

Musculoskeletal Solution

PROVIDER OFFICE STAFF END USER TRAINING

10/6/2020

6 Objective

Effective September 1, 2020, AIM* will manage Musculoskeletal reviews (Joint and Spine Surgery, Pain Management) for Healthy Blue membership in Nebraska through the Musculoskeletal (MSK) Program. Our objective today is to help you understand what this means to you and your practice.

Agenda

- Introduction to AIM Specialty Health
- Musculoskeletal Program overview
- Preparing for the Musculoskeletal Program
- AIM *Provider*Portal_{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



ROBERT MANDEL Chief Medical Officer



STACY BAN Medical Director, Oncology



CHRIS BUCKLE Medical Director, Radiology



VARSHA CHANDRAMOULI

Vice President, Clinical Operations



JENNIFER ECKLUND

Associate Medical Director, Government Programs



MICHAEL J. FISCH

Medical Director, Medical Oncology Programs and Genetics



ROBERT FURNO

Medical Director, Government Solutions



THOMAS P. POWER

Senior Medical Director, Cardiology and Sleep Medicine



KERRIE REED

> Medical Director, Rehabilitation



JULIE THIEL Senior Vice President, Clinical Programs



RICHARD VALDESUSO

Senior Medical Director, Musculoskeletal



ROBERT ZIMMERMAN

Medical Director, Radiation Oncology





Musculoskeletal Program Overview



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Multidisciplinary team supports our program

Neuroradiology

Leveraging the clinical experience from our core Radiology program, our deep clinical expertise creates tremendous value for a comprehensive spine and interventional pain management program.

Anesthesiology

To promote the standards of care for interventional pain management, our clinical bench includes **boardcertified anesthesiology resources** who guide the development of evidence-based guidelines.

Physical medicine and rehabilitation

Knowing the specialty integration necessary with spine and pain management procedures, the AIM **comprehensive** program includes subject matter experts in physical medicine.

More than 30% of AIM clinical team members maintain an active practice

(3+ clinic days per month)

Orthopedic spine

For the Musculoskeletal program, we have a variety of **spine surgeons** affiliated with AIM to drive the most appropriate use of spine procedures.

Orthopedic sports medicine

Clinical subject matter experts in

this domain provide guideline support and consulting on prevailing practices across the country. AIM incorporates physician feedback from the leading professional societies to encourage quality care. Our robust guideline development process and program governance ensure alignment with current medical evidence

OUR PROCESS LEVERAGES:

The most credible resources:

American Academy Of Orthopaedic Surgeons guidelines

Choosing Wisely

Healthy Blue Association evidence summaries

Technology assessments

Other published guidelines

An **expert panel** of external academic and community orthopedic surgeons

A stringent review cycle, to ensure timely updates



Services requiring preauthorization



Interventional pain management

- Epidural Injections (Interlaminar/Caudal and Transforaminal)
- Facet Joint Injections/ Medial Branch Blocks
- Facet Joint Radiofrequency Nerve Ablation
- Implanted Spinal Cord Stimulators
- Regional Sympathetic Blocks
- Sacroiliac Joint Injections



Spine surgery

- Bone grafts
- Bone Growth Stimulators
- Cervical / Lumbar Spinal Fusions
- Cervical / Lumbar Spinal Laminectomies
- Cervical / Lumbar Spinal Discectomies
- Cervical / Lumbar Spinal Disc Arthroplasties (Replacements)
- Sacroiliac Joint Fusion
- Spinal Deformity (Scoliosis/Kyphosis)
- Spinal vertebroplasty / Kyphoplasty



Joint surgery

- Total Hip Replacement
- Total Knee Replacement
- Shoulder Arthroplasty
- Hip Arthroscopy
- Knee Arthroscopy
- Shoulder Arthroscopy



Clinical appropriateness review - Spine



Spine surgery

- Clinical indications
- Signs and symptoms
- Conservative treatment

- Imaging results
- Number of levels (fusion/decompression)



Included settings:

- Ambulatory surgical center
- Inpatient hospital
- Outpatient hospital
- Hospital observation



Clinical appropriateness review - Pain



Interventional pain management

- Frequency of injections
- Results of prior injections
- Duration of therapy

 Longitudinal record and the capture of previous procedure history brings results to bear



Included settings:

- Ambulatory surgical center
- Outpatient hospital
- Physician's office



Clinical appropriateness review - Joint



Joint surgery

- Level of pain
- Level of function
- Imaging report

- Conservative treatment
- Smoking cessation
- Weight reduction to achieve a BMI <40



Included settings:

- Ambulatory surgical center
- Inpatient hospital
- Outpatient hospital
- Hospital observation





Reconsiderations: AIM will *verbally* accept additional clinical information not previously submitted for a denied case for a period of up to 10 days of an AIM determination for Nebraska



Clinical review workflow

2 Case adjudication

3 Education and intervention

4 Case closure

5 Additional reviews

Submission captured through our online *ProviderPortal*_{SM} or directly with a referral specialist within one of our call centers

Member demographics

1

Case

intake

Requesting provider and facility demographics

Clinical case information

Document upload (if applicable)

Requests are **reviewed in real time** against applicable Anthem medical policy or AIM clinical guidelines Messaging on appropriateness of request and link to guidelines

Peer-to-peer discussion if

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

Messaging of final review outcome to provider

Final determination letter generated to provider and member, if applicable

Extract case information to health plan

Pre-service reconsiderations

Pre-service provider document review

Provider and 1st level member appeals will be managed by AIM



Level of care management

Inpatient setting appropriateness



The inpatient surgical setting, rather than the outpatient setting, is required only if...

- <u>Current</u> postoperative care requirements are of such an intensity and/or duration that they cannot be met in an observation or outpatient surgical setting
- <u>Anticipated</u> postoperative care requirements cannot be met, even initially, in an observational surgical setting due to the complexity, duration, or extent of the planned procedure and/or substantial preoperative patient risk.

