

Radiology and Cardiology Provider Office Staff Training

March 10, 2023

Note: Carelon Medical Benefits Management, Inc. is an independent company providing pharmacy benefit management services for Healthy Blue provider on behalf of Blue Cross and Blue Shield of North Carolina. Healthy Blue is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners. NCHB-CD-023945-23 June 2023

© 2023 Carelon Medical Benefits Management Medical Benefits Management Proprietary and confidential.

Objective

Effective November 1, 2022, Carelon Medical Benefits Management, Inc. began managing radiology and cardiology reviews for Healthy Blue[®] membership. Our objective today is to help you understand what this means to you and your practice.

🕮 Agenda

Introduction to Carelon Medical Benefits Management

Healthy Blue Program Overview

Preparing for the Program Go-Live

Carelon Medical Benefits Management provider portal Order Request Demonstration

Additional Carelon Medical Benefits Management provider portal features



© 2023 Carelon Medical Benefits Management Medical Benefits Management Proprietary and confidential.



Carelon Medical Benefits Management's business is national in scale and scope across multiple solutions





Our radiology program membership coverage by state







Our collaborative approach enhances the provider experience

90%

OVERALL SATISFACTION

4-5MIN

AVERAGE INTAKE TIME



SATISFACTION WITH PORTAL EASE OF USE 87%+

OF REQUESTS RESOLVED WITHIN 24 HOURS



Our multispecialty team of physicians assures clinical credibility



STACEY BAN

Vice President and National Medical Director, Medical Oncology



CHRIS BUCKLE

National Medical Director, Radiology and Guideline Development



RUPA NIMMAGADDA

Associate Medical Director, Government Programs



MICHAEL J. FISCH

National Medical Director, Medical Oncology Programs and Genetics



MATTHEW PATTON

Associate Medical Director, Surgical Procedures



THOMAS P. POWER

National Medical Director, Cardiology, Sleep Medicine, and Surgical Procedures



KERRIE REED

> National Medical Director, Rehabilitation



RICHARD VALDESUSO

National Medical Director, Musculoskeletal



ROBERT ZIMMERMAN

National Medical Director, Radiation Oncology





Healthy Blue Program Overview

Note: Carelon Medical Benefits Management Medical Benefits Management maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.



Services requiring preauthorization





Settings requiring preauthorization





© 2023 Carelon Medical Benefits Management Medical Benefits Management Proprietary and confidential.

83

Ordering provider-initiated requests

Prospective Utilization Management program for all services

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, Implantable Cardioverter Defibrillators, and Pacemakers

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



Carelon Medical Benefits Management will verbally accept additional clinical information not previously submitted for a denied case for a period of up to 10 days



Clinical review steps





How long is a preauthorization valid?

ORDER NUMBER VALID TIMEFRAME IS BASED ON:

The day the case was entered +60 calendar days



© 2023 Carelon Medical Benefits Management Medical Benefits Management Proprietary and confidential.

Carelon Medical Benefits Management closes most cases within 24 hours



Case turn around times

CASE





© 2023 Carelon Medical Benefits Management Medical Benefits Management Proprietary and confidential.



Healthy Blue is Live

Note: Carelon Medical Benefits Management Medical Benefits Management maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.





Contact center and provider portal has been available since November 1, 2022 for preauthorization requests with dates of service rendered on or after November 1, 2022.



Submitting an order request

Provider portal

- 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)
- Provider portal support team: (800) 252-2021

Carelon Medical Benefits Management contact center

- Dedicated toll-free number: (866) 745-1788
- Contact center hours: 7 AM 7 PM (ET) M-F
- Voicemail messages received after business hours will be responded to the next business day

* Carelon Medical Benefits Management call center is closed on the following holidays: Christmas Day



Which Healthy Blue members need preauthorization through Carelon Medical Benefits Management?



Medicaid



Commercial

Medicare

Please contact the health plan to verify preauthorization requirements for members who are not found within the Carelon Medical Benefits Management system.

If the health plan confirms eligibility, they may contact Carelon Medical Benefits Management to have the member manually added into the Carelon Medical Benefits Management system.

Order request checklist

Gather necessary information prior to logging into the Carelon Medical Benefits Management provider portal



Order demographic requirements:

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



- Date of Exam
- CPT code(s) and name of the exam being requested
- Member's diagnosis



© 2023 Carelon Medical Benefits Management Medical Benefits Management Proprietary and confidential.

Provider microsite

S carelon

Welcome Tutorial How to Participate • Getting the Answers You Need • Resources News blog



Cardiology

I) recognizes the key role that medical practices play in the delivery of care for patients with cardiovascular disease. Developed in collaboration with your patients' health plans, our Cardiology program helps support quality care that is consistent . and the patients you serve.

Our process



Based on the clinical information you submi against clinical guidelines and health plan m authorizations required by your patients' hea

Our review process encompasses certain of



Welcome

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

Our Radiology review process

is here to assist in your efforts to deliver the best quality and affordable care for your patients. The clinical information you submit is reviewed against clinical guidelines and health plan specific medical policies to ensure alignment with current best practices. Providers benefit by having a central location to obtain authorizations required by your patients' health plans.

Providers can visit the Microsite for:

- **>** Register on the Carelon Medical Benefits Management provider portal
- **Clinical Guidelines**

偑

) Order Request Checklists

https://providers.Carelon Medical Benefits Managementmedicalbenefitsmanagement.com/radio logy/

https://providers.Carelon Medical Benefits Managementmedicalbenefitsmanagement.com/cardi ology/



mportant in our busy world. rovider practice feedback

I love the quick response I get whe

using the ProviderPortal. Even if

nurse reviews or peer-to-peer evaluations have to be made, your programs all run smoothly. That's

Provider portal highlights

Provider portal modules



Provider portal access and registration

- Register at Carelon Medical Benefits Management via
 <u>www.providerportal.com</u>
- Select your User Role
- Enter Username and Password
- Enter value for unique key (I.e., TIN, NPI)
- Check your inbox for an email from Carelon Medical Benefits Management



Benefits of obtaining prior authorization and post service reviews using the Carelon Medical Benefits Management provider portal





© 2023 Carelon Medical Benefits Management Medical Benefits Management Proprietary and confidential.

Log into the provider portal to register

carelon.	Provider Portal
User Login	
USERNAME	
Username	
PASSWORD	
Password	
C Remember Me	Don't have an account?
Login	Register
Can't access your account?	

Have you heard the news? On March 1, AIM Specialty Health will change its name to Carelon Medical Benefits Management. The look of ProviderPortal will be updated to reflect our new brand. There will be no change to the URL or your user name and password. This does not impact our case submission process. Please continue using the portal as you did prior to our name change. Learn more here.

If you need assistance, please <u>Click Here</u> or contact the ProviderPortalSM Support Team at (800) 252-2021.

Access the provider portal at:

https://providerportal.com

If you are registered with the Carelon Medical Benefits Management *provider portal,* log in with your existing user account

or

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



Registering via the provider portal

Register		
Contact Web Customer Service	1. User Details	
(800) 252-2021	FIRST NAME	Select
		Select
	ORGANIZATION NAME	Ordering Provider
	ADDRESS 1	Servicing Provider Health Plan Representative Genetic Counselor

Enter your name & practice information to begin registering

Select the applicable user role type, scroll down to continue



Registering via the provider portal

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



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

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

Then type in the number in the following field.





Provider portal Radiology order request demonstration

Note: Carelon Medical Benefits Management Medical Benefits Management maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.



Start your order request

Grder Request		Medicare AUC L	ogoi
ielcome DEMO TRAINING	rovider lanagement Iser Profile Welp Center		
Start Your Order Request Here	Service Date * MM/DD/YYYY	Message Center	
Check Order Status	Member Details: First Name *	Secure Message (0) Notifications The Provider Portal	
View Order History	Last Name * Member ID *	application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.	
Check Member's Eligibility	Date of Birth * MM/DD/YYYY Hide Search Tips	If you have any questions regarding the new Medicare Appropriate Use Criteria Clinical Decision Support Program, see the	
Access Your Optinet Registration	 For all Radiology requests use Date of Service. For Genetic Testing use the testing date. For all other requests, use Service Date. In the member's id number entry, do not include the dependent code. 	Provider Resource links below. DO NOT call the health plans.	
	 For Federal Employee (FEP) members, please include the leading "R" in the search. If there is an asterisk as part of the Member ID, do not enter it before searching. Member not found? Try entering only one character of the patient's first name and two characters of the last name. If you are still having issues, try removing the prefix from the member's id number (first three characters of the member's ID number) and search again. 	Provider Resources Radiology Tutorial Genetic Testing Tutorial	
	Find This Member		

To start an order request, enter the "**Date of Service**" field on the provider portal homepage.

