



Musculoskeletal Solution

Provider Office Staff Training

April 12, 2023

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Note: Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services for Healthy Blue® providers on behalf of Blue Cross® and Blue Shield® of North Carolina.

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Objective

Effective November 1, 2022, Carelon began to manage musculoskeletal reviews for Healthy Blue members. 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 in North Carolina Program Overview

Preparing for the Program Go-Live

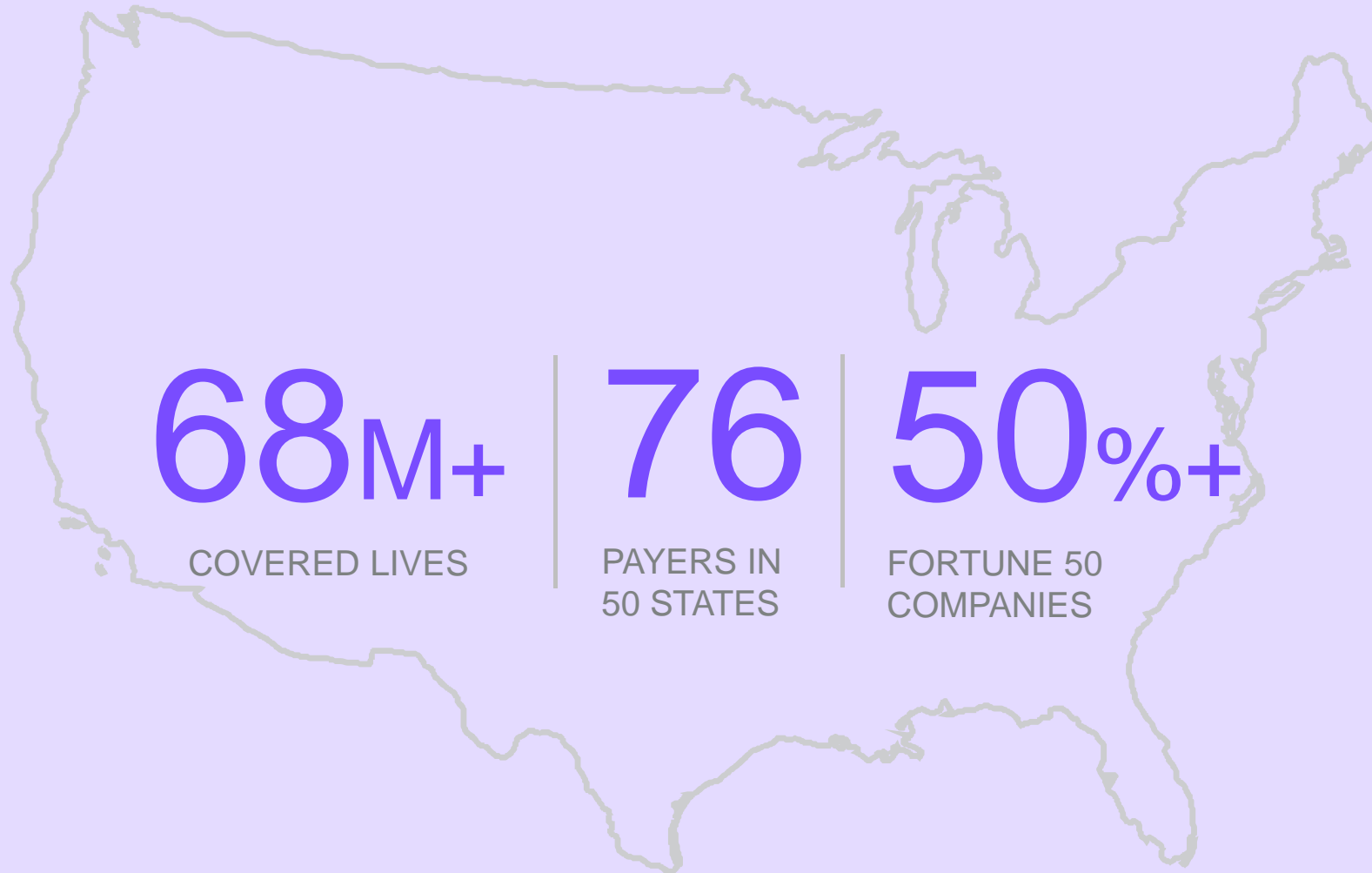
Carelon **ProviderPortal** Order Request Demonstration