Patient risk factors	Surgical risk factors	Surgical procedures
Age greater than 65 or less than 19	 Indications that are emergent and/or systemic 	Joint surgery
• BMI > 40	 Prolonged operative and anesthesia time 	 Arthroscopy-Hip, Knee, Shoulder
Pregnancy	Revision surgery	 Total/Partial Hip Replacement
 Significant medical comorbidities 	 Procedure specific complexity 	 Total/Partial Knee Replacement
 Uncontrolled preoperative pain 	 Surgical facility limitations for 23-hour observation or 	Spine surgery*
 Psychiatric and/or cognitive limitations 	overnight admission	 Cervical Discectomy/Fusion
Social and/or transportation limitations	 Discharge on the day of surgery is not likely 	Cervical Disc Arthroplasty
Europhical limitations		 Cervical Laminotomy/Laminectomy
		 Lumbar Discectomy/Laminectomy



*1 or 2 Levels Maximum

Vertebroplasty/Kyphoplasty

14

Level of care management

Place of service definitions

Inpatient

- Patient's safety or health significantly and directly threatened if care were provided in a less intensive setting
- <u>Current</u> postoperative care requirements are of such an intensity and/or duration that they cannot be met in an observation or outpatient surgical setting
- <u>Anticipated</u> postoperative care requirements cannot be met, even initially, in an observational surgical setting due to the complexity, duration, or extent of the planned procedure and/or substantial preoperative patient risk.
- Not justified when solely for the convenience of the patient, the patient's family, or the provider.

Hospital observation

- Special form of hospital outpatient care
- Provides interim services in place of an inpatient admission
- Allows for a reasonable period of time to evaluate and determine the need for further treatment or for inpatient admission
- Maximum length of stay in Observation Care governed by health plan contract and/or local government regulatory agency.

Hospital outpatient (on/off campus)

 Hospital outpatient setting is appropriate for many surgical procedures that may require extended recovery times, enhanced monitoring not otherwise available in an ASC, and/or possible need for overnight admission.

Ambulatory surgical center

 Ambulatory surgical setting is appropriate for many surgical procedures that are not anticipated to require extended recovery times nor overnight admission.



How long is a preauthorization valid?





Interventional pain management

ORDER NUMBER EXPIRES:





How long is an inpatient stay preauthorization valid?





Case turn around times - Nebraska



CASE





Anne

History:

61 year old nurse is experiencing back pain while standing and is walking bent forward

Her physician's diagnosis – Lumbar spinal stenosis

Member experience

The physician orders spinal fusion surgery.

With our Musculoskeletal program:

- · AIM reviews the clinical information.
- The physician request did not meet the clinical criteria, and AIM recommends a peer to peer discussion. The outcome: Anne's physician concludes that a simpler procedure, decompression surgery, meets the patient's clinical situation.

Results:

- Less invasive surgery
- Reduced recovery time
- The ability to return to the job she loves sooner



Patrick

History:

49 year old former basketball player / current coach has a history of knee pain and is experiencing joint stiffness and pain.

His physician's diagnosis -Meniscal tear with degenerative changes and mild osteoarthritis

Member experience

The physician orders knee arthroscopy surgery.

With our Musculoskeletal program:

- AIM reviews the clinical information.
- AIM identifies that physical therapy, which provides long-term benefits, best meets the member's clinical situation.

Results:

- Patrick receives physical therapy (PT) and his pain is alleviated.
- The strength regained in PT allows him the ability to return to coaching sooner.
- Surgery is avoided and cost is greatly reduced.



Member experience

The physician recommends two steroid injections and places the order for both. AIM guidelines indicate results are needed for the initial injection before 2nd steroid injection can be requested.

At time of follow-up visit, member is no longer experiencing symptoms.

With our Musculoskeletal program:

• AIM's clinical review determines the clinical appropriateness based on treatment results.

Results:

- Carlos heals and is able to resume his normal routine.
- The 2nd injection is avoided and cost to the plan and member are reduced.



Carlos

History:

55 year old factory worker has been experiencing chronic back pain for the past 2 years

His physician's diagnosis – Lumbar disc herniation at L5-S1



Preparing for the Musculoskeletal Program



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Contact center and **Provider**Portal will be available beginning on 12/21/20 for preauthorization requests with dates of service rendered on or after 01/01/21.



What does it mean to my practice?

Question: What should we do if we have a patient scheduled for services after Jan. 1, 2021?

• You should contact AIM to obtain a preauthorization for spine surgery, knee surgery or interventional pain services rendered on or after Jan. 1, 2021.

Question: Do we have to contact AIM if we obtained preauthorization from the patient's prior insurance company for services on or after Jan. 1, 2021?

• Yes, you should obtain a new preauthorization for any services on of after Jan. 1, 2021. AIM has MDs available for peer-to-peer consultations, if necessary, to ensure treatment is not delayed.



Note: lack of authorization prior to rendering services will result in a claim denial.



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
- ProviderPortal support team: (800) 252-2021
- AIM clinical guidelines available on *ProviderPortal*

- Dedicated toll-free number: 1-855-574-6478
- Contact center hours:
 - Monday Friday 7AM 7PM CST
- Voicemail messages received after business hours will be responded to the next business day



Order request check list

Demographic information

- Member first and last name and date of birth
- Order provider first and last name
- CPT code(s) and the name of the procedure you are requesting

Clinical information

- Date of the procedure and type of facility (*i.e. inpatient, outpatient hospital, office, or ambulatory surgery center*)
- Requested procedure laterality (right, left, or bilateral)
- Spine levels and region (if applicable)
- Co-morbidities or surgical risk factors *(if applicable)*
- Anticipated need for a co-surgeon, assistant surgeon, or surgical assistant (*if applicable*)
- Various documentation supporting medical necessity



Musculoskeletal provider microsite



Providers can visit the microsite for:

- > On-site clinical engagement
- > Clinical appropriateness guidelines
- > Worksheets and checklists
- > FAQs



Look for these items at www.aimproviders.com/msk



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?	
Version 19.05.31.s00005312	System Requirements
The Provider Portal application will be un for regularly scheduled maintenance.	available Sundays between 12:30 PM CST - 6:00 PM CST
If you have any questions regarding the r	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.				
Regi	ster					
Contact W AIM Specia (800) 252-2	eb Customer Service Ilty Health 2021	1. User Details	LAST NAME		USER ROLE 🕕	
					Select	•
		ORGANIZATION NAME		2	Select	
					Ordering Provider	
		ADDRESS 1			Servicing Provider Health Plan Representative	
					Genetic 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.

PROVIDER IDENTIFIER 🕧

	Select		
	Select		
	Tax ID (TIN)	oport Program 🕧	
	Group TIN		
	NPI		
4.	Group NPI	<u> </u>	
	Provider ID		
	Agree to the remis 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

DEMO TRAINING	Manage Your Reference Physician List User Profile Desk	
Start Your Order Request Here		Message Center
Check Order Status	Select the date 9/1/2017	The Provider Portal application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.
View Order History	Select the search type O Member ID + DOB	
Check Claim Status	Member ID 376699988 3 Date of Birth 01/01/1961 ×	Provider Resources Next Generation Solutions Tutorial
Access Your Optinet Registration	Find This Member	

Note: AIM Specialty Health maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons or health plans is purely coincidental.