A member search is completed by providing the following:

- Member First Name
- Member Last Name
- Member ID
- Member Date of Birth

Select "Find this member"

You may also:

- Check Order Status
- View Order History
- Check Member's Eligibility
- Provider Management
- Manage Your User Profile
- Help Center



Order type selection

Order Request			Logout
lack to Homepage			Prot Preview
Member Details			
85BEAR, YOGI RT 7 BOX 70 ALBANY, IN 47320 Service Date: 2/4/2022	Date of Birth: 01/01/1994 Age: 28 Male	Member ID: 378198032 Alpha Prefix:	HCQ Zett Service Date
Eligibility Details			
Effective: 10/01/2009-12/31/9999	Product Code: PPO Employer Group ID: 851	100001-01	
The following solutions for the service date entered require a Pr To initiate a request, please select the solution and then click the Start Order Re	re-Authorization: quest to start your request.		
Vew Cole List Medicine, PET	View Code Lat View Code Lat Coronary Angiography. Percutaneous Coronary Intervention, Arterial Ultrasound. Physiologic Arterial Study, Cardiac Devices	View Code List Joint Surgery, Spine Surgery & Interventional Pain Management	View Code List View Code List 20/30, Brachytherapy, IGRT, IMRT, IORT, Proton, Stereolactic (SRSISBRT), SIRT
Chemotherapy and Supportive Drugs Review of cancer drugs, side effect management and treatment patrways	Genetic Testing Laboratory testing for the inheritance or management of genetic conditions		
Confirm the contact information for the Member to begin a new request for the	selected solution.	-	
Phone:* (972)971-1515	Type." Mobile		
Urgent requests are not expected given the scope of AIM's services. If you	have any questions about a possible urgent request, please contact 800-554-0580.		Start Order Request
The following solutions for the service date entered do not requ	uire Pre-Authorization by AIM. Please contact the health plan using the	e number on the back of the member's ID card to determine if a Pre-A	uthorization is required.
Sleep Management Diagnostic Sleep Study (home/lab), Titration Study,	Other Surgical and Endoscopic Procedures Site of Care review for certain outpatient surgical & endoscopic		

Only solutions that are currently managed by Carelon Medical Benefits Management for the member will appear on the order type selection screen

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



Member order request history

Crder Request							Logout
						Step.	12346
Please verify the list of Order requests below to ensure y	ou are not entering a duplicate case.						
85BEAR, YOGI 💉 Edit	Hide Details						
Member # 378198032 Date of Service: 2/4/2022 Date of Birth: 1/1/1994 Health Plan:							
Me	mber History						Records Per Page 10 🗸
Order ID	Order Status	Date of Service	Exam Description	Ordering Provider	Outcome	Reason	Summary
110211856	Authorized	02/01/2022	Resting Transthoracic Echocardiography	BRYAN	Authorized	Criteria Met	View
110211139	Authorized	01/21/2022	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
110210608	Authorized	12/28/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
110210541	Authorized	12/24/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
110210543	Authorized	12/24/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
110210430	Authorized	12/17/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
110210010	Authorized	12/11/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria <mark>Me</mark> t	View
110209630	Authorized	12/10/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
110209323	In Progress	12/09/2021	Head/Brain - CT	SIMS, JOHN			View
110209035	Authorized	12/08/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
1 V of 5	8 89						Total Number of Records Found: 46

The Member History screen will allow the user to view historical order requests for the given member.

AS = Multiple Decisions Rendered

Delete This Request

Return to Search Results Next



Ordering provider selection

-								
Grder Request								Logout
							Step: 1 2	345
Step 2: Please select the Orderin	ng Provider from the list below							
85BEAR, YOGI 💉 Edit		Hi	de Details					
Member #: 378198032 E Date of Birth: 1/1/1994 F	Date of Service: 2/4/2022 Health Plan:							
Ordering Provider Search	Recent	Favorites	Search Results	Expanded Search				
Search Type:		Ordering Pro	viders				View Local 🗸 🕴 Re	ecords Per Page 10 🗸
Name	Name		Address		City	Specialty		Health Plan
O TIN or NPI	🔶 BUTTERMANN, GLEN	IN	730 10TH AVE		BALDWIN	Orthopedic Surgery		Health Plan One
Address	🔶 DANZL, DANIEL		530 S JACKSON ST		LOUISVILLE	Emergency Medicine-Critical Care		Health Plan One
FIRST NAME:	🔶 SCULLY, THOMAS		2 PROGRESS POINT	PKWY	OFALLON	Urology		Health Plan One
LAST NAME:	🔶 SHARPE, BRYAN		18051 RIVER AVE ST	E 200	NOBLESVILLE	Family Practice		Health Plan One
STATE:	🔶 SACHS, ASHLEY		15100 N US HIGHWA	(25 E STE 1	CORBIN	Nurse/ Nurse Practitioner		Health Plan One
Indiana 🗸	ABBOTT, PATRICIA		7500 STATE RD		CINCINNATI	Nurse/ Nurse Practitioner		Health Plan One
	🔶 CARR, STEVEN		8111 S EMERSON AV	E	INDIANAPOLIS	Anesthesiology		Health Plan One
Search Clear	🔶 HON, EMILY		8111 S EMERSON AV	E	INDIANAPOLIS	Gastroenterology		Health Plan One
	😭 KIESEL, LISA		10294 S 150 W		HAUBSTADT	Physical Therapist		Health Plan One
	SCULLY, THOMAS		226 S WOODS MILL F	RD STE 40W	CHESTERFIELD	Urology		Health Plan One
	1 🗸 of 2		> >>				Total Nu	umber of Records Found: 22
								Delete This Request

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 number

Gar Order Request					Log
				Ste	p 12 346
ep 2: Please select the Orderi	ng Provider from the list below				
35BEAR, YOGI 💉 Edit					
fember #: 378198032 I Date of Birth: 1/1/1994 I	Date of Service: 11/19/2021 Health Plan:				
rdering Provider Search	Recent Favorites	Se Ordering Provider Fax Number			
Search Type:	Order	ring Providers		View Lo	cal 💙 🔰 Records Per Page 10 💙
Name	Name	Addr Please enter or confirm the physician	n's fax number below	Specialty	Health Plan
O TIN or NPI	BUTTERMANN, GLENN	FAX Number		Orthopedic Surgery	
O Address	👷 DANZL, DANIEL	530 (317)776-6095		Emergency Medicine-Critical Care	
ST NAME:	SCULLY, THOMAS	2 PR Why do you need this?		Urology	
ST NAME:	I SHARPE, BRYAN	1805		Family Practice	
		1510	Save Fax Unavailable	Nurse/ Nurse Practitioner	
ATE:	T SAUNS, ASHLET	1010			
ιτε: diana V	ABBOTT, PATRICIA	7500 STATE ND	CINCINNAT	Nurse/ Nurse Practitioner	
Ite: diana 🗸	ABBOTT, PATRICIA	7500 STATE ND 8111 S EMERSON AVE	INDIANAPOLIS	Nurse/ Nurse Practitioner Anesthesiology	
diana 🗸	ABBOTT, PATRICIA CARR, STEVEN HON, EMILY	7500 STATE RU 8111 S EMERSON AVE 8111 S EMERSON AVE	INDIANAPOLIS INDIANAPOLIS	Nurse/ Nurse Practitioner Anesthesiology Gastroenterology	
TE: diana 🗸	ABBOTT, PATRICIA CARR, STEVEN HON, EMILY KIESEL, LISA	7500 STATE RD 8111 S EMERSON AVE 8111 S EMERSON AVE 10294 S 150 W	INDIANAPOLIS INDIANAPOLIS HAUBSTADT	Nurse/ Nurse Practitioner Anesthesiology Gastroenterology Physical Therapist	
diana 🗸	ABBOTT, PATRICIA CARR, STEVEN HON, EMILY KIESEL, LISA SCULLY, THOMAS	7500 STATE RD 8111 S EMERSON AVE 8111 S EMERSON AVE 10294 S 150 W 226 S WOODS MILL RD STE 40W	INDIANAPOLIS INDIANAPOLIS HAUBSTADT CHESTERFIELD	Nurse/ Nurse Practitioner Anesthesiology Gastroenterology Physical Therapist Urology	

Enter the fax number to be used when communicating with the ordering provider 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.