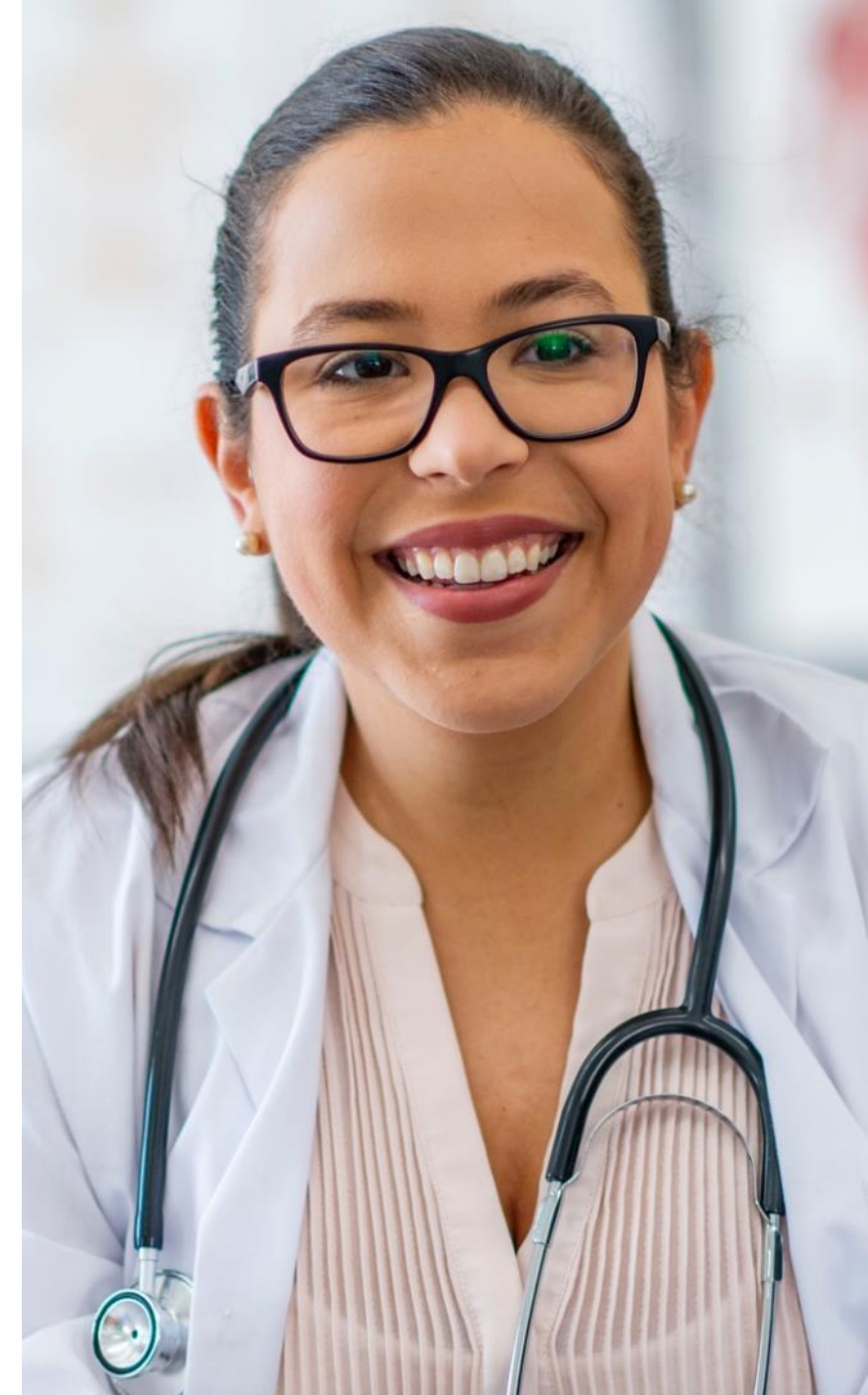
Additional Carelon **ProviderPortal** features

Questions



Our business is national in scale and scope





Our collaborative approach enhances
the provider experience

90%

OVERALL SATISFACTION

3-4MIN

AVERAGE INTAKE TIME

94%

SATISFACTION WITH
PORTAL EASE OF USE

87%+

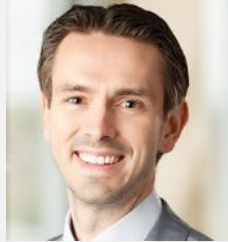
OF REQUESTS RESOLVED
WITHIN 24 HOURS

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: Caredon 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.