To create a preauthorization request:

1. Enter the "Date of Service"

2. Provide the following member information:

Member ID and Date of Birth

Or

Member ID and Name

3. Next, chose "Find this Member

You can also:

- Check Order Status
- View Order History
- Manage Your Physician List
- Manage Your User Profile
- Reference Desk



Member search results

SpeciatyHealth.						Provider Portal.
Grder Request						Logout
					Ste	p: 12345
Step 1: Please select the member from the list bel	OW.					
Mem	ber Search Results					Records Per Page 10 🔻
Member Name	Member Number	Relation	Sex	Date of Birth	State	Health Plan
85BELL, TINKER	378198033	Employee	F	01/01/1995	IN	1000
Total Number of Records Found:1				Change I	Member Search Criteria	Delete This Request

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

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



Order type and sub-category selection

						Step: 10345
DUCK, DAISY # Edit mber #: 333333333 Date of Service: 1	3/22/2020	Hido Dotaila				
te of Birth: 1/1/1985 Health Plan:	otan (A					
ect the order type for this request.	Then click	Continue below.				
Diagnostic Imaging	-10	Cardiovascular		Sleep Management		
Includes: Angiography, Bone Density CT, CTA, MRA, MRI, Nuclear Medicine, PET	View Code List	Includes: Angiography, percutaneous coronary revascularization, arterial ultrasound	View Code List	Includes: HST, In Lab, Titration, APAP/BPAP/CPAP, Oral Appliance, MSLT, MWT		
Musculoskeletal Sub-Category	\square	Radiation Therapy		Chemotherapy and Supportive Drugs		
Select Spine Surgery Interventional Pain Management Joint Surgery	View Code List	Includes: 20/30, Brachytherapy, IGRT, IMRT, IORT, Proton, Stereotactic (SRS/SBRT), SIRT		Includes: Review of cancer drugs, side effect management and treatment pathways		
Genetic Testing	2	Other Surgical Procedures				
Includes: Laboratory testing for the inheritance or management of genetic conditions	View Code List	Includes: Arthroscopy, Colonoscopy & Endoscopy				
de Member contact information:			12			
23)456-7890 Select V Select						
all Address (Optionsi) Home Office Mobile Other						
gent requests are not expected given the source of the sou	cope of AIM act 800-554-	's services. If you have any questions 0580.				
					-3	

On the order type screen, select "**Musculoskeletal**" and you will be prompted to select a "**Sub-Category**" upon selecting the name.

Sub-category options include:

- Spine Surgery
- Interventional Pain
 Management
- Joint Surgery

Provide a phone number for the member and email (if available)

Click "Continue" when finished

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





Submitting an Interventional Pain Request


Enter requested procedure(s)

SpelatyHealth	© Provider Portal.
Grder Request	Logout
	Step: 123456
85DUCK, DAISY Edit Hide Details Member #: 33333330 Date of Service: 6/22/2020 Date of Birth: 1/1/1985 Health Plan:	
ENTER PROCEDURES PROCEDURES REQUESTED CPT Code 1 Enter here Q OR 2 PROCEDURE CATEGORY 2	res click next.
PROCEDURE Select	
Add Procedure Clear Have a <u>comment or suggestion?</u> Copyright © 2000–2020 AlM Specialty Health. All Rights Reserved.	

Options for Adding Procedures:

Option 1:

 Enter the procedure code in the search and click the magnifying glass

Option 2:

 Select the procedure category and then the procedure from the second drop-down

Select the "Add Procedure" button.

When complete, select the "**Next**" button.

Depending on the procedure being requested, you may be asked for additional information such as, laterality, medical purpose, level, segment, etc. This information must be provided before being able to "Add Procedure"



Enter the primary diagnosis

DEMO				Provider Portal.
Grder Request				Logout
				Step: 123456
85DUCK, DAISY ✓ Edit Member #: 333333330 Date of Se Date of Birth: 1/1/1985 Health Plan	rvice: 6/22/2020 n:	Hide Details		
Code Summary	Enter ICD Code			
62323	Enter your primary ICD cod	e.		
Njx Dx/Ther Sbst Intrimnr Lmbr/Sac W/Img Gdn	Q Enter ICD Code		Search	
	Delete this request			
E	Enter ICD Code			
1	Enter your primary ICD code.			
	Q pain		Search	
	Code	Description		
	<u>R52</u>	Pain, unspecified (Pain)		
	<u>M79.601</u>	Pain in right arm (Arm pain)		
	<u>M79.602</u>	Pain in left arm (Arm pain)		

Search for the patient's primary diagnosis. You may do this by either entering the **ICD code** or using **keywords** of the

diagnosis.

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

Select the "**Next**" button in the lower right corner to proceed to the procedure summary review.



Review requested procedure(s) and diagnosis

SDEMO	Provider Portal.
Grder Request	Logout
	Step: 123456
85DUCK, DAISY Edit Member #: 333333330 Date of Birth: 1/1/1985 Health Plan:	Hide Details 2/2020
Please review the selected procedures. Once you select Next, you	ill not be able to Edit the procedures.
Procedure Summary	
CPT Codes Description	
62323 Njx Dx/Ther Sbst Intrimnr Lmbr/Sac	V/Img Gdn
ICD Codes Description	
R52 Pain, unspecified	
Delete this request	Edit Next

Please be sure to review the requested procedures and the diagnosis provided. After this point, you will not be able to edit this information.

If a change needs to be made, select the "Edit" button.

If the information looks correct, then you may proceed to provider selection by selecting the "**Next**" button.

Step 2 is complete.



Requesting provider selection

DEMO					Provider Portal.
Grder Request					Logout
					Step: 123456
85DUCK, DAISY Member #: 3333333330 D Date of Birth: 1/1/1985 H)ate of Service: fealth Plan:	Hide Del 6/22/2020	ails		
Requesting Provider Search	R	ecent Fa	vorites Search Results		View: Local v
Name	Favorite	ng Providers 1 Name 🛱	Address E] City 🟚 Specialty	韓 Health Plan 韓
TIN or NPI Address	*	BUTTERMANN, GLENN	730 10TH AVE	BALDWIN Orthopedic Surgery	у
	☆	<u>CALLAGHAN,</u> JOHN	975 W WALNUT ST STE 424	INDIANAPOLIS Internal Medicine	
First Name:	*	<u>SCULLY,</u> THOMAS	2 PROGRESS POINT PKWY	OFALLON Urology	
Last Name:		SMITH, ALISON	1730 W 25TH ST	CLEVELAND Radiology	
	145 46 1	60 601			DISPLAYING 1-4 OF 4 RESULTS
State Kentucky	▼	request			
Search	<u>Diear</u>				



Step 1:

Select the requesting provider by clicking on the physician's name.