Exam selection

Crder Request		Logout
		Step: (1(2)(3)(4)(5)
SBEAR, YOGI & Edit	Hide Details	
tember #: 378198032 Date of Service: 2/4/2022		
late of Birth: 1/1/1994 Health Plan:		
rdening Provider: SHARPE, BRYAN & Edit		🖨 Print
NTER EXAMS	EXAMS REQUESTED (1)	
PT CODE	Multiple exams can be entered at this time. Once you finished entering your exams, click Next to enter clinical information.	
Enter here Q	Brain (Includes IACs. Pituitary) - MRI with contrast	Delete Exam
OR		
EXAM	Withdraw Request	Next
Select		
DESCRIPTION		
Select 🗸		
Add Exam Clear		

You can 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

		· · · · · · · · · · · · · · · · · · ·
G Order Request		Logout
	St	P: 12346
iBEAR, YOGI 🖉 Edit	Hide Details	
ember #: 378198032 Date of Service: 2/4/2022 ste of Birth: 1/1/1994 Health Plan:		
rdering Provider: SHARPE, BRYAN & Edit		Print
NTER EXAMS	EXAMS REQUESTED (2)	
PT CODE	Multiple exams can be entered at this time. Once you finished entering your exams, click Next to enter clinical information.	
Enter here Q	Brain (Includes IACs, Pituitary) - MRI with contrast	Delete Exam
0R	And an and the second	Dalata Evan
XAM	Anglography, Head - MKA with contrast	Delete Exam
Select 🗸	V/ithdraw Request	Next
ESCRIPTION		
Select		
Add Exam Clear		

If you need to review another exam 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 dropdown menu.

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



Unable to find your exam

Enter member's diagnosis

Grider Request			Logout
		Step: (12345)	
85BEAR, YOGI Member #: 378198032 Date of Service. 2/4/2022 Date of Birth: 1/1/1994 Health Plan: Ordering Provider: SHARPE, BRYAN	Hide Details		- Poot
EXAMS REQUESTED (2)	ENTER DIAGNOSIS		
Brain (Includes IACs, Pituitary) - MRI	Please provide the diagnosis code or description that best supports the request for this exam		
Angiography, Head - MRA	headaj 🔘		
	R51.9 Headache, unspecified (Headache)		
	G44.1 Vascular headache, not elsewhere classified (Headaches) G754 Other resetting to gained much window structure (Headache stiller LE)		
	G (39).1 Other reaction to spinal and lumbar puncture (Headache aner LP) G (33)909 Migraine unspecified not intractable without status migrainosus (Sick headache)		
	F45.41 Pain disorder exclusively related to psychological factors (Stress headache)		
	G43.B0 Ophthaimoplegic migraine, not intractable (Ocular headache)		
	G G44 39 Other headache syndrome (Allergic headache)		
	PS1.0 Headache with orthostatic component, not elsewhere classified (Postural headache)		
	G44.009 Cluster headache syndrome, unspecified, not intractable (Cluster headache)		
	O 444.209 Tension-type headache, unspecified, not intractable (Tension headache)		
	Withdraw Exam		

Choose the exam you wish 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.



Enter member's clinical information

Withdraw Exam

DEO	1		
 I REG	ULSI	LU	

Brain (Includes IACs, Pituitary) - MRI ICD Code / Description: R51.9 Headache, unspecified (Headache)

Angiography, Head - MRA

Angiography, Head - IVIP

ENTER MEMBER'S CLINICAL INFOR	MATION
Please answer the following questions to p	rovide as much information as possible for clinical neview:
CLINICAL SCENARIO	
Headache	
CLINICAL DETAILS *Which types of headache patterr Migraine Tension-type headache Chronic daily headache Medication overuse headache	is are consistent with this patient's symptoms?
 Unspecified or undifferentiate 	d headache not accounted for by above
None of these apply	
Unknown	
*Which of the following best desc	rihes the time frame of the headache?
New or acute headache	EDIT CLINICAL DETAILS
 Recurrent, persistent, or chror 	
Withdraw Exam	Please answer the following questions to provide as much information as possible for clinical review.
	CLINICAL SCENARIO
	Headache
	 Which of the following best describes the time frame of the headache? New or acute headache Recurrent, persistent, or chronic headache (1) Unknown Select all that apply. (Select all that apply) Headache is brought on by exertion or Valsalva Headache is associated with intracranial infection (1) Headache is associated with acute trauma Positional or postural headache (includes morning headache) Established personal history of cancer or immunodeficiency
	Abnormal neurologic exam in between or during headache episodes (does not include photophobia and nausea)

Once the diagnosis code has been entered, the user will enter the necessary member's clinical information.

Click "**Next**" to continue with the case after entering the member's clinical information.



Exam summary

EXAM SUMMARY		
I Your requert exam below	uest for Brain (Includes IACs, Pituitary) - MRI does not meet medical necessity criteria based on the information provided. Please review the Clinical Criteria information ow.	n specific to this
Step 1	Exam Brain (Includes IACs, Pituitary) - MRI	
	CLINICAL CRITERIA	\odot
	The criteria below may help you determine if this exam is clinically appropriate.	
	No Clinical Criteria information is available for this exam.	
Please confirm	your information is accurate:	
2 2	Clinical Scenario Headache Edit & ICD Code / Description R51.9 Headache, unspecified (Headache)	
	CLINICAL DETAILS Edit S Which types of headache patterns are consistent with this patient's symptoms? Unspecified or undifferentiated headache not accounted for by above Which of the following best describes the time frame of the headache? New or acute headache Select all that apply. Positional or postural headache (includes morning headache)	9
lf you have ans You have the fo	wered "other" or "unknown" or "none of these apply" to any question and did not enter additional clinical information, it may affect the outcome of this case. Illowing options:	
3	 Review the outcome of this request with the ordering provider to obtain further information/guidance. If you need to review additional information with the ordering provider you can save by exiting this request. It can be accessed in View Order History. Edit Clinical Criteria information to ensure required responses are accurate and complete. The ordering provider can call 800-554-0580 for a peer-to-peer discussion with an AIM physician reviewer. Withdraw this Request. 	
Withdraw Exam	Withdraw Request	Done With Exam
22		

The Exam Summary allows the user to view the clinical information entered for the requested service.

If you have entered multiple exams or procedures, you can <u>now rev</u>iew your next exam.

If the exam doesn't meet medical necessity, the user will be presented with this information on the Exam Summary screen.

The user will be given an option to "**Withdraw Exam**", "**Withdraw Request**", or select "**Continue**"

Exam information

Crder Request		Logout
	Step: 1 2 3 4 5	
85BEAR, YOGI Hide Details		
Member #: 378198032 Date of Service: 2/4/2022 Date of Birth: 1/1/1994 Health Plan: Ordering Provider: SHARPE, BRYAN		
EXAM INFORMATION (2)		Add Exam
Brain (Includes IACs, Pituitary) - MRI with contrast	Davlay Even 1 With	draw Exam
Angiography.Head - MRA with contrast		adan Exam
	Review Exam With:	draw Exam
Withdraw Request	in you've added sil desired examp, olidit head to Continue.	Next

The Exam Information allows the user to view the clinical information entered for the requested service.

The user will be given an option to "**Withdraw Exam**", "**Withdraw Request**", "**Add Exam**" or select "**Next**" to continue with the order review.