Multidisciplinary team supports our program



**More than 30%
of Carelon
clinical team
members
maintain an
active practice
(3+ clinic days per month)**



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

Blue Cross Blue Shield 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

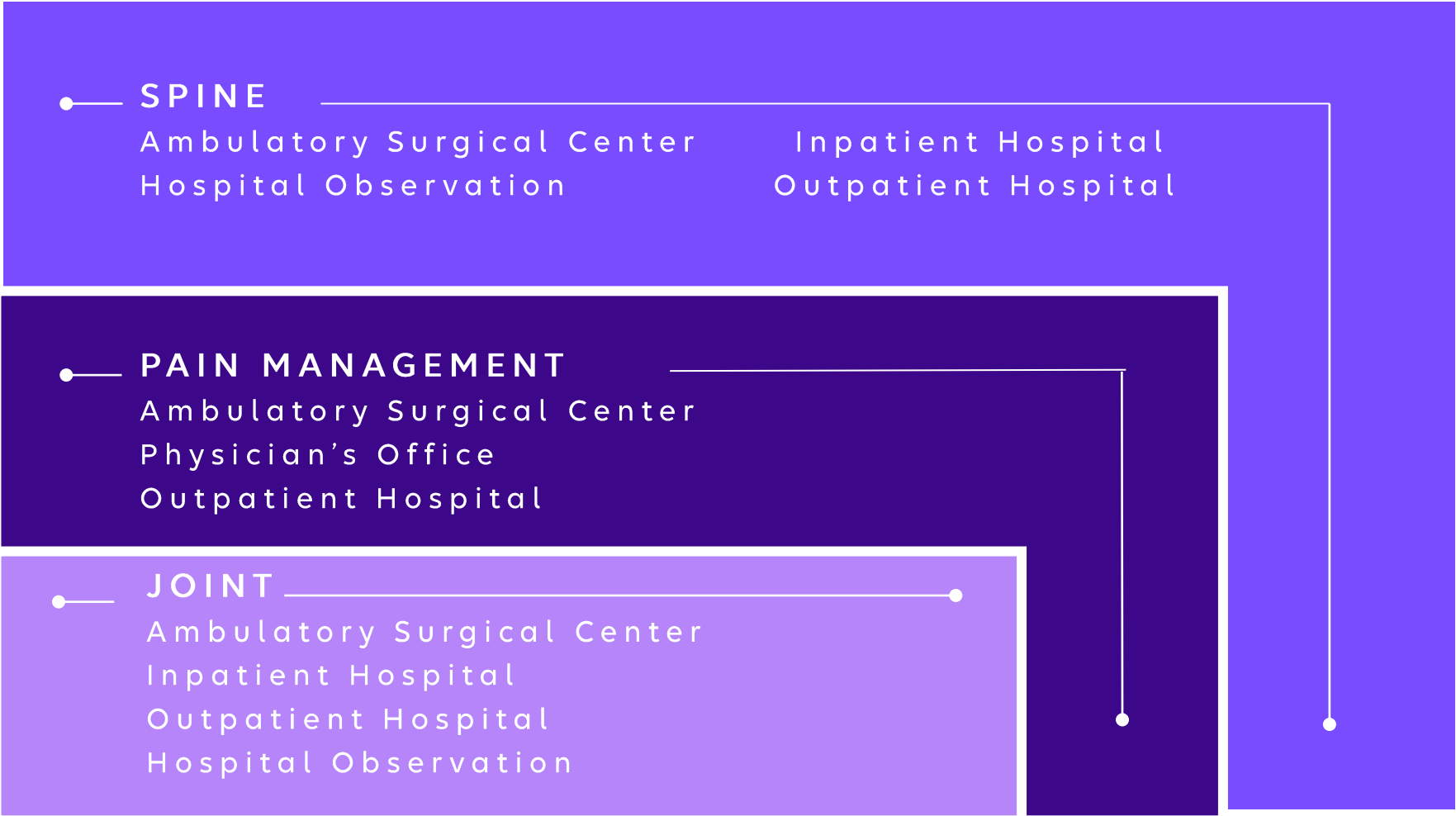
- Hip Arthroplasty
- Knee Arthroplasty
- Shoulder Arthroplasty
- Hip Arthroscopy
- Knee Arthroscopy
- Shoulder Arthroscopy
- Meniscal Allograft Transplantation of the Knee
- Treatment of Osteochondral Defects