- Requesting 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

Step 2:

Identify if the performing physician is the same as the Requesting Provider.

 Note: If they are different, you will repeat the same steps for the performing physician



Independent Anesthesia Services

S DEMO	© Provider P
Order Request	
	Step: 12345
85DUCK, DAISY Member #: 333333330 Date of Service: 6/22/2020 Date of Birth: 1/1/1985 Health Plan: Requesting Provider: SCULLY, THOMAS	Hide Details
Anesthesiologist	
Will anesthesia be administered by independent anesthesia personnel? $m{0}$	
🔘 Yes 🔍 No 🔍 Unknown	
Delete this request	

After selecting the requesting and the performing providers, you will be prompted to answer whether **anesthesia** will be administered by independent anesthesia personnel.

This is a provider separate from the performing provider.

After selecting the answer, you will continue to the provider summary by selecting the "**Next**" button.



Provider selection summary

Splente	Reprovider Portal.
Order Request	Logout
	Step: 123456
85DUCK, DAISY Member #: 333333330 Date of Service: 6/22/2020 Date of Birth: 1/1/1985 Health Plan: Requesting Provider: SCULLY, THOMAS	Hide Details
Provider/Physician Summary	
Requesting Provider SCULLY, THOMAS T 2 PROGRESS POINT PKWY N OFALLON_MO 63368 N	Edit IN: 200826746 IPI: 1285692608
(314) 645-6454	
Physician SCULLY, THOMAS T 2 PROGRESS POINT PKWY N OFALLON, MO 63368 (314) 645-6454	Edit IN: 200826746 IPI: 1285692608
Independent Anesthetic No	Edit
Delete this request	Next

Verify that all the providers selected for the case are accounted for and accurate.

Once you have verified all of the information is correct, proceed by selecting the "**Next**" button.

Step 3 is complete.



Site of service selection

Select the appropriate **Site of Service** location where the interventional pain management will be performed.

Interventional Pain Management Site of Service options include:

- Office
- Outpatient Hospital
- Ambulatory Surgical Center

To proceed forward with facility selection, please select the "**Continue**" button.



Facility selection

Specialty	Health"												
	Order Request												Logout
											Step:	1234	56
85DUCH Member # Date of Bi Requestin	C, DAISY f: 3333333330 I irth: 1/1/1985 I ig Provider: SCULLY, THOMAS	Date of Servic Health Plan:	te: 6/22/2020	Hide De	etails								
Please Cho	ose a Provider												
Office Fa	cility Search		In Network	Expan	ded Search	Out of Net	twork						
Facility Na	ame:		Office Facility Search Resu	ilts								Change Site	of Service
HOSPIT	AL		Facility Name	¢2	Address	E	City	🟚 State 🟚	Phone 🟚	Distance	Action	Map De	signation
City:			CARDINAL GLENNON CHILDR HOSPITAL	RENS	1465 S GRAND	BLVD	SAINT LOUIS	MO	(314) 268- 4079	241.12	<u>View</u> Details	<u>View</u> <u>Map</u>	
State Missouri		•	CARDINAL GLENNON CHILDR HOSPITAL	RENS	1465 S GRAND	BLVD	SAINT LOUIS	MO	(314) 577- 5600	241.12	<u>View</u> Details	<u>View</u> <u>Map</u>	
Zip Code:			CARDINAL GLENNON CHILDR HOSPITAL	RENS	505 COUCH AVI	E STE 330	SAINT LOUIS	МО	(314) 842- 3535	251.26	<u>View</u> Details	<u>View</u> Map	
Group NP	l:		CARDINAL GLENNON CHILDR HOSPITAL	RENS	13131 TESSON STE 105	FERRY RD	SAINT LOUIS	MO	(314) 842- 3535	252.03	<u>View</u> Details	<u>View</u> <u>Map</u>	
Searc	h	Clear	CENTERPOINTE HOSPITAL		1430 OLIVE ST	STE 105	SAINT LOUIS	MO	(314) 768- 3858	239.03	<u>View</u> Details	<u>View</u> <u>Map</u>	
			CENTERPOINTE HOSPITAL		763 S NEW BAL 130	LAS RD STE	SAINT LOUIS	MO	(314) 292- 7323	250.78	<u>View</u> Details	<u>View</u> <u>Map</u>	
			CENTERPOINTE HOSPITAL		763 S NEW BAL 310	LAS RD STE	SAINT LOUIS	MO	(314) 292- 7323	250.78	<u>View</u> Details	<u>View</u> Map	
			CENTERPOINTE HOSPITAL		5000 CEDAR PL STE 380	AZA PKWY	SAINT LOUIS	MO	(314) 842- 4463	252.09	<u>View</u> Details	<u>View</u> <u>Map</u>	
			CENTERPOINTE HOSPITAL		5000 CEDAR PL STE 180	AZA PKWY	SAINT LOUIS	МО	(314) 842- 4463	252.09	<u>View</u> Details	<u>View</u> <u>Map</u>	
			CENTERPOINTE HOSPITAL		4905 MEXICO R	D STE 100	SAINT PETERS	MO	(636) 244- 2625	253.66	<u>View</u> Details	<u>View</u> <u>Map</u>	
			140 40 1 2 3	à ê	144 44					DISPL	AYING 1	-10 OF 100 R	ESULTS
			Delete this request									Subn	nit a Facility

Select the facility where the procedure will be performed.

O ProviderPortal

You can search for a facility by name and location, or the group NPI for the facility.

Please note: if you cannot find the facility you are looking for in any of the lists, you can select "Submit a Facility" in the lower right corner.

n coarch for a facility by



Facility summary review

SpeciallyHealth	Revider Portal.
Order Request	Logout
	Step: 123456
85DUCK, DAISY	
Facility Summary	
Site of Service Details	Edit
Office Facility	Edit
CARDINAL GLENNON CHILDRENS HOSPITAL TIN: 430738490 1465 S GRAND BLVD NPI: 1174577670 SAINT LOUIS, MO 63104 (314) 268-4079	
Delete this request	Next

Once the facility is selected, the facility summary screen will serve as a review of the information that has been provided.

If nothing needs to be changed, you can select the "**Next**" button at the lower right corner.

Step 4 is complete.