Servicing facility selection

Grder Request														Logo
												Step: 1	234	5
tep 5: Please Choose a Facility														
5BEAR, YOGI	Hide Detail	9												
lember #: 378198032 late of Birth: 1/1/1994 Vrdering Provider: SHARPE, BRYA/	Date of Service. 2/4/2022 Health Plan:													
nd Provider.	Fac	lify Search Rest	ılts										Records Per	Page 10 🗸
CILITY NAME:	Facility Name	Provider Type	Typical Low	Typical High	Avg 5	lle Soore Distanc	Address	City	State	Zip	Phone	Network Status	Designation	Action
TY:	MARION OPEN MRI	FSIC	5	7 ,		- 38.37	2716 S WESTERN AVE STE A	MARION	IN	46953	(765)662-0100	In Network		View Details
	COMMUNITY OPEN MRI OF AUBURN	FSIC		~		79.39	1401 N 13TH ST STE B	DECATUR	IN	46733	(260)728-4674	In Network		View Details
ATE:	FORT WAYNE OPEN MRI LLC	FSIC	1. C.		12	- 86.55	2428 LAKE AVE	FORT WAYNE	IN	46805	(260)422-1491	In Network		View Details
diana 🗸	UPRIGHT MRI	FSIC		-	10	88.04	6811 LIMA RD	FORT WAYNE	IN	46818	(260)969-2323	In Network		View Details
												the details which have		View Details
3	EASY MRI	FSIC		8	1.5	- 90.67	9921 COLDWATER RD	FORT WAYNE	IN	46825	(260)338-4800	In Network		
	EASY MRI COMMUNITY OPEN MRI OF AUBURN	FSIC				- 90.67	9921 COLDWATER RD 411 SMITH DR	FORT WAYNE AUBURN	IN IN	46825 46706	(260)338-4800 (260)925-6736	In Network		View Details
	EASY MRI COMMUNITY OPEN MRI OF AUBURN SOUTHLAKE MRI AND DIAGNOSTIC CENTER LLC	FSIC FSIC FSIC			•	90.67 105.0 120.3	9921 COLDWATER RD 411 SMITH DR 108 E 90TH DR ONE CAMBRIDGE SQ	FORT WAYNE AUBURN MERRILLVILLE	IN IN IN	46825 46706 46410	(260)338-4800 (260)925-6736 (219)795-1801	In Network In Network		View Details View Details
COUPINPI:	EASY MRI COMMUNITY OPEN MRI OF AUBURN SOUTHLAKE MRI AND DIAGNOSTIC CENTER LLC OPENSIDED MRI OF LOUISVILLE LLC	FSIC FSIC FSIC FSIC	*		•	- 90.67 - 105.0 - 120.3 - 121.7	9921 COLDWATER RD 411 SMITH DR 108 E 90TH DR ONE CAMBRIDGE SQ 1802 E 10TH ST	FORT WAYNE AUBURN MERRILLVILLE JEFFERSONVILLE	IN IN IN	46825 46706 46410 47130	(260)338-4800 (260)925-6736 (219)795-1801 (812)282-0167	In Network In Network In Network In Network		View Details View Details View Details
s Incup NPI:	EASY MRI COMMUNITY OPEN MRI OF AUBURN SOUTHLAKE MRI AND DIAGNOSTIC CENTER LLC OPENSIDED MRI OF LOUISVILLE LLC OPENSIDED MRI LLC	FSIC FSIC FSIC FSIC FSIC	*		3 3 3 3	- 90.67 - 105.0 - 120.3 - 121.7 - 123.6	9921 COLDWATER RD 411 SMITH DR 108 E 90TH DR ONE CAMBRIDGE SQ 1802 E 10TH ST 120 W COURT AVE	FORT WAYNE AUBURN MERRILLVILLE JEFFERSONVILLE JEFFERSONVILLE	IN IN IN IN	46825 46706 46410 47130 47130	(260)338-4800 (260)925-6736 (219)795-1801 (812)282-0167 (812)282-0617	In Network In Network In Network In Network In Network		View Details View Details View Details View Details
icup NPI:	EASY MRI COMMUNITY OPEN MRI OF AUBURN SOUTHLAKE ININ AND DIAGNOSTIC CENTER LLC OPENSIDED MRI OF LOUISVILLE LLC OPENSIDED MRI LLC SAINT MARY OPEN MRI AND CT	FSIC FSIC FSIC FSIC FSIC FSIC	* * * *	* * * *	*	- 90.67 - 105.0 - 120.3 - 121.7 - 123.6 - 128.7	9921 COLDWATER RD 411 SMITH DR 108 E 90TH DR ONE CAMBRIDGE SQ 1802 E 10TH ST 120 W COURT AVE 8149 KENNEDY AVE STE A	FORT WAYNE AUBURN MERRILLVILLE JEFFERSONVILLE JEFFERSONVILLE HIGHLAND	IN IN IN IN IN	46825 46706 46410 47130 47130 46322	(260)338-4800 (260)925-6736 (219)795-1801 (812)282-0167 (812)282-0617 (219)923-8540	In Network In Network In Network In Network In Network		View Details View Details View Details View Details View Details

= In Network

For information on how the Exam costs and Site Score are determined, Click Here

FSIC = Free Standing Imaging Center - = Cost data not available HOSP = Outpatient Hospital Department --- = Site data not submitted by provider = Out of Network PHYS GROUP = Physician Group

Back

Select the servicing provider location by clicking on the name from a list of frequently used providers.

If you are unable to locate the servicing provider location, you can select "Find Provider" button to search for additional facilities.

Select the "Submit a Facility" button if you are unable to locate the facility and want to manually add a facility location for the order request.

Submit a Facility Delete this Request

Servicing provider summary

Order Request		Logout
		Step: (1 (2 (3 (4 (5
85BEAR, YOGI Member #. 378198032 Date of Service: 2/4/2022 Date of Birth: 1/1/1994 Health Plan: Ordering Provider: SHARPE, BRYAN	Hite Details	
Servicing Provider Summary Servicing Provider		
COMMUNITY OPEN MRI OF AUBURN 411 SMITH DR AUBURN, IN 45706-0000	Phone Number: (260)925-6736 Fax: (2260)925-4720	Change Provider Individual NPI: 1003830779 TIN: 270047693 Client Provider ID: 100159554
Exil		Continue

The Servicing Provider Summary displays the selected servicing provider.

The end user may input the servicing provider's fax number or change the servicing provider is necessary before continuing with the case.

Select "**Continue**" to proceed with the case.

Order request preview

Grder Request					Logou
Submit This Request Go to My Homepage					Save as PDF
The selected provider has not submitted site data related to at lea	ist one of the procedures ordered on this case.				
Order Request Preview					
Request Status: Has Not Been Submitted	Health Plan:	Scheduled Dat 02/04/2022	e of Service:		
Member Information: 85BEAR, YOGI Member #: YRP378198032 RT 7 BOX 70 ALBANY, IN 47320 Date of Birth: 01/01/1994 Phone: (972)971-1515	Ordering Provider: SHARPE, BRYAN 18051 RIVER AVE STE 200 NOBLESVILLE, IN 460627092 Phone: (317)773-0002 Fax: (317)776-6095 NPI: 1063499085		Servicing Provider: Fat COMMUNITY OPEN MRI OF / 411 SMITH DR AUBURN. IN 46706-0000 Phone: (260)925-6736 Fax. (260)925-4720 NPI: 109330779 TIN: 270047693	AUBURN	
The information below was obtained from the Ordering Provide Please call 800-554-0580 for all Urgent Requests.	r and has not been independently verified by	ssumes no responsibility for the accuracy of this information or f	for its consistency with the patient's medical record.		
REQUESTED EXAMS					
EXAM	REQUEST STATUS	REASON		AC	TION
Brain (Includes IACs, Pituitary) - MRI With Contrast				Review Exam	Withdraw Exam
Angiography,Head - MRA With Contrast				Review Exam	Withdraw Exam

The Order Request Preview allows users to confirm the requested items prior to submission.

Select the **"Submit This Request**" button to submit the order request



Order request preview

REQUESTED EXAMS					
EXAM		REQUEST STATUS	REASON	ACTIO	DN .
Brain (Includes IACs, F	Pituitary) - MRI With Contrast			Review Exam	Withdraw Exam
Angiography,Head - Mi	RA With Contrast			Review Exam	Withdraw Exam
The Order Number covers one of CPT GROUP DETAILS	of the following applicable codes when the outcome is Authorized or Completed.				
CPT GROUP	CPT DESCRIPTION		CPT GROUP DESCRIPTION		
70544	MRA, head, w/o contrast		Angiography,Head - MRA		
70545	MRA, head, w/contrast		Angiography,Head - MRA		
70546	MRA head, w/o cntrst flwd by cntrst		Angiography,Head - MRA		
70551	MRI of brain		Brain (Includes IACs, Pituitary) - MRI		
70552	Contrast MRI of brain		Brain (Includes IACs, Pituitary) - MRI		
70553	MRI of brain and further sequences		Brain (Includes IACs, Pituitary) - MRI		
76376*	3d render w/intrp postproces		Brain (Includes IACs, Pituitary) - MRI		
76377*	3d render w/intrp postproces		Brain (Includes IACs, Pituitary) - MRI		
Total Records Found : 8					
* Secondary codes do not re	iquire a separate order.				

