begin Another Request | Withdraw Request | Go to My Homepage | | Save as PDF Print |
|---|--|-------------------------------------|---|-------------------------------------|
| his case has at least one exar Email" to share a link to this ca | n with AIM Feedback. You may use with another authorized use | come back later to View Orde r. | r History and edit any exam(s) that ren | nain open in a case. Select 🔀 Email |
| Alim Social Man | | | | © ProviderPortal. |
| Order Pequest | Sum | Send | l Email | |
| Request Status: | Send information | n for this request to the f | ollowing email address: | pre: |
| Introgress | Confirm email a | address: | | |
| | user@email1234 | 5.com | | |
| Member Information: SMITH, JACK | The email will in | clude a link to login to Pr | roviderPortal and access the ca | dit se directly. |
| 111 Sample Lane | | Send Email | Cancel | |
| Water, IL 55522 | 5 | | | |
| Date of Birth: 0/12/1905 | ra NF | X: (555) 333-3334 PI: 9999999999 | Pax: NPI: 8888888 | 388 |
| The information below was ob information or for its consister | tained from the Ordering Provider cy with the patient's medical recor | and has not been independently | verified by AIM. AIM assumes no respon | sibility for the accuracy of this |
| REQUESTED | | | | |
| EXAM | | REQUEST STATUS | REASON | ACTION |
| Resting Transthoraci | c Echocardiography | | Re | view Exam Withdraw Exam |
| Myocardial Perfusion | Imaging | | | |
| The Order Number covers on CPT GROUP DETAIL | e of the following applicable codes | when the outcome is Authorized | d or Completed. | |
| CPT GROUP | CPT DESCRIPTION | | CPT GROUP DESCR | IPTION |
| 78451 | Myocardial perf imaging, s | spect, sing | Myocardial Perfusio | on Imaging |
| 78452 | Myocardial perf imaging, s | spect, mult | Myocardial Perfusion | on Imaging |
| 78453 | Myocardial perf imaging, p | olanar,sing | Myocardial Perfusion | on Imaging |
| 78454 | Mvocardial perf imaging, a | planar. mult | Myocardial Perfusio | on Imaging |

You will be asked to enter or confirm your email address.

Select "Send Email".





Additional *ProviderPortal* features



How to check an order status



Existing orders can be viewed from the "Check Order Status" tab

Select the member's **health plan**

Select the Order Type

Enter either the Order # or the Member ID # and Name/DOB

Press the "**Find This Order**" button.



How to check an order status

Order Inquiry

Logout

Select Health Plan and Search by Method to perform an Order Inquiry. Please complete all known search fields thoroughly and accurately so that your search may be limited as much as possible.

| Order Inquiry | Order Search Results | | | | | | |
|---------------------------------|-----------------------------------|-------------|-------------------|--------------|--------------------|------------|--------|
| Health Plan: | Orden/Status | Member Name | 🛱 Member Number 😫 | Start Dale 👩 | Dirdering Provider | et Expires | \$ |
| | <u>110063654</u> | 85DOE, JANE | 376699999 | 10/5/2017 | SCULLY, THOMAS | 148 days | Ê. |
| Search by: | Voluntarily Withdrawn | 85DOE, JANE | 376699999 | 10/5/2017 | SCULLY, THOMAS | | |
| Member 💟 | Voluntarily Withdrawn | 85DOE, JANE | 376699999 | 10/5/2017 | SCULLY, THOMAS | | |
| SELECT SEARCH TYPE | Voluntarily Withdrawn | 85DOE, JANE | 376699999 | 10/5/2017 | SCULLY, THOMAS | | |
| Member ID + DOB | Voluntarily Withdrawn | 85DOE, JANE | 376699999 | 10/5/2017 | SCULLY, THOMAS | | |
| O Member ID + Name | Voluntarily Withdrawn | 85DOE, JANE | 376699999 | 9/1/2017 | SCULLY, THOMAS | | |
| MEMBER ID AlphaPrefix+Number | Voluntarily Withdrawn | 85DOE, JANE | 376699999 | 9/1/2017 | SCULLY, THOMAS | | |
| DATE OF BIRTH | Voluntarily Withdrawn | 85DOE, JANE | 376699999 | 8/18/2017 | SCULLY, THOMAS | | |
| MMDD/YYYY E | Voluntarily Withdrawn | 85DOE, JANE | 376699999 | 8/18/2017 | SCULLY, THOMAS | | |
| Find Clear | Voluntarily Withdrawn | 85DOE, JANE | 376699999 | 8/14/2017 | SCULLY, THOMAS | | |
| | 99 99 <mark>11 21 21 10 10</mark> | | | DISP | PLAYING 1-10 O | F 23 RESU | LTS |
| | Rank to Search race the | | | | | Print Dr | novie- |