SMALL JOINT SURGERY

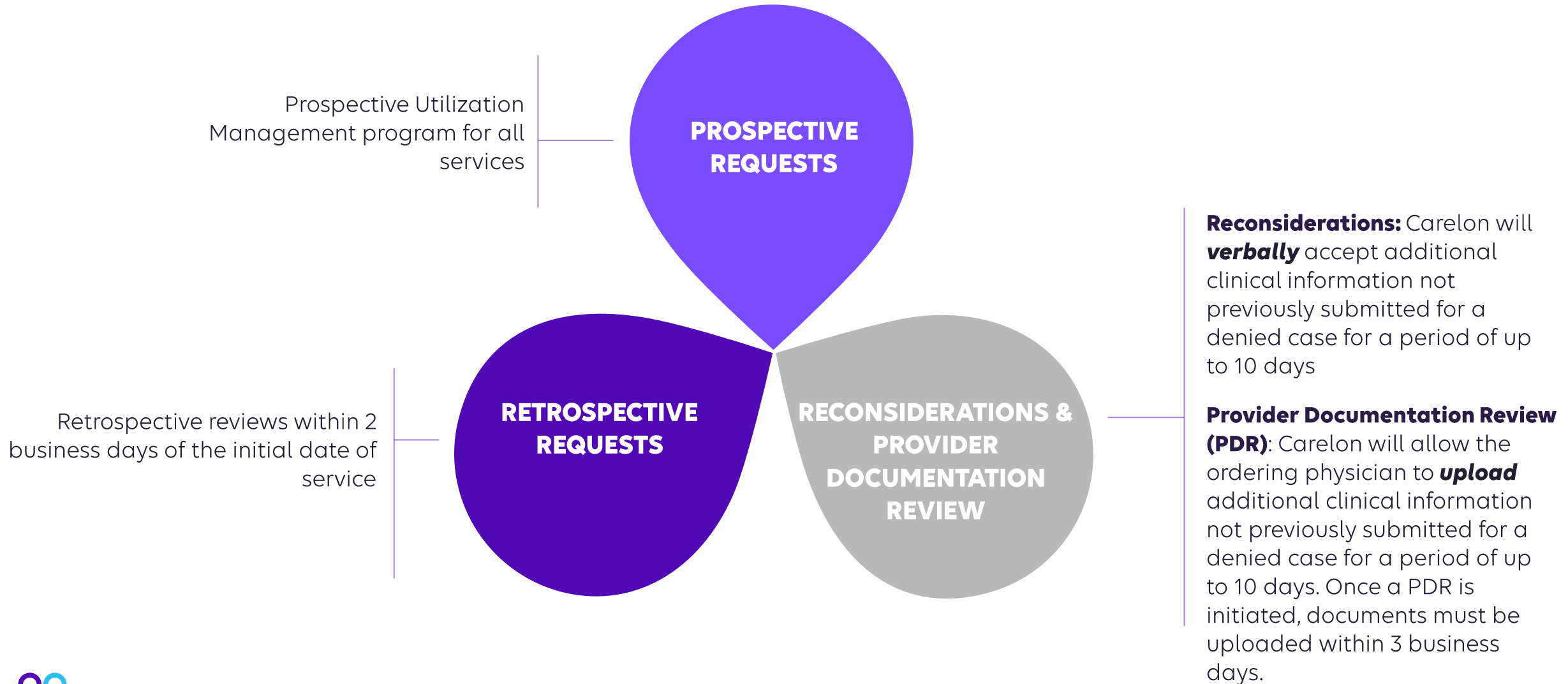
- Ankle Arthroplasty
- Correction of Hallux Valgus
- Hammertoe repair



MSK setting overview



Order request types



Clinical review workflow



- 1. Member demographics
- 2. Requesting provider and facility demographics
- 3. Clinical case information
- 4. Document upload (if applicable)

- 1. Clinical appropriateness adjudication against CMS coverage determinations (NCS/LCD's), Healthy Blue medical policy and/or Caredon clinical guidelines

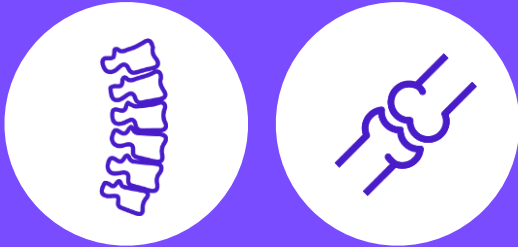
- 1. Messaging on appropriateness of request and link to guidelines
- 2. Peer-to-peer discussion if previous adjudication indicated that case does not meet clinical criteria

- 1. Document final review outcome
- 2. Messaging of final review outcome to provider
- 3. Final determination letter generated
- 4. Extract case information to Healthy Blue plan

- 1. Pre-service reconsiderations
- 2. Pre-service provider document review
- 3. First level provider appeal and first level member appeals are managed by Blue Cross and Blue Shield of North Carolina.