The issuance of an Order ID is not a guarantee of banefits; payment is subject to the member's eligibility and plan provisions in effect at the time of serv

The order request preview will display the requested exams and the applicable CPT codes that are included within the order request



Order request summary

Order Request Sum	nmary	Order ID: 110	211857	Z Author
lealth Plan:	Scheduled Date of Service: 2/4/2022	Approval Valid T	hrough: 02/01/2022 - 03/02/2022	
is order is not a guarantee of payment except v	when required by applicable law. When applicable law allows, payment i	s subject to the member's active enrollm	ent, benefit limitation and other terms of the member's contract at the time of services provided.	
lember Information: 3BEAR , YOGI ember #, YRP378198032 T 7 BOX 70 LEANY, IN 47320 at of Birth: 01/01/1994 hone: (972)971-1515	Ordering Provider: SHARPE, BRYAN 18051 RIVER AVE STE 200 NOBLESVILLE, IN 460627092 Phone: (317)773-0002 Fax: (317)776-6095 NPI: 1063499085		Servicin Edit COMMUN 411 SMIT AUBURN Phone: (2 Fax: (260) NPI: 102 TIN: 2700	g Provider: ITY OPEN MRI OF AUBURN 4 DR IN 46706-0000 60)925-6736 925-4720 330779 47693
he information below was obtained froi lease call 800-554-0580 for all Urgent	n the Ordering Provider and has not been independently v Requests.	erified by assumes no	esponsibility for the accuracy of this information or for its consistency with the patier	t's medical record.
REQUESTED EXAMS				
EXAM	RE	QUEST STATUS	REASON	ACTION
	MDI With Contract			Review Exam Withdraw Exam
Brain (Includes IACs, Pituitary) -	WIRT Will Contrast			

Approved requests will display an Order ID number and Approval Valid Through date within a green box.

You can "**Print**" or "**Save to a PDF**" to include in the patient's chart.





Provider portal Cardiology order request demonstration

Note: Carelon Medical Benefits Management Medical Benefits Management maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.



Start your order request

Grder Request		Medicare AUC Lo
me DEMO TRAINING	rovider Ianagement User Profile Help Center	
Start Your Order Request Here	Service Date * MM/DD/YYYY	Message Center
		Secure Message (0)
Check Order Status	First Name *	Notifications The Provider Portal
	Last Name *	unavailable Sundays between 12:30 PM CST -
	Member ID *	6:00 PM CST for regularly scheduled maintenance.
Chook Mombor's Eligibility	Date of Birth * MM/DD/YYYY	If you have any questions regarding the new
	Hide Search Tips 🔨	Criteria Clinical Decision
Access Your Ontinet Registration	 For all Radiology requests use Date of Service. For Genetic Testing use the testing date. For all other requests, use Service Date. 	Provider Resource links below. DO NOT call the health plans.
	In the member's id number entry, do not include the dependent code.	
	 For Federal Employee (FEP) members, please include the leading "R" in the search. If there is an asterisk as part of the Member ID, do not enter it before searching. 	Provider Resources
	 Member not found? Try entering only one character of the patient's first name and two characters of the last name. If you are still having issues, try removing the prefix from the member? id number (first three characters of the member?) and exact have an three characters of the member? 	Radiology Tutorial Genetic Testing Tutorial
	Find This Member	/

To start an order request, enter the "**Date of Service**" field on the provider portal homepage.

A member search is completed by providing the following:

- Member First Name
- Member Last Name
- Member ID
- Member Date of Birth

Select "Find this member"

You may also:

- Check Order Status
- View Order History
- Check Member's Eligibility
- Provider Management
- Manage Your User Profile
- Help Center



Order type selection

Procedures

View Code List endoscopic procedures

Site of Care review for certain outpatient surgical &

Member Details			
85BEAR, YOGI RT 7 BOX 70 ALBANY, IN 47320	Date of Birth: 01/01/1994 Age: 27 Male	Member ID: 378198032 / J Health Plan One	Alpha Prefix: HCQ
Service Date: 11/19/2021			Edit Service Date
Eligibility Details			
Effective: 10/01/2009-12/31/9999	Product Code: PPO Employer Group ID: 851	Health Plan	One
The following solutions for the service date entered require The Member is eligible for the following solutions. Selecting a solution will	a Pre-Authorization: begin a new request for this Member.		
Diagnostic Imaging	Cardiovascular	Musculoskeletal	Radiation Therapy
View Code List Angiography, Bone Density CT, CTA, MRA, MRI, Nuclear Medicine, PET	View Code List Angiography, percutaneous coronary revascularization, arterial ultrasound	View Code List Joint Surgery, Spine Surgery & Interventional Pain Management	View Code List 2D/3D, Brachytherapy, IGRT, IMRT, IORT, Proton, Stereotactic (SRS/SBRT), SIRT
Chemotherapy and Supportive Drugs	Genetic Testing		
Review of cancer drugs, side effect management and treatment pathways	Laboratory testing for the inheritance or management of genetic conditions		
Confirm the contact information for the Member to begin a new reques	st for the selected solution.		
Phone:* (972)971-1515	Type:* Mobile V		
Urgent requests are not expected given the scope of AIM's services.	If you have any questions about a possible urgent request, please contact (800-554-0580.	Start Order Request
The following solutions for the service date entered do not	t require Pre-Authorization by AIM. Please contact the health	ı plan using the number on the back of the member's l	D card to determine if a Pre-Authorization is required.
Sleen Management	 Other Surgical and Endoscopic 		

Only solutions that are currently managed by Carelon Medical Benefits Management for the member will appear on the order type selection screen

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



HST, In Lab, Titration, APAP/BPAP/CPAP, Oral ew Code List Appliance. MSLT. MWT

Member order request history

Grder Request

Logout

Please verify the list of Order requests below to ensure you are not entering a duplicate case.

85BEAR, YOGI	🖋 Edit			Hide D
Member #:	378198032	Date of Service:	11/19/2021	
Date of Birth:	1/1/1994	Health Plan:	Health Plan One	

	Member History					Records Per Page 10 🗸
Order ID	Date of Service	Exam Description	Ordering Provider	Outcome	Reason	Summary
110205200	11/10/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
110205317	11/10/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
110205126	11/09/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
110205040	11/06/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
110205000	11/05/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
110204945	11/04/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
110204896	11/03/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
110204852	11/02/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
110204725	10/30/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
110204470	10/29/2021	Cardiac CT - Structure/Morphology	CAHAN, SETH	Authorized	Criteria Met	View
1 v of 24	>				Tota	al Number of Records Found: 233

Multiple Decisions Rendered
 Delete This Request

The Member History screen will allow the user to view historical order requests for the given member.



Return to Search Results Next

Ordering provider selection

Grder Request							Log
							Step: 1 2 3 4 5
ep 2: Please select the Ordering Provi	ider from the list below						
35BEAR, YOGI	ervice: 11/19/2021 an: Health Plan One	Hide D	Details				
dering Provider Search	Recent	Favorites	Search Results	Expanded Search			
earch Type:		Ordering Pro	viders			Vie	ew Local 🗸 🕴 Records Per Page 10 🗸
Name	Name		Address		City	Specialty	Health Plan
O TIN or NPI	BUTTERMANN, GLEN	IN	730 10TH AVE		BALDWIN	Orthopedic Surgery	Health Plan One
Address	DANZL, DANIEL		530 S JACKSON ST		LOUISVILLE	Emergency Medicine-Critical Care	Health Plan One
ST NAME:	SCULLY, THOMAS		2 PROGRESS POINT	PKWY	OFALLON	Urology	Health Plan One
T NAME:	🔶 SHARPE, BRYAN		18051 RIVER AVE ST	E 200	NOBLESVILLE	Family Practice	Health Plan One
TE:	SACHS, ASHLEY		15100 N US HIGHWAY 25 E STE 1		CORBIN	Nurse/ Nurse Practitioner	Health Plan One
jiana 🗸	ABBOTT, PATRICIA		7500 STATE RD		CINCINNATI	Nurse/ Nurse Practitioner	Health Plan One
	CARR, STEVEN		8111 S EMERSON AV	E	INDIANAPOLIS	Anesthesiology	Health Plan One
earch Clear	HON, EMILY		8111 S EMERSON AV	E	INDIANAPOLIS	Gastroenterology	Health Plan One
	🖄 KIESEL, LISA		10294 S 150 W		HAUBSTADT	Physical Therapist	Health Plan One
	SCULLY, THOMAS		226 S WOODS MILL F	RD STE 40W	CHESTERFIELD	Urology	Health Plan One

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 number

order Request					Log
				Ste	02345
ep 2: Please select the Orderin	ng Provider from the list below				
35BEAR, YOGI 💉 Edit					
ember #: 378198032 [ate of Birth: 1/1/1994 F	Date of Service: 11/19/2021 Health Plan:				
dering Provider Search	Recent Favorite:	Se Ordering Provider Fax Number			
earch Type:	Orde	ring Providers		View Loc	al 🗸 🛛 Records Per Page 10 🖌
Name	Name	Addr Please enter or confirm the physician	's fax number below	Specialty	Health Plan
) TIN or NPI	BUTTERMANN, GLENN	FAX Number		Orthopedic Surgery	
Address	I DANZL, DANIEL	530 (317)776-6095		Emergency Medicine-Critical Care	
T NAME:	SCULLY, THOMAS	2 PF Why do you need this?		Urology	
NAME:	I SHARPE, BRYAN	1805		Family Practice	
TE:	🔶 SACHS, ASHLEY	1510	Save Fax Unavailable	Nurse/ Nurse Practitioner	
liana 🗸	ABBOTT, PATRICIA	7500 STATE NU	GINGININALI	Nurse/ Nurse Practitioner	
	- CARR STEVEN	8111 S EMERSON AVE	INDIANAPOLIS	Anesthesiology	
	CARLES OF LEVEN	office concrete the			
earch Clear	HON, EMILY	8111 S EMERSON AVE	INDIANAPOLIS	Gastroenterology	
earch Clear	HON, EMILY KIESEL, LISA	8111 S EMERSON AVE 10294 S 150 W	INDIANAPOLIS HAUBSTADT	Gastroenterology Physical Therapist	
earch	HON, EMILY KIESEL, LISA SCULLY, THOMAS	8111 S EMERSON AVE 10294 S 150 W 226 S WOODS MILL RD STE 40W	INDIANAPOLIS HAUBSTADT CHESTERFIELD	Gastroenterology Physical Therapist Urology	

Enter the fax number to be used when communicating with the ordering provider 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.