Clinical data entry

DEMO	© ProviderPortal.
Order Request	Logout
	Step: 123456
85DUCK, DAISY Member #: 333333330 Date of Service Date of Birth: 1/1/1985 Health Plan: Requesting Provider: SCULLY, THOMAS	Hide Details 6/22/2020
PROCEDURES REQUESTED (1)	CLINICAL INFORMATION
62323 Nix Dx/Ther Sbst Intrimnr Lmbr/Sac W/Img Gdn Requires Clinical Information	Answer the following questions to provide as much information as possible for clinical review. * Is this the patient's first epidural steroid injection in this spinal region? >> Yes No
	Delete this request Save and Exit Next

AIM Specialty Health has developed clinical algorithms to collect and verify information about the member's clinical condition.

These questions are designed to provide immediate feedback on your responses.

Ensure you have the necessary clinical information available to answer the questions completely and accurately allows for the best user experience.



Clinical feedback

DEMO	Provider Portal.
Grder Request	Logout
	Step: 123456
85DUCK, DAISY Member #: 333333330 Date of Service: Date of Birth: 1/1/1985 Health Plan: Requesting Provider: SCULLY, THOMAS	Hide Details 6/22/2020
Clinical Summary Diagnosis / ICD Code: R52 Pain, unspecified	Please contact AIM's clinical reviewer team if you would like to discuss the case or you may withdraw this request. CLINICAL SUMMARY Collapse All
PROCEDURES REQUESTED (1) 62323 Njx Dx/Ther Sbst Intrimnr Lmbr/Sac W/Img Gdn Requires Further Review	62323 Njx Dx/Ther Sbst Intrimmr Lmbr/Sac W/Img Gdn Requires Further Review Based on the information you have provided, your request does not meet medical necessity criteria due to the following:

The **clinical feedback** is tailored based on your answers provided during the order request.

If you feel that there are questions that you did not answer accurately, you may **edit** responses.

Once you are satisfied that these answers are reflective of the member's clinical condition, select the "**Continue**" button.

Step 5 is complete

Note: Based on the feedback provided, some cases may require documents to be uploaded.



Order request preview



This is a preview of your order.

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

Select "**Submit This Request**" to proceed.

After selecting the "**Submit This Request**" button, you will be able to provide additional information, as necessary.



Additional information opportunity

	Provider Portal.
	Logout
Enter Additional Clinical Information Below	
Based on the information provided, the request does not meet Medical policy, please submit additional information below:	
First Name Demo	REQUIRED
Last Name Training	REQUIRED
Phone Ext	
(800) 123-4567 Email	
	REQUIRED
Additional clinical information: (Maximum 1800 characters)	REQUIRED
	//
Save	Cancel

Prior to the case being submitted, you will be asked to include your first name, last name, phone, and email.

AIM will pre-populate the information based on data from your user profile.

You may provide additional clinical information (up to 1800 characters) for AIM staff to use when reviewing the case.

Click **"Save**" to submit the preauthorization request.





Submitting a Joint or Spine Surgery Request



Enter requested procedure(s)

S DEMO		Provider Portal.
Grder Request		Logout
		Step: 123456
85DUCK, DAISY ✓ Edit Member #: 333333330 Date of Birth: 1/1/1985 Health Plan:	Hide Details 22/2020	
ENTER PROCEDURES 1 CPT Code 1 Enter here Q OR 2 PROCEDURE CATEGORY 2 Select Image: Clear	RES REQUESTED dures can be entered at this time. Once you finished entering all your procedures click new uest	<i>t.</i>
Have a <u>comment or suggestion?</u> Copyright © 2000–2020 AlM Specialty Health. All Rights Reserved.		

Options for Adding Procedures:

Option 1:

 Enter the procedure code in the search and click the magnifying glass

Option 2:

 Select the procedure category and then the procedure from the second drop-down

Select the "Add Procedure" button.

When complete, select the "**Next**" button.

Depending on the procedure being requested, you may be asked for additional information such as, laterality, medical purpose, level, segment, etc. This information must be provided before being able to "Add Procedure"



Enter the primary diagnosis

DEMO	Ω Pi	roviderPortal.
Order Request		Logout
	Step: (1)(2)	3456
85DUCK, DAISY	Hide Details f Service: 6/22/2020 Plan:	
Code Summary	Enter ICD Code	
27447	Enter your primary ICD code.	
Arthrp Kne Condyle&Platu Medial&Lat Compartments Right	Q Enter ICD Code Search	
	Delete this request	



Search for the patient's primary diagnosis. You may do this by either entering the **ICD code** or using **keywords** of the diagnosis.

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

Select the "**Next**" button in the lower right corner to proceed to the procedure summary review.



Review requested procedure(s) and diagnosis

DEMO		Provider Portal.
Order Request		Logout
		Step: (123456)
85DUCK, DAISYMember #:33333Date of Birth:1/1/198	Hide Details 33330 Date of Service: 6/22/2020 35 Health Plan:	
Please review the selected	procedures. Once you select Next, you will not be able to Edit the procedures.	
Procedure Summary		
CPT Codes	Description	
27447	Arthrp Kne Condyle&Platu Medial&Lat Compartments Right	
ICD Codes	Description	
M13.861	Other specified arthritis, rt knee	
Delete this request		Edit

Review the requested procedures and the diagnosis provided. After this point, you will not be able to edit this information

If a change needs to be made, select the "Edit" button.

Click "**Next**" to proceed to provider selection

Step 2 is complete



Requesting provider selection

DEMO								© Provide	erPortal.
Grder Request									Logout
								Step: (1) (2) (3) (4)	56
85DUCK, DAISY Member #: 333333330 Date of Birth: 1/1/1985	Date of Servi Health Plan:	ce: 6/.	12/2020	Hide Details					
Requesting Provider Search		Rec	ent	Favorites	Search Resul	ts		View:	Local
Name		Requesting	Providers		Address	ndna Citu ndna	Specially	the Health Dian	
TIN or NPI			BUTTERMANN,		730 10TH AVE	BALDWIN	Orthopedic Surgery		<u>1</u>
Address		☆	CALLAGHAN,		975 W WALNUT ST STE 42	4 INDIANAPOLIS	Internal Medicine		
First Name:		*	SCULLY, THOMAS		2 PROGRESS POINT PKW	Y OFALLON	Urology		
Last Name:		\$	SMITH, ALISON		1730 W 25TH ST	CLEVELAND	Radiology		
		Ida da 1 66	₩					DISPLAYING 1-4 OF 4	RESULT
State Kentucky	•	Delete this re-	quest						
Search	<u>Clear</u>								
					Primary Surgeon				
				9	Is the Primary Sur	geon the same	as the Request	ing Provider?	
					🔍 Yes 💦 🔍 No	1			

Step 1:

Select the requesting provider by clicking on the physician's name.