How long is a preauthorization valid?



Spine and joint surgery

ORDER NUMBER EXPIRES:

60

CALENDAR DAYS

from the date the case was created



Interventional pain management

ORDER NUMBER EXPIRES:

10

BUSINESS DAYS

from the date of service
(unless otherwise required by law)



How long is an inpatient stay case valid?



Spine and joint surgery performed at an inpatient hospital

ORDER NUMBER EXPIRES:

**Date of Service +
Expected Length of Stay**



Carelon closes most cases within 24 hours



Case turn around times

CASE	
Non-urgent Commercial	Shall close within N/A days
Non-urgent Medicare Advantage	Shall close consistent with CMS guidelines
Non-urgent Medicaid	Shall close within 5 business days
Urgent Commercial	Shall close within N/A days
Urgent Medicare Advantage	Shall close within 48 hours of receipt
Urgent Medicaid	Shall close within 24 hours of receipt





Healthy Blue Go-Live

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Healthy Blue Radiology & Cardiology start date



Contact center and
ProviderPortal open



Program is live

Contact center and ProviderPortal available effective November 1, 2022 for preauthorization requests with dates of service rendered on or after November 1, 2022.



Submitting an order request



ProviderPortal

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



Carelon 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 call center is closed on the following holidays: Christmas Day



Which Healthy Blue members need preauthorization through Carelon?



Included lines of business (products):

Medicaid



Excluded lines of business (products):

Commercial

Medicare

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

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



Order request checklist



Order demographic requirements:

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

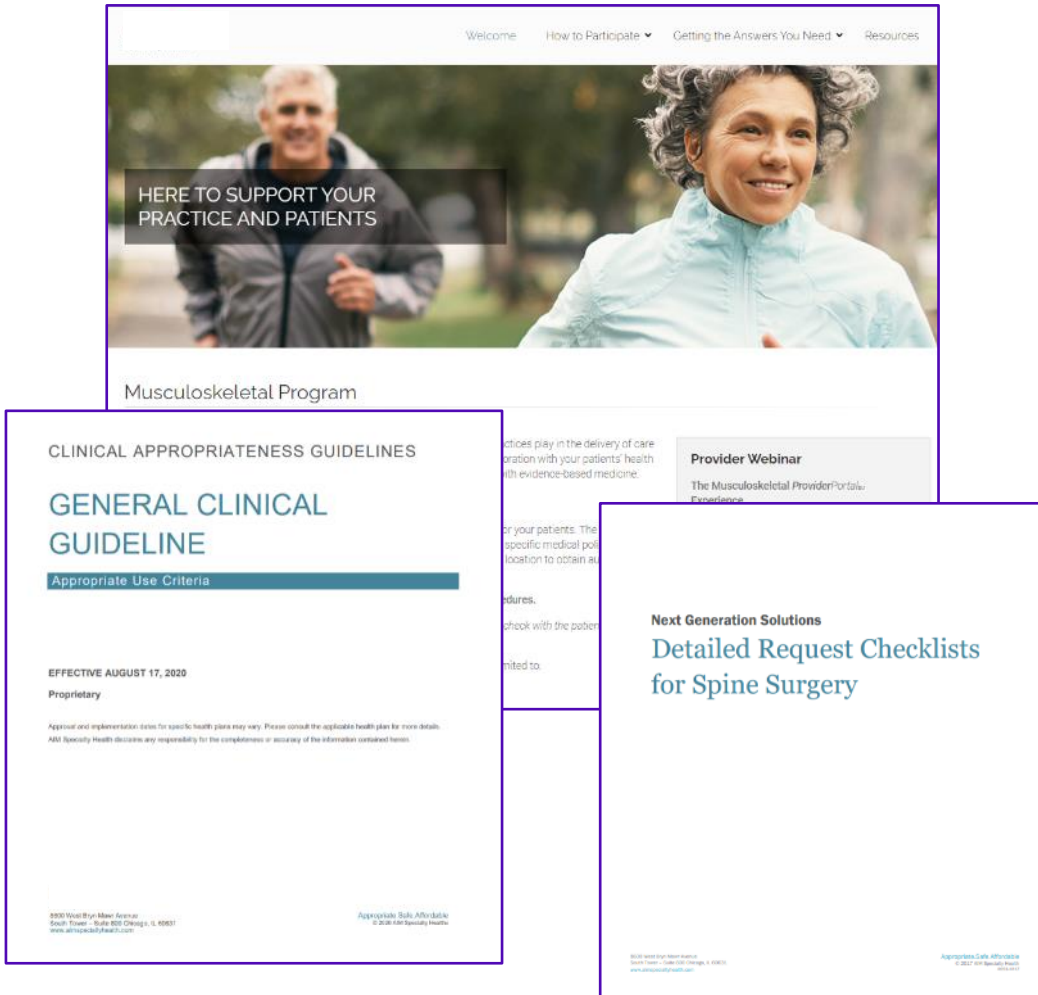


Order clinical requirements:

- Date of the procedure and type of facility (e.g., inpatient, outpatient hospital, office, or ASC)
- 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 resources section for:

- Checklists containing the information needed for requests
- Link to FAQs
- Link to clinical guidelines

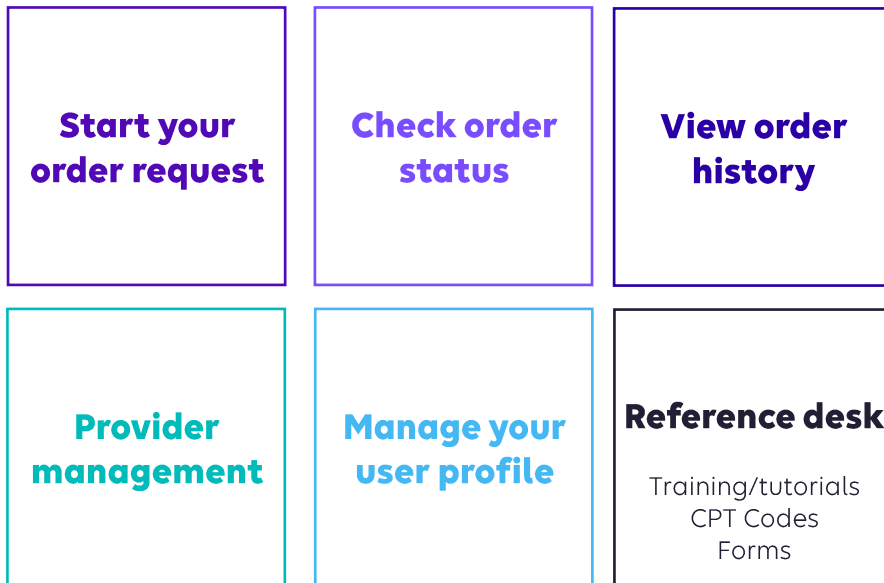


Look for these items at
<https://providers.carelonmedicalbenefitsmanagement.com/musculoskeletal/>



ProviderPortal highlights

ProviderPortal_{SM} modules



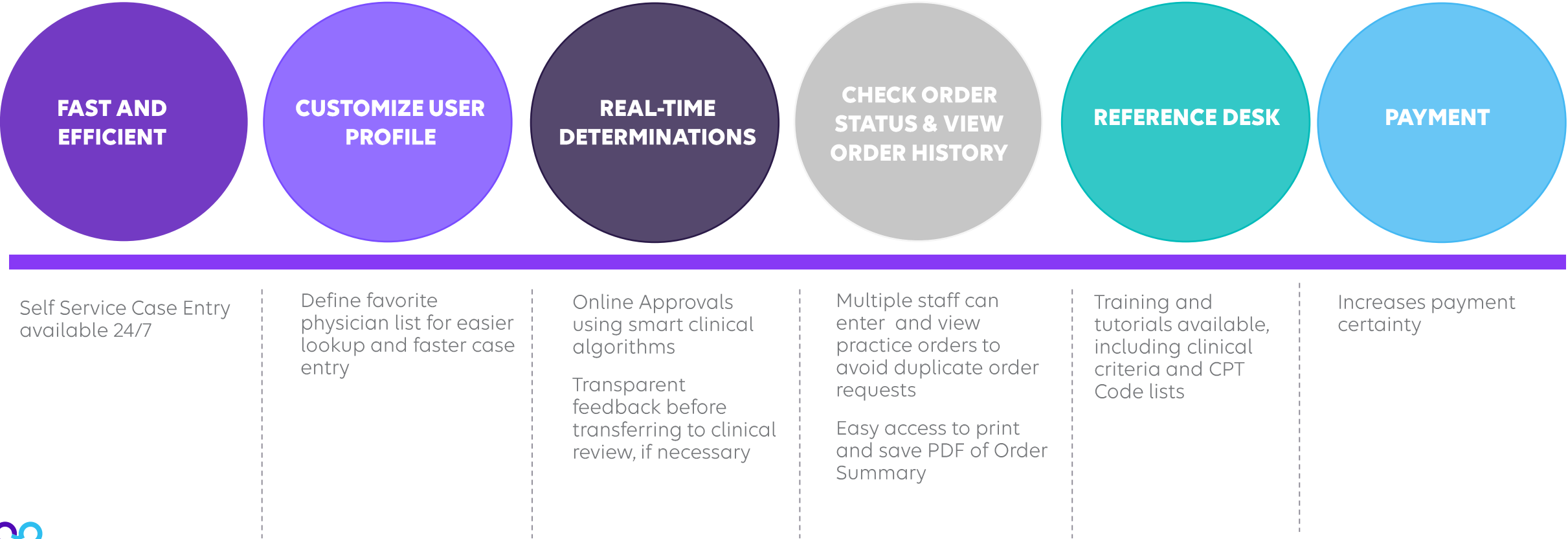
ProviderPortal user access and registration