Exam selection

(D) Order Desugat			
			Logout
			Step: (1) (2) (3) (4) (5)
85BEAR, YOGI 𝒞 Edit Member #: 378198032 Date of Service: Date of Birth: 1/1/1994 Health Plan: Ordering Provider: SHARPE, BRYAN 𝒞 Edit	11/19/2021 Health Plan One	Hide Details	
			🔒 Print
ENTER EXAMS		EXAMS REQUESTED (1)	
CPT CODE		Multiple exams can be entered at this time. Once you finished entering your exams, click Next to enter clinical information.	
Enter here	Q	Resting Transthoracic Echocardiography	Delete Exam
OR			
EXAM		Withdraw Request	Next
Select	~		
DESCRIPTION			
Select	~		
Add Exam Clear			
I inable 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 dropdown menu.

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



Adding more exams

Grder Request		Logout
		Step: 1 2 3 4 5
85BEAR, YOGI Member #: 378198032 Date of Service: 11/19/2021 Date of Birth: 11/1/19/4 Health Plan: Health Plan One Ordering Provider: SHARPE, BRYAN	Hide Details	@ Print
ENTER EXAMS	EXAMS REQUESTED (1)	
CPT CODE	Multiple exams can be entered at this time. Once you finished entering your exams, click Next to enter clinical information.	
78452 S Q	Resting Transthoracic Echocardiography	<u>Withdraw Exam</u>
OR	Withdraw Request	Next
Nuclear Medicine		
DESCRIPTION		
Myocardial Perfusion Imaging		
Add Exam Clear		
Unable to find your exam?		

If you need to review another exam 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 dropdown menu.

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



Enter member's diagnosis

Grder Request		
85BEAR, YOGI	Hide Details	
Member #: 378198032 Date of Service: 11/19/2021 Date of Birth: 1/1/1994 Health Plan: Health Plan One Ordering Provider: SHARPE, BRYAN Health Plan		
EXAMS REQUESTED (1)	ENTER DIAGNOSIS	
Resting Transthoracic Echocardiography	Please provide the diagnosis code or description that best supports the request for thi	s exam.
	chest pain	8
	BR07.9 Chest pain, unspecified (Chest pain)	
	Conter chest pain (Other chest pain)	
	Chest pain on breathing (Pain in chest wall)	
	R07.81 Pleurodynia (Pain in chest wall)	
	R07.9 Chest pain, unspecified (Localized chest pain)	
	R52 Pain, unspecified (Localized chest pain)	
	R07.82 Intercostal pain (Chest pain radiating)	
	C R07.89 Other chest pain (Chest pain radiating)	
	R07.1 Chest pain on breathing (Chest pain on breathing)	
	120.9 Angina pectoris, unspecified (Ischemic chest pain)	
	R07.81 Pleurodynia (Pleuritic chest pain)	

Choose the exam or procedure you wish 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.



Enter member's clinical information

Grder Request

85BEAR, YOGI

 Member #:
 378198032
 Date of Service:
 11/19/2021

 Date of Birth:
 1/1/1994
 Health Plan:
 Health Plan One

 Ordering Provider:
 SHARPE, BRYAN
 End
 Health Plan

EXAMS REQUESTED (1

Resting Transthoracic Echocardiography ICD Code / Description: R07.9 Chest pain, unspecified (Chest pain)

SELECT CLINICAL SCENARIO

Hide Details

Please provide the diagnostic code that best supports the request for this exam

DIAGNOSTIC CODE:

•

R07.9 Chest pain, unspecified (Chest pain)

CLINICAL SCENARIO:

Select the main reason from the list below for the order request.

Arrhythmia

Congenital heart disease, coronary artery anomalies or coronary artery fistula

Disease of any heart valve (Valvular disease)

C LV dysfunction/CHF/Cardiomyopathy (Cardiotoxic, chemo, heart transplant)

G Signs, symptoms, or abnormal tests (eg, shortness of breath or chest pain)

C Other	ENTER MEMBER'S CLINICAL INFORMATION	
	Please answer the following questions to provide as much information as possible for clinical review.	
Withdra	CLINICAL SCENARIO	🖉 Edit
	Signs, symptoms, or abnormal tests (eg, shortness of breath or chest pain)	
	CLINICAL DETAILS	
	*Select the reason for ordering this exam. (Select all that apply)	
	Vsymptoms of heart disease (for example, shortness of breath or chest pain)	
	Physical exam findings suggestive of a heart problem such as a new murmur or lower extremity edema	
	Recent neurologic event (TIA or CVA)	
	EKG abnormalities, chest imaging, or laboratory studies suggestive of structural heart disease	
	None of these apply	
	*Which symptoms have prompted the current request for echocardiography? (Select all that apply)	
	Dyspnea, orthopnea or paroxysmal nocturnal dyspnea (PND)	
	Syncope	
	Palpitations, dizziness or lightheadedness	
	Reduced functional capacity or decrease in exercise tolerance	*
	This concludes the clinical questions for this exam. Please ensure you have answered them as completely and accurately as possible for efficient processing of your request.	
	Withdraw Exam	Next

Once the diagnosis code has been entered, the user will enter the necessary member's clinical information.

Click "**Next**" to continue with the case after entering the member's clinical information.



Exam summary

Grder Request		Logout
	Step: (1 (2) (3) (4) (5)	
SSBEAR, YOGI Member #: 378196032 Date of Service: 11/19/2021 Date of Birth: 1/1/1994 Health Plan: Health Plan One Drdering Provider: SHARPE, BRYAN	Hide Details	
EXAMS REQUESTED (1)	EXAM SUMMARY	
Resting Transthoracic Echocardiography ICD Code / Description: R07.9 Chest pain, unspecified (Chest pain)	Resting Transthoracic Echocardiography	
	CLINICAL SCENARIO	₽Edit
	Signs, symptoms, or abnormal tests (eg, shortness of breath or chest pain)	
	CLINICAL DETAILS	₽Edit
	Select the reason for ordering this exam. Symptoms of heart disease (for example, shortness of breath or chest pain)	
	Which symptoms have prompted the current request for echocardiography? None of these apply	
	Does the patient have chest pain? Yes	
	Has an echocardiogram been performed since the onset of the symptoms? No	
	Withdraw Exam Withdraw Request	Continue

The Exam Summary allows the user to view the clinical information entered for the requested service.

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

The user will be given an option to **"Withdraw Exam**", **"Withdraw Request**", or select **"Continue**"



Exam information

Order Request	Logout
	Step: 1 2 3 4 5
85BEAR, YOGI Hide Details Member #: 378198032 Date of Service: 11/19/2021 Date of Birth: 11/1/1994 Health Plan: Health Plan One Ordering Provider: SHARPE, BRYAN	
EXAM INFORMATION (1)	Add Exam
Resting Transthoracic Echocardiography	Review Exam Withdraw Exam
Withdraw Request	If you've added all desired exams, click Next to Continue.

The Exam Information allows the user to view the clinical information entered for the requested service.

The user will be given an option to "**Withdraw Exam**", "**Withdraw Request**", "**Add Exam**" or select "**Next**" to continue with the order review.