- Requesting 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

Step 2:

Identify if the Primary Surgeon is the same as the Requesting Provider.

 Note: If they are different, you will repeat the same steps for the Primary Surgeon



Additional surgical staff

Specially Health	Provider Portal.
Grder Request	Logout
	Step: 123456
Hide Details85DUCK, DAISYHide DetailsMember #:33333330Date of Service:6/22/2020Date of Birth:1/1/1985Health Plan:Requesting Provider:SCULLY, THOMASSCULLY, THOMAS	
Additional Surgical Staff	
Select the additional Surgical Staff (if any), that will assist for the requested procedures.	
Assistant Surgeon	
Surgical Assistant	
Delete this request	Next

* If the procedure code allows for additional surgical staff, you will be prompted to select additional surgical that will be present for the surgery.

55

Surgeon and Assistant Surgeon, the selection of the provider is generally required and mirrors the provider

selection process for requesting provider and primary surgeon.

With the selection of Co-



After selecting the requesting and the performing providers, you will be prompted to **select any additional staff** that will be present for the surgery. *

Depending on standard coding rules, Co-Surgeon, Assistant Surgeon, and/or Surgical Assistant is available.

Surgical staff summary

SpeciallyHealth	Provider Portal.
Grder Request	Logout
	Step: 123456
85DUCK, DAISY Hide Details Member #: 333333330 Date of Service: 6/22/2020 Date of Birth: 1/1/1985 Health Plan: Requesting Provider: SCULLY, THOMAS	
Surgical Staff Summary	
Requesting Provider	Edit
SCULLY, THOMAS TIN: 200826746	
2 PROGRESS POINT PKWY NPI: 1285692608	
OFALLON, MO 63368	
(314) 645-6454	
Primary Surgeon	Edit
SCULLY, THOMAS TIN: 200826746	
2 PROGRESS POINT PKWY NPI: 1285692608	
OFALLON, MO 63368	
(314) 645-6454	
Surgical Staff	Edit
Surgical Assistant: Yes	

Surgical Staff Summary allows you to verify that all the providers selected for the case are accounted for and accurate.

Once you have verified all the information is correct, proceed by selecting the "**Next**" button.

Step 3 is complete.



Site of service selection

			© Provider
			Step: 12345
85DUCK, DAISY Member #: 3333333330 Date of Birth: 1/1/1985 Requesting Provider: SCULLY, THOMA	Date of Service: 6/22/2020 Health Plan: S	Hide Details	
Site of Service			
Select Site of Service: Select Hospital Observation Outpatient Hospital Ambulatory Surgical Center Inpatient Hospital	•		

Select the appropriate **Site of Service** location where the procedures will be performed. Site of Service options include:

- Outpatient Hospital
- Ambulatory Surgical Center
- Inpatient Hospital
- Hospital Observation (if recognized by the health plan)

To proceed forward with facility selection, please select the "**Continue**" button.



Facility selection

DEMO								Provider Portal.
Grder Request								Logout
							Step: (1	23456
85DUCK, DAISY Member #: 3333333330 Date of Serv Date of Birh: 1/1/1985 Health Plan: Requesting Provider: SCULLY, THOMAS Please Choose a Provider	Hide [ice: 6/22/2020	Details						
Outpatient Hospital Facility Search	In Network Expa	anded Search Out of N	etwork					
Facility Name:	Outpatient Hospital Facility Sea							Change Site of Service
HUSPITAL	Facility Name 📫	Address E	I City 🖾	State 🟚	Phone 🟚	Distance	Action	Map Designation
City:	ADVANCE HANNIBAL REGIONAL HOSPITAL	55 TROY SQ	TROY	MO	(636) 528- 7333	270.01	<u>View</u> Details	<u>View</u> <u>Map</u>
State Missouri	ADVANCE HANNIBAL REGIONAL HOSPITAL LLC	710 N BUS HWY 61 STE 100	BOWLING GREEN	MO	(573) 324- 6079	275.67	<u>View</u> Details	<u>View</u> Map
Zip Code:	ADVANCE HANNIBAL REGIONAL HOSPITAL LLC	710 N BUSINESS HIGHWAY 61 STE 100	BOWLING GREEN	МО	(573) 324- 6079	276.11	<u>View</u> Details	<u>View</u> Map
Group NPI:	ADVANCE HANNIBAL REGIONAL HOSPITAL LLC	710 BUSINESS HIGHWAY 61 N STE 100	BOWLING GREEN	MO	(573) 324- 6079	276.11	<u>View</u> Details	<u>View</u> <u>Map</u>
Search <u>Clear</u>	CARDINAL GLENNON CHILDRENS HOSPITAL	1465 S GRAND BLVD	SAINT LOUIS	MO	(314) 577- 5600	241.12	<u>View</u> Details	<u>View</u> <u>Map</u>
	CENTERPOINTE HOSPITAL	1430 OLIVE ST STE 105	SAINT LOUIS	MO	(314) 768- 3858	239.03	<u>View</u> Details	<u>View</u> <u>Map</u>
	CENTERPOINTE HOSPITAL	763 S NEW BALLAS RD STE 130	SAINT LOUIS	MO	(314) 292- 7323	250.78	<u>View</u> Details	<u>View</u> <u>Map</u>
	CENTERPOINTE HOSPITAL	763 S NEW BALLAS RD STE 310	SAINT LOUIS	MO	(314) 292- 7323	250.78	<u>View</u> Details	<u>View</u> Map
	CENTERPOINTE HOSPITAL	5000 CEDAR PLAZA PKWY STE 380	SAINT LOUIS	МО	(314) 842- 4463	252.09	<u>View</u> Details	<u>View</u> <u>Map</u>
	CENTERPOINTE HOSPITAL	5000 CEDAR PLAZA PKWY STE 180	SAINT LOUIS	MO	(314) 842- 4463	252.09	<u>View</u> Details	<u>View</u> <u>Map</u>
	KK 44 1 2 3 4	ê 10 M				DISPL	AYING 1-	-10 OF 100 RESULTS
	Delete this request							Submit a Facility

Select the facility where the procedure will be performed.

You can search for a facility by name and location, or the group NPI for the facility.

Please note: if you cannot find the facility you are looking for in any of the lists, you can select *"Submit a Facility" in the lower* right corner.