- Register at Carelon via www.providerportal.com
- 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

ProviderPortal log in issues – (800) 252-2021



Carelon *ProviderPortal* offers significant efficiencies in obtaining prior authorizations and post service reviews



Log into the *ProviderPortal* to register

ProviderPortal.

User Login

USERNAME

PASSWORD

☐ Remember Me

Login

[Can't access your account?](#)

Don't have an account?

Register

Version 21.03.26.08 System Requirements ⓘ

i Please note that we will be conducting additional routine system maintenance on the following dates:

- April 10, 2021
- April 24, 2021

Each period will begin at 2:30 pm cst and extend through the next day at 6:30 pm. During this time, ProviderPortal and our call center will not be available. The Provider Portal application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.

If you need assistance, please [Click Here](#) or contact the ProviderPortalSM Support Team at (800) 252-2021.

Access the *ProviderPortal* at:

<https://providerportal.com>

If you are registered with the Carelon ***ProviderPortal***, 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 *ProviderPortal*

Enter your name & practice information to begin registering

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



Register

Contact Web Customer Service
AIM Specialty Health
(800) 252-2021

1. User Details

FIRST NAME

LAST NAME

ORGANIZATION NAME

ADDRESS 1

ADDRESS 2 (optional)

USER ROLE ⓘ

Select ▼

Select

Ordering Provider

Servicing Provider

Health Plan Representative

Genetic Counselor

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Registering via the *ProviderPortal*

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.

3. Application Selection

Select the applications you will need to access.

☒ Health Plan Utilization Review Programs *i*

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 *i*

Select

Select

Tax ID (TIN)

Group TIN

NPI

Group NPI

Provider ID

Support Program *i*

☐ I Agree to the Terms of Service

The logo for Carelon Medical Benefits Management, featuring a stylized four-leaf clover or flower design in blue and green.

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ProviderPortal order request demonstration

Note: Carelon 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

The screenshot shows the Provider Portal homepage. At the top, there's a blue header with a home icon and the text 'Order Request'. Below this, a grey navigation bar contains 'Welcome PMPHYS RAYA' and four icons with labels: 'Provider Management', 'Manage Your User Profile', and 'Reference Desk'. The main content area is divided into a left sidebar and a central panel. The sidebar has four items: 'Start Your Order Request Here' (with a folder icon), 'Check Order Status' (with a checkmark icon), 'View Order History' (with a document icon), and 'Check Member's Eligibility' (with a person icon). Below these is a link to 'Access Your Optinet Registration'. The central panel features a 'Service Date' field with a calendar icon, a 'Member Details' section with input fields for 'First Name', 'Last Name', 'Member ID', and 'Date of Birth', and a 'Find This Member' button. A 'Message Center' on the right shows a secure message and notifications. A 'Provider Resources' section at the bottom right lists various tutorials and guidelines.