Servicing facility selection

In Network	Expanded Search											
	Facility S	earch Results								R	ecords Per Page 🥤	10 🗸
Facility Name		Typical Low	Typical High	Avg	Site Score	Address	City	State	Phone	Distance	Action	Мар
HAMILTON HEART INC		-	-	-		17525 RIVER AVE	NOBLESVILLE	IN	(317)773-7711	0.30	View Details	View
HEART PARTNERS OF INDI	ANA LLC		-	-		10967 ALLISONVILLE RD STE 240	FISHERS	IN	(317)863-6000	6.23	View Details	View
HEART PARTNERS OF INDI	ANA LLC	-	-	-		13100 E 136TH ST STE 3000	FISHERS	IN	(317)863-6000	7.62	View Details	View
HEART PARTNERS OF INDI	ANA LLC	-	-	-		11725 ILLINOIS ST STE 001	CARMEL	IN	(317)863-6109	7.85	View Details	View
HEART PARTNERS OF INDI	ANA LLC	-	-	-		11725 N ILLINOIS ST STE LL050	CARMEL	IN	(317)863-6000	8.92	View Details	View
COMMUNITY HEART AND V	ASCULAR HOSPITAL	-	-	-		8075 N SHADELAND AVE	INDIANAPOLIS	IN	(317)621-8000	10.35	View Details	View
HEART PARTNERS OF INDI	ANA LLC	-	-	-		8075 N SHADELAND AVE STE 350	INDIANAPOLIS	IN	(317)621-9700	10.35	View Details	View
ST VINCENT HEART CENTE	R OF INDIANA LLC		-	-		10580 N MERIDIAN ST	CARMEL	IN	(317)583-5000	10.73	View Details	View
HEART PARTNERS OF INDI	ANA LLC	-	-	-		1000 S MAIN ST STE C	TIPTON	IN	(765)675-8410	15.32	View Details	View
HEART PARTNERS OF INDI	ANA LLC	-	-	-		1210B MEDICAL ARTS BLVD STE 114	ANDERSON	IN	(765)298-4425	18.58	View Details	View
1 🗸 of 5		> >>								Tot	al Number of Records	Found: 43

For information on how the Exam costs and Site Score are determined, Click Here

Return to Provider List

- = Cost data not available -- = Site data not submitted by provider Submit a Facility Delete this Request

The health plan has reviewed and approved the methodology used to calculate and assign the Site Score. The Site Score should not be construed as an indication of the quality of service to be received by any individual member at a given facility but merely reflects a comparison among facilities of certain factors. Site Score and Cost for the facilities are provided for informational purposes only and AIM and the health plan disclaim any responsibility for any decision to exclude the information resulted to an effect.

Select the servicing provider location by clicking on the name from a list of frequently used providers.

If you are unable to locate the servicing provider location, you can select "**Find Provider**" button to search for additional facilities.

Select the "**Submit a Facility**" button if you are unable to locate the facility and want to manually add a facility location for the order request.



Indiana

Find Clea

Servicing provider summary

Grder Request		Logout
		Step: 1 2 3 4 5
85BEAR, YOGI Hide Details Member #: 378198032 Date of Service: 11/19/2021 Date of Birth: 1//1994 Health Plan: Health Plan One Ordering Provider: SHARPE, BRYAN Health Plan One		
Servicing Provider Summary Servicing Provider		
HEART PARTNERS OF INDIANA LLC 11725 ILLINOIS ST STE 001 CARMEL, IN 46032-0000	Phone Number: (317)863-6109 Fax: (317)841-0394	Change Provider Individual NPI: 1669550588 TIN: 201123537 Client Provider ID: 101914065
Exit		Continue

The Servicing Provider Summary displays the selected servicing provider.

The end user may input the servicing provider's fax number or change the servicing provider is necessary before continuing with the case.

Select "**Continue**" to proceed with the case.

Order request preview



The Order Request Preview allows users to confirm the requested items prior to submission.

Select the **"Submit This Request**" button to submit the order request



Order request preview

REQUESTED EXAM	s			
EXAM		REQUEST STATUS	REASON	ACTION
Resting Transtr	oracic Echocardiography			Review Exam Withdraw Exam
The Order Number co	vers one of the following applicable codes when the outcome is	Authorized or Completed		
CPT GROUP DETAI	LS			
CPT GROUP	CPT DESCRIPTION		CPT GROUP DESCRIPTION	
93303	ECHO, transthoracic, complete cng		Resting Transthoracic Echocardiography	
93304	ECHO, transthoracic followup/limited cng		Resting Transthoracic Echocardiography	
93306	ECHO, transthoracic w/doppler, complete		Resting Transthoracic Echocardiography	
93307	ECHO, transthoracic, heart, complete		Resting Transthoracic Echocardiography	
93308	ECHO, transthoracic, heart, limited		Resting Transthoracic Echocardiography	
Total Records Found	1:5			

The issuance of an Order ID is not a guarantee of benefits; payment is subject to the member's eligibility and plan provisions in effect at the time of service.

The order request preview will display the requested exams and the applicable CPT codes that are included within the order request



Order request summary

Order Request Preview						
egin another Request Go to My Homepage						Save as PD
-						
The selected provider has not submitted site data relat	led to at least one of the procedures ordered on this case.					
Order Request Summary		Order ID: 110211856				Authoriz
Health Plan:	Scheduled Date of Service: 2/1/2022	Approval Valid Through: 02/01/2022 - 03/02/2022				
This order is not a guarantee of payment except when required b	y applicable law. When applicable law allows, payment is subject to the me	ember's active enrollment, benefit limitation and other terms of the men	nber's contract at the time of services provided.			
Member Information: 85BEAR, YOGI Member #: YRP378198032 RT 7 BOX 70 ALBANY, IN 47320	Ordering Provider: SHARPE, BRYAN 18051 RIVER AVE STE 200 NOBLESVILLE, IN 450627092 Phone: G17772-0002			Servicing Provider: Control Edit HEART PARTNERS OF INDIANA I 11725 ILLINOIS ST STE 001	LC	
Date of Birth: 01/01/1994 Phone: (972)971-1515	Fax: (317)776-6095 NPI: 1063499085			CARMEL, IN 46032-0000 Phone: (317)863-6109 Fax: (317)841-0394 NPI: 1669550588 TIN: 201123537		
The information below was obtained from the Orderi Please call 800-554-0580 for all Urgent Requests.	ng Provider and has not been independently verified	assumes no responsibility for the accuracy of this inf	ormation or for its consistency with the patient	ent's medical record.		
REQUESTED EXAMS						
EXAM	REQUEST STA	ATUS	REASON		AC	TION
Resting Transthoracic Echocardiography	Authorized		Criteria Met		Review Exam	Withdraw Exam

The order has now been submitted.

Requests that meet clinical criteria will be adjudicated real time upon case submission.

Approved orders will have a status of "**Authorized**" along with an "**Order ID**", "**Approval Valid Through**" date within a green box.

You can "**Print**" or "**Save to a PDF**" to include in the patient's chart.





Additional provider portal features

Note: Carelon Medical Benefits Management Medical Benefits Management maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.



Check order status

6	Order Inquiry		Medicare AUC	Logout
Welcome	DEMO TRAINING	Provider Manage Your Help Center User Profile		
1	Start Your Order Request Here	Select the member's <please select=""> V healthplan</please>	Message Center	
	Check Order Status	O Diagnostic Imaging O Cardiovascular O Specialty Drug	The Provider Portal application will be unavailable Sundays batwoon 12:30 PM CST	
V	View Order History	Select the O Radiation Therapy order type O Sleep Management O Chemotherapy and Supportive Drugs O Genetic Testing	6:00 PM CST for regularly scheduled maintenance.	
2	Check Member's Eligibility	O Musculoskeletal Select the Search Order ID ✓	regarding the new Medicare Appropriate Use Criteria Clinical Decision Support Program, see the	
	Access Your Optinet Registration	Order ID + DOB Order ID + Name	Provider Resource links below. DO NOT call the health plans.	
		Order ID Order ID number Date of Birth MM/DD/YYYY	Provider Resources	
		Find This Order	Radiology Tutorial Genetic Testing Tutorial	

Searching for Orders:

Select the member's health plan (if not pre-populated or if different than the default)

Select the "**Order Type**". E.g., Diagnostic Imaging

Search for the record by either Order ID or Member Information.

- Order ID + DOB
- Order ID + Member Name
- Member ID + DOB
- Member ID + Member Name

Select "Find This Order" to continue.