Facility summary review

Sperior Health	ProviderPortal.
Grider Request	Logout
	Step: 123456
85DUCK, DAISY	S
Facility Summary	
Site of Service Details	Edit
Outpatient Hospital	
Facility	Edit
CENTERPOINTE HOSPITAL TIN: 421573141	
1430 OLIVE ST STE 105 NPI: 1659364206	
SAINT LOUIS, MO 63103	
(314) 768-3858	
Delete this request	Next

Once the facility is selected, the facility summary screen will serve as a review of the information that has been provided.

If nothing needs to be changed, you can select the "**Next**" button at the lower right corner.

Step 4 is complete.



Clinical data entry

DEMO		Provider Portal.
Order Request		Logout
		Step: 123456
85DUCK, DAISY Member #. 3333333330 Date of Service Date of Birth: 1/1/1985 Health Plan: Requesting Provider: SCULLY, THOMAS	Hide Details 6/22/2020	
PROCEDURES REQUESTED (1)	CLINICAL INFORMATION	
27447 Arthrp Kne Condyle&Platu Medial&Lat Compartments Right Requires Clinical Information	Answer the following questions to provide as much information as possible for clinical review. * Is this request for a tumor (primary or metastatic) or acute fracture? Yes No Unknown	
	Delete this request Save and Exit	Next

AIM Specialty Health has developed clinical algorithms to collect and verify information about the member's clinical condition.

These questions are designed to provide immediate feedback on your responses and could potentially lead to an automated approval.

Answer the questions to the best of your ability in order to have the best experience possible.



Clinical feedback

ProviderPortal. Order Request Step: (123456) 85DUCK, DAISY Hide Details 3333333330 6/22/2020 Member #: Date of Service: Date of Birth: 1/1/1985 Health Plan: Requesting Provider: SCULLY, THOMAS The following documentation is required with this request for Clinical Review. This information needs to be uploaded in **Clinical Summary** ProviderPortal for Clinical Review to be completed. Diagnosis / ICD Code: · Office notes from the three (3) most recent visits M13.861 Other specified arthritis, rt Recent knee imaging results pertinent to this request knee Initial history and physical exam Any consultation reports PROCEDURES REQUESTED (1) List of patient's diagnoses, including indications for the procedure Type and duration of all therapeutic measures provided (if conservative management is not appropriate, the reason must be clearly documented) 27447 Arthrp Kne Condyle&Platu Medial&Lat CLINICAL SUMMARY Collapse All 🔻 Compartments Requires Further Review 27447 Arthrp Kne Condyle&Platu Medial&Lat Compartments Requires Further Review Based on the information provided additional clinical information and documentation is needed for this procedure

The **clinical feedback** is tailored based on your answers provided during the order request.

If you feel that there are questions that you did not answer accurately, you may edit responses.

Once you are satisfied that these answers are reflective of the member's clinical condition, select the "**Continue**" button.

Step 5 is complete

Note: Based on the feedback provided, some cases may require documents to be uploaded.



Order request preview

	bmit the request, please attach	all requested documents. Failure to do so may alle	ect the outcome of the case.		
ubmit This R	equest Go to Homepage	Delete this request			Save as PCF
an Lend yo	u an email with information abo	out your case?			Send E
DEM	Q				C ProviderPor
Orde	r Request Pr	eview			
Request	t Status:	Health Plan:	SI	art Date:	
Has Not Bee	in Submitted	Anthem CR	06	22/2020	
Member 85DUCK, Dr Member #, Y PO BCX 79 ARGILLITE, Date of Birth Phone: 773-	Information: MSY (RM333333330 (KY 48033 (KY 48033 (KY 48033 (KY 48033 (KY 4803) (KY 48	Requesting Provider: SCULY, THOMAS 2 PROGRES POINT PKWY OFALLON, MO 83380 Prome 31-865-6854 Fax: 314-834-1914 NPL: 1205022000	Primary Surgeon: scully, THOMAS 2 ROODESS POINT PRAY OFALLON, MO 63360 Prime: 314-635-8654 Fax: 314-635-8654 Fax: 314-635-8654 NH: 1286962609	Facility: // E CENTERPOINTE H 1430 OLIVE 81 STI SAINT LOUIS, MO FROM: 314-768-380 Fac: NE: 165R264206 Sits Of Service Typ	dit OSPITAL E 105 I33103 I8 WcOutpatient Hospital
Surgical s	staff I Assistant				
Yes Attach I O O Te -of -of -of -of -of	Documents in must provide the following of lice notes from the three (3) mo cent linee imaging results perit is history and physical exam	documents to support this request. The docum st recent visits nert to this request	ents will be used for Clinical Review.		
Yes Attach I G You -Of -Re -Ini -An -Us -Ty	Documents insust provide the following of the notes from the three (3) mo eart times imaging results part is history and physical exam- ry consultation imports to patients dagraces, includi- ce and duration of all therapout HMENTS	documents to support this request. The docum of record vision nert to this request rig indicators for the procedure to massures provided (if concervative management	ents will be used for Clinical Review.	merted)	
Yes Attach I Pos Pos Pos Pos Pos Pos Pos Pos Pos Pos	Documents insust provide the following in the notes from the three (3) mo earth male integration provide back (a) history and physical exam- y controllation in sports to planetris degraces, includi- be and duration of all thorapout IMENTS 20	documents to support this request. The docum of recent view. ment to this request ing indications for the procedure in macunes provided (if conservative management	ents will be used for Clinical Review.	merited)	
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Yes Attach I Yes Yes Yes Attach I Attach Filenal Attach Filenal The Clinic: Independe Please cal	Documents Immut provide the followary of the notes from the followary of the notes from the from (3) in the notes from the three (3) in the notes from the three (3) in the notes for the three (3) in the notes of the the the three (3) in the notes	documents to support this request. The documents to support this request. The document of the served in the served	ents will be used for Clinical Review. It is not appropriate, the reason must be clearly docu FILE SIZE (Marc 15 MB)	norted) STATUS	ACTION ATTACHFIL user and has not been
Yes Attach I You or or or or or or or or or or	Documents In misst provide the following of the notes from the three [3] more the notes from the three [3] more interimed integraphy and physical exam- tee and duration of all thorapout Integraphy and physical exam-	documents to support this request. The document sets means the second vision next to this request in a mean of the procedure to the measures provided (If contentiation management DOCUMENT TYPE DOCUMENT TYPE as obtained by AIM through the order entry viewed. good Requests.	ents will be used for Clinical Review. It is not appropriate, the reason must be clearly docu FILE SIZE (Marc 15 MR) y process. The information is being displaye	norted) STATUS	ACTION ATTACHTOR user and has not been
Yes Attach I You -on-	Documents in mist provide the following of tee notes from the tree [3] more teen notes integring near the part is in history and physical exam to provide the following of to patient's diagnoses, include to patient's diagno	documents to support this request. The documents to support this request the document state contribution in the request of the recodure is management of the recodure is management of the record of t	ents will be used for Clinical Review. It is not appropriate, the reason must be clearly docu FILE SIZE (Marc 15 MR) y process. The information is being displaye Status	nerted) STATUS d for the convenience of the s Reason	ACTION ATTACHESIZ user and has not been Action
Yes Attach I Yes Yes Yes Yes Yes Yes Yes Yes	Documents Interference Interfer	documents to support this request. The document set recent view ment to this request ing industors for the procedure is maximum provided (if containative management DOCUMENT TYPE COCUMENT TYPE as obtained by AIM through the order entry viewed. goot Requests.	ents will be used for Clinical Review. It is not appropriate, the reason must be clearly docu FILE SIZE (Mee: 15 MR) y process. The information is being displaye Status	nontod) STATUS d for the convenience of the r Reason	ACTION ATTACHTE user and has not been Action
Yes Attach I Yes Attach I Yes Attach I Yes Attach I Attach FI Atta	Documents Immutprovide the following of the notes from the three (3) on the notes for the	documents to support this request. The document set exact vites next to this request ing indicators for the procedure in measures provided (if conservative management DOCUMENT TYPE DOCUMENT TYPE ass obtained by AIM through the order entry vivewed grant Requests.	ents will be used for Clinical Review. It is not appropriate, the reason must be clearly docu FILE SIZE (Marc 15 MB) y process. The information is being displaye Status	norted) STATUS d for the convenience of the r Reason	ACTION ATTACHTRE user and has not been Action