All orders that have been processed for the member will be listed in the **Order Search Results** page

Click on the hyperlink in the **Order/Status** column to see detailed data for any individual order.

The Order Request Summary will display upon selecting the Order/Status.



How to view order history

| | Order History | | | _ | | | | | | | |
|---------|-------------------------------------|--|--------------------|--|---|--|--|--------------------|---------------|-------------------------|-----------------------------|
| come DE | MO TRAINING | Manage Your Physician List | * | Manage Your User Profile | Reference Desk | | | | | | |
| 1 | Start Your Order Request Here | Show me: | | For: | | Within the last: | With the stat | us: | | | |
| 0 | Check Order Status | - | | Diagnostic Imaging Cardiovascular Specialty Drug Radiation Therapy | | | | | | | |
| | View Order History | My Orde My Grou | ers ip's Orders | Sleep Management Chemotherapy and Surgical Procedures Genetic Testing | Supportive Drugs | 7 Days 🔻 | All | Go | | | |
| | Check Claim Status | | | Musculoskeletal Rehabilitation | | | | | | | |
| | | - | | Order History | | | | | | | |
| | Access Your Optinet Registration | | | | | | | | | | |
| | | | Welcome DEI | MO TRAINING | Manage Your Physician List | Manage You Profile | ur User 🛛 📔 I | Reference Desk | | | |
| | | | 1 | Start Your Order Request Here | Show me: | For: | | With | nin the last: | With the statu | S: |
| | | | 0 | Check Order Status | | Diagnos Cardiov Specialt Radiatic | ascular ascular ty Drug on Therapy | | | | |
| | | | | View Order History | My Orders My Group's (| Orders Sleep M Chemot Surgical | lanagement herapy and Suppo I Procedures | rtive Drugs 7 D | ays ▼ | Incomplete | Go |
| | | | | Check Claim Status | [| O Genetic O Musculo O Rehabili | itation | | | | |
| | | | | A | Member Name | Incomplete Ord Member Number | ETS Date of Service | Order Status Order | ing Provider | Records Entered Date | Per Page 10 V Entered By |
| | | | | Optinet Registration | 85Public, Joan | 376666677 | 06/15/2020 | Incomplete SAG | , SASHIDHAF | R 06/12/2020 | TRAINING, DEMO |
| | | | | | Print Proview | Doumload | to Excel | | | | |
| | | | | | THILTTEVIEW | Download | IO-EXCEL | | | | |

View Order History provides access to orders that have been entered in the past 90 days

Select the desired timeframe from the **Within the last** X days.

Select from **With the Status**, the type of orders you wish to view, e.g. in progress or incomplete orders.

Press the "Go" button



Manage My Groups

| Order Request | | Logout |
|-------------------------------------|---|---|
| ome 🌖 M | lanage Your Profile Reference Desk | |
| Start Your Order | | Message Center |
| Check Order Status | Select the date of service 3 | The Provider Portal application will b unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance. |
| View Order History | Select the search type Member ID + DOB Member ID + Name Member ID | |
| Access Your Optinet Registration | Date of Birth MM/DD/YYYY | _ |

To create a more customized and easier experience, AIM *ProviderPortal* has integrated a service called "**My Groups**".

This will allow you to add your groups as favorites and make the provider selection process much easier.

From the **Main Home page**, you can manage your groups lists.

This will be done by selecting "Manage Your Physician List"



Manage My Groups

Manage My Groups

AIM has partnered with the health plan(s) to ensure the most current information is available for your selection.