Viewing order requests on the provider portal

Onder Langular						
Order Inquiry						Log
indraw Request						Save as PDF Pri
Order Request Summary		Order ID: 110 2	211857			Authorized
Health Plan:	Scheduled Date of Service:	Approval Valid Th	rough: 02/01/2022 - 03/02/2022			
This order is not a guarantee of payment except when required by appl	cable law. When applicable law allows, payment is subject to the member's an Ordering Provider:	tive enrollment, benefit limitation and other terms	of the member's contract at the time of services provided.	Servicing Provider:		
838EAR, YOGI Nember #: YR9378198032 H: 15 BOX 10 H: 25 BOX 10 Date of Binth, V1071994 Phone: (972)071-1515	SHARPE [®] BRYAN 1005 HIVER AVE STE 200 NOBLESVILLE, NI 40602702 Fax: 10177764005 Fax: 10177764005 NPI: 1003499085			COMMUNITY OPEN MRI OF AUBURN 411 SMITH DR AUBURN, IN 44705-0000 Phone: (2010)25-6736 Fr (2010)25-4730 Fr (2010)25-4730 Fr (2010)25-4730 TIN: 270047893		
The information below was obtained from the Ordering Provider and has not been independently verified sumes no responsibility for the accuracy of this information or for its consistency with the patient's medical record. Please call 800-554-0580 for all Urgent Requests.						
REQUESTED EXAMS						
EXAM		REQUEST STATUS	REASON		A	CTION
Brain (Includes IACs, Pituitary) - MRI With Contras	đ				Review Exam	Withdraw Exam
Angiography,Head - MRA With Contrast					Review Exam	Withdraw Exam

Order Information

Order Information displayed included on the order/preauthorization:

- Request Status
- Valid Dates
- Requested exams shows a request status and reason for the requested item outcome



View order history

	Order History					Med	icare AUC	Logout		
/elcome	DEMO TRAINING	Provider Management	Manage Your User Profile	Verb C	Center					
1	Start Your Order Request Here	Show me:	For:		Within the	e last: With	n the statu	IS:		
0	Check Order Status		Diagnostic Image Cardiovascular Specialty Drug Radiation There	ging						
	View Order History	My Orders My Group's Orders	O Sleep Manager O Chemotherapy	nent and Supportive Drug	7 Days N			✓ Go		
2	Check Member's Eligibility		O Musculoskeleta	Show me:	For:	1	Within t last:	he With the s	tatus:	
	Access Your Optinet Registration			My Orders My Group's Orders	Diagnostic Imag Cardiovascular Specialty Drug Radiation Thera Sleep Managen Chemotherapy: Drugs Surgical Proced Genetic Testing Musculoskeleta Rehabilitation	ing hent and Supportive lures	7 Days 7 Days 15 Day 30 Day 60 Day 90 Day	S S S		▼ Go
				A	II Orders				Records I	Per Page 10 🗸
				Member Name	Member Number	Date of Service	Order Status	Ordering Provider	Entered Date	Entered By
				85BEAR, YOGI	378198032	11/19/2021	110205521	SHARPE, BRYAN	11/10/2021	TRAINING, DEMO
				85BEAR, YOGI	378198032	11/19/2021	Incomplete	SHARPE, BRYAN	11/10/2021	TRAINING, DEMO
				85BEAR, YOGI	378198032	11/19/2021	Incomplete	SHARPE, BRYAN	11/10/2021	TRAINING, DEMO
				85Public, Joe	809208032	11/10/2021	In Progress	BUTTERMANN, GLENN	11/09/2021	TRAINING, DEMO
C	S S S S S S S S S S S S S S S S S S S			85Public, Joe	809208032	11/10/2021	In Progress	BUTTERMANN, GLENN	11/09/2021	TRAINING, DEMO
5	ซ									

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.

Provider management

Grder Request		Medicare AUC	Logout
Welcome DEMO TRAINING	Provider Manage Your Frofile Help Center		
Start Your Order Request Here	Service Date * MM/DD/YYYY	Message Center	
Check Order Status	Member Details: First Name *	Secure Message (0) Notifications The Provider Portal	
View Order History	Last Name *	upavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.	
Check Member's Eligibility	Date of Birth * MM/DD/YYYY Hide Search Tips	If you have any questions regarding the new Medicare Appropriate Use Criteria Clinical Decision Support Program, see the	
Access Your Optinet Registration	 For all Radiology requests use Date of Service. For Genetic Testing use the testing date. For all other requests, use Service Date. In the member's id number entry, do not include the dependent code. 	Provider Resource links below. DO NOT call the health plans.	
	 For Federal Employee (FEP) members, please include the leading "R" in the search. If there is an asterisk as part of the Member ID, do not enter it before searching. Member not found? Try entering only one character of the patient's first name and two characters of the last name. If you are still having issues, try removing the prefix from the member's id number (first three characters of the member's ID number) and search again. 	Provider Resources Radiology Tutorial Genetic Testing Tutorial	
	Find This Member		

To create a more customized and easier experience, Carelon Medical Benefits Management provider portal has integrated a service called "**Provider Management**".

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

From the **Main Home page**, select "**Provider Management**".

Provider management

83

<mark>ઠુરે ca</mark>	relon.providerPortal.			Home Log Out
F	Provider Management			
Th	ne following provider identifiers/health plans have been associa se the "Add Provider Identifier" button.	ted with your account. To add	additional provider identifiers/health plan	Provider Identifier
Fi	lter Providers 🕨		RESULTS PER PAGE	10 💌
	Providers Attached to Account			Total Records: 60
	PROVIDER IDENTIFIER 🔻	ТҮРЕ 🔻	HEALTH PLAN 🔻	ACTION
	0K0211740	CLID	Health Plan One	Delete
	0K0271710	CLID	Health Plan One	Delete
	00000001	TIN	Health Plan Two	Delete
	007645870	TIN	Health Plan Three	Delete
	020223332	TIN	Health Plan Three	Delete
	0K02117401	CLID	Health Plan One	Delete
	0K02717101	CLID	Health Plan One	Delete
	0K14770401	CLID	Health Plan One	Delete
	1063499291	TIN	Health Plan Three	Delete
	123456789	TIN	Health Plan Two	Delete

Within Provider Management, you can associate providers to your account.

To add providers, select "Add Provider Identifier"

Provider management

Scarelon, Provider Portal.

Home | Log Out

Provider Management

Health Plan Utilization Review Program

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

Tax ID (TIN)



Confirm the Health Plans your Facility is associated with. If a Health Plan is not displayed, enter another type of Provider Identifier.

🗹 Anthem BCBS KY

- Amerigroup Tennessee
- Amerigroup Texas
- Anthem BCBS WI
- Simply Healthcare Plans
- Amerigroup Louisiana
- Amerigroup New Mexico
- Amerigroup Washington
- Amerigroup Georgia

To add providers to your account, select the appropriate provider identifier from the drop-down list and enter the identifier value into the text box

E.g., input the Tax ID value if you selected Tax ID as the provider identifier.

Select which health plans this provider recorded is associated to and click **"Save**"



Help Center



The Help Center contains helpful information such as:

- Tutorials
- Training modules
- Clinical Guidelines



Manage your user profile

Grder Request		Medicare AUC
ome DEMO TRAINING	ovider Manage Your 😪 Help Center	
		Necessary Constar
Request Here	Service Date * MM/DD/YYYY	message center
	Momber Details:	Secure Message (0)
Check Order Status	First Name *	Notifications The Provider Portal
	Last Name *	unavailable Sundays between 12:30 PM CST -
View Order History	Member ID *	6:00 PM CST for regularly scheduled maintenance.
Check Member's Eligibility	Date of Birth * MM/DD/YYYY	If you have any questions regarding the new Medicare Appropriate Use
•••	Hide Search Tips \land	Criteria Clinical Decision Support Program, see the
Access Your Optinet Registration	 For all Radiology requests use Date of Service. For Genetic Testing use the testing date. For all other requests, use Service Date. 	Provider Resource links below. DO NOT call the health plans.
	 In the member's id number entry, do not include the dependent code. For Federal Employee (FEP) members, please include the leading "R" in the search. If there is an asterisk as part of the Member ID, do not enter it before searching. 	
	Member not found? Try entering only one character of the patient's	Provider Resources
	first name and two characters of the last name. If you are still having issues, try removing the prefix from the member's id number (first three characters of the member's ID number) and search again.	Radiology Tutorial Genetic Testing Tutorial
l	Find This Member	

Within **Manage Your User Profile,** you have access to:

- 1. Provider Management
- 2. Update your user information such as address, phone, fax, and email information
- 3. Security Account Questions and Answers
- 4. Notification Preferences
- 5. Change your password



Reminders





B carelon

Carelon Medical Benefits Management conducts a provider satisfaction survey annually in December.

Please be sure to participate!



© 2023 Carelon Medical Benefits Management Medical Benefits Management Proprietary and confidential.



Questions?

6	A
H	
\prec	7 C) 1

Radiology Program provider website:

https://providers.Carelon Medical Benefits

Managementmedicalbenefitsmanagement.com/radiology/



Cardiology Program provider website:

https://providers.Carelon Medical Benefits

Managementmedicalbenefitsmanagement.com/cardiology/