This is a preview of your order.

Select "**Submit This Request**" to proceed.

After selecting the "**Submit This Request**" button, you will be able to provide additional information, as necessary.

The middle section for **upload documentation** will describe the documents that are required for AIM to properly review this request.

It is essential to upload the necessary documentation on case submission in order to have the case properly reviewed.



Additional information opportunity

	Loc
Enter Additional Clinical Information Below	
Based on the information provided, the request does not meet Medical p	policy, please submit additional information below:
First Name	
Demo	REQUIRE
Last Name	
Training	MEQUIRE
Phone (800) 123-4567	Ext
Email	REQUIRE
Additional clinical information: (Maximum 1800 charactere)	
	REQUIRE

Prior to the case being submitted, you will be asked to include your first name, last name, phone, and email.

AIM will be pre-populated the information based on data from your user profile.

You may provide additional clinical information (up to 1800 characters) for AIM staff to use when reviewing the case.

Click "**Save**" to submit the preauthorization request.





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

Grder 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:	Order/Status	🟚 Member Name 📑	Member Number 🟚	Start Date 🟚 Ordering Provide	r 韓 Expires 韓
Rollans (M	<u>110144761</u>	85DUCK, DAISY	33333333	4/23/2020 SCULLY, THOMA	S 36 days
Search by:	Voluntarily Withdrawn	85DUCK, DAISY	33333333	4/23/2020 SCULLY, THOMA	S
Member 🔻	Voluntarily Withdrawn	85DUCK, DAISY	33333333	SCULLY, THOMA	S
SELECT SEARCH TYPE	In Progress	85DUCK, DAISY	33333333	SCULLY, THOMA	S
Member ID + DOB	199 99 TT DE DE			DISPLAYING 1	-4 OF 4 RESULTS
O Member ID + Name	Multiple Decisions Rendered				
MEMBER ID 333333333	Back to Search results				Print Preview
DATE OF BIRTH 01/01/1985					
Find Clear					

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

A:FA					@ Provid	erPortal.			
nt i Order Request						ielp Logout			
Welcome: Portal User	Manage Your Physician List	Manage Your User Profile	Reference D	Desk					
Start Your Order Request Here	Show me:	For:	Within the	last. With	the status:				
Check Order Status	My Orders	Diagnostic Imaging Cardiovascular Specialty Drug Radiation Therapy							
View Order History	OMy Group's Orders	Sleep Management Chemotherapy and Suppo Surgical Procedures Genetic Testing	ortive Drugs		~	Go			
Access Your OptiNet Registration		Musculoskeletal						(2 Dec)	Internet
Access Your Reports	Spec	Engl Kollis						@ Prov	iden-ortal.
		Welcome: Portal User	Manage Your Physician Lis	t 🌆 M	lanage Your ser Profile	e	Reference Desk		
		Start Your Order Request Here	Show me.	For			Within the last	With the status	5
	•	Check Order Status	My Orders	Diagnostic Imaging Cardiovascular Specialty Drug Radiation Therapy Sleep Management Chemotherapy and Supportive Drugs Surgical Procedures Genetic Testing Management			(7. Dec. 4.4)		
		View Order History	OMy Group's Orders			T Days		Go	
		Access Your OptiNet Registration	A	Il Orders	skeletal	-	1	Records Per	Page 10 💌
		Access Your Reports	Member Name SMITH, JACK 0	Member Number 00000001	Date of Service 11/01/2017	Order Status Incomplete	Ordenicg Provider Able, Joe	Entered Date 11/01/2017	Entered By Demo User

To view previous orders from the home page:

- 1. Navigate to "View Order History"
- 2. Select the "Musculoskeletal" request type
- Choose your timeframe 3.
- 4. Select "Go"

This will pull all the orders in the given timeframe. It will display the member's name, and the order status.

Click on the member's name to open the request summary.



Manage My Groups

Generation Order Request		Logout
ome 🌖 M	lanage Your Manage Your Reference hysician List User Profile 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 Mamber ID	
Access Your Optinet Registration	Date of Birth MM/DD/YYYY	-

To create a more customized and easier experience, AIM *ProviderPorta*l 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 Logout

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 T
Client Key	Health Plan	Action
		Remove
▼ of6		Total Number of Records Found:

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

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





Training Tutorials, CPT Code List, and AIM Clinical Guidelines are located within the Reference Desk.



Adding a health plan to an existing user account

Order Request		
Welcome DEMO TRAINING	lanage Your Beference hysician 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	Member ID Member ID + Name	
Access Your Optinet Registration	Find This Member	

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 >


Reminders







AIM conducts a provider satisfaction survey annually in December.

Please be sure to participate!



Questions?

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Musculoskeletal Program provider website: www.AIMProviders.com/MSK

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

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