Choose the group to edit or remove from the list below.

| My Groups | | Records Per Page 10 🔻 |
|------------|---|---------------------------------------|
| Client Key | Health Plan | Action |
| | The second se | Remove |
| | | Remove |
| 1 🔻 of 6 | · | Total Number of Records Found: 60 |
| | | Add New Health Plan Manage Group List |

From this page, you can add and remove groups from your list at any time.

Powered By

You will only need the health plan name that you are adding that group through.





Training Tutorials, clinical guidelines, and CPT Codes included in the program are located within the Reference Desk.



Adding a health plan to an existing user account

| Grder Request | | |
|-------------------------------------|---|---|
| Nelcome DEMO TRAINING | Manage Your Ser Reference Physician List Profile Desk | |
| Start Your Order Request Here | | |
| Check Order Status | Select the date | |
| View Order History | Select the Member ID + DOB | - |
| Check Claim Status | Search type Member ID + Name Member ID Member Number Date of Ritth MM/DD///// | |
| Access Your Optinet Registration | Find This Member | - |
| | | |
| | | J |

Associating multiple health plans to one user login account

- 1. Select "Manage Your User Profile" on the home page
- 2. In the User Role tab, select "Add a New Health Plan"
- 3. Select the new health plan to associate to your login account and enter at least one identifier to associate with that health plan (e.g. TIN, NPI, etc.)



Adding a health plan to an existing user account

| User Role User Information Account Information Notification Change Password | |
|---|---|
| User Role Ordering Provider | Add New Health Plan |
| Health Plan Utilization Review Programs | |
| Enabled | Health Plan Provider Association |
| Health Plan(s): Health Plan One | Health Plans Found The Provider Identifier allows AIM to associate the appropriate providers to your account. Please enter at least one provider identifier for each health plan you select. If you need to enter more than one ID for a health plan, simply enter a comma (,) between each complete provider identifier. |
| Add New Health Plan Manage My Groups | Health Plan One Health Plan Two Group TIN Health Plan Three Ordering Provider TIN |
| | |
| | |
| | Cancel Next > |



Viewing CPT codes included in the program



| 2 | |
|---|--|
| | |
| | |

Diagnostic Imaging CPT Codes Wew a list of all of the CPT Codes that are included in the selected health plan's Radiology Benefit Management program

| | View CPT Codes |
|---|----------------|
| 3 | Health Plan: |
| | Anthan CR. |
| | Select Year: |
| | 2020 ▼ |
| | Find Clear |

| | CPT Group Details | Records Per Page 10 |
|-----------|---|----------------------------------|
| Code | Description | Category |
| 74150 | CT, abdomen, wo contrast | Abdomen - CT |
| 74160 | Contrast CAT scan of abdomen | Abdomen - CT |
| 74170 | CAT scans of abdomen | Abdomen - CT |
| 76376 | 3d render w/intrp postproces | Abdomen - CT |
| 76377 | 3d render w/intrp postproces | Abdomen - CT |
| 76380 | CT limited or localized follow-up study | Abdomen - CT |
| 74181 | MRI, abdomen; wo contrast material(s) | Abdomen - MRI |
| 74182 | MRI abdomen w/contrast | Abdomen - MRI |
| 74183 | MRI abdomen w/o cntrst flwd cntrst | Abdomen - MRI |
| 76376 | 3d render w/intrp postproces | Abdomen - MRI |
| 1 V of 33 | > >> | Total Number of Records Found: 3 |

1. Select "**Reference Desk**" from the home page.

2. Select "**Diagnostic Imaging CPT Codes**".

3. Within the view CPT Codes, select the "**Health Plan**" name, and "**year**".

4. Click "Find".

5. Use the arrows to view the multiple pages of included CPT codes.

6. Select "**Print Preview**" to view and print the CPT code

Print Preview



Reminders







AIM conducts a provider satisfaction survey annually in December.

Please be sure to participate!



Questions?

| ÆQ | |
|----|--|

Radiology Program provider website: www.AIMProviders.com/radiology_____



Cardiology Program provider website: www.AIMProviders.com/cardiology



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