Order Request

Welcome PMPHYS RAYA

Provider Management

Manage Your User Profile

Reference Desk

Start Your Order Request Here

Check Order Status

View Order History

Check Member's Eligibility

Access Your Optinet Registration

Service Date * MM/DD/YYYY

Member Details:

First Name *

Last Name *

Member ID *

Date of Birth * MM/DD/YYYY

Hide Search Tips ^

- For all Radiology requests use Date of Service. For Genetic Testing use the testing date. For all other requests, use Service Date.
- Do not include suffix/dependent code. For Federal Employee (FEP) members, please include the leading "R" in the search. If the member is not found, remove the leading "R" and search again. If there is an asterisk as part of the Member ID, do not enter it before searching.
- Member not found? Try entering only the first 2 characters of the patient's first and last name.

Find This Member

Message Center

Secure Message (0)

Notifications

The Provider Portal application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.

If you have any questions regarding the new Medicare Appropriate Use Criteria Clinical Decision Support Program, see the Provider Resource links below. DO NOT call the health plans.

The Provider Portal application will be unavailable on Saturday, November 6th 12:00 PM CST - 12:00 AM CST for special maintenance activities.

Provider Resources

Radiology Tutorial

Anthem Cancer Care Quality Program

Genetic Testing Tutorial

BCBS of IL, MT, NM, OK and TX Clinical Guidelines and CPT Codes

To start an order request, enter the **“Date of Service”** field on the **ProviderPortal** 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
- Reference Desk



Order type selection

Order Request

Logout

Back to Homepage

Print Preview

Member Details

85DUCK, DAISY
 PO BOX 791
 ARGILLITE, KY 46033
 Service Date: 1/21/2022

Date of Birth: 01/01/1985 Age: 37
 Female

Member ID: 333333333
 HEALTHPLAN ONE

Edit Service Date

Eligibility Details

Effective: 10/01/2011-12/31/9999

Product Code: HMO **Employer Group ID:** 9710

HEALTHPLAN ONE

The following solutions for the service date entered require a Pre-Authorization:
 To initiate a request, please select the solution and then click the Start Order Request to start your request.

Diagnostic Imaging
[View Code List](#)
 Angiography, Bone Density CT, CTA, MRA, MRI, Nuclear Medicine, PET

Cardiovascular
[View Code List](#)
 Coronary Angiography, Percutaneous Coronary Intervention, Arterial Ultrasound, Physiologic Arterial Study, Cardiac Devices (ICD, CRT, Pacemaker)

Sleep Management
[View Code List](#)
 Diagnostic Sleep Study (home/lab), Titration Study, APAP/BPAP/CPAP, Oral Appliance, MSLT, MWT

Musculoskeletal
 Sub-Category

 Joint Surgery, Spine Surgery & Interventional Pain Management

Radiation Therapy
[View Code List](#)
 2D/3D, Brachytherapy, IGRT, IMRT, IORT, Proton, Stereotactic (SRS/SBRT), SIRT

Chemotherapy and Supportive Drugs
 Review of cancer drugs, side effect management and treatment pathways

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: *

Type: *

Email:

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.

The following solutions for the service date entered do not require Pre-Authorization by AIM. Please contact the health plan using the number on the back of the member's ID card to determine if a Pre-Authorization is required.

Other Surgical and Endoscopic Procedures
[View Code List](#)
 Site of Care review for certain outpatient surgical & endoscopic procedures

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

Select “**Musculoskeletal**” and select the sub-category of “**Spine Surgery, Interventional Pain Management or Joint Surgery**” from the drop-down list then click on “**Start Order Request**”



Member order request history

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

Please review the list below. Make sure that your current Order Request is not a duplicate.

Member History								
Order ID	Order Status	Procedure Description	Levels/Segments	Laterality	Medical Purpose	Date Of Service	Outcome/Reason	Summary
110210238	In Progress	(29863) ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	N/A	Left	N/A	1/3/2022		View
110210238	In Progress	(29862) ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	N/A	Left	N/A	1/3/2022		View
110210238	In Progress	(29861) Arthroscopy Hip Surgical W/Removal Loose/Fb	N/A	Left	N/A	1/3/2022		View
110210238	In Progress	(29860) Arthroscopy Hip Diagnostic W/Wo Synovial Byp Spx	N/A	Left	N/A	1/3/2022		View
110210237	In Progress	(29863) ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	N/A	Left	N/A	1/3/2022		View
110210237	In Progress	(29862) ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	N/A	Left	N/A	1/3/2022		View
110210237	In Progress	(29861) Arthroscopy Hip Surgical W/Removal Loose/Fb	N/A	Left	N/A	1/3/2022		View
110210237	In Progress	(29860) Arthroscopy Hip Diagnostic W/Wo Synovial Byp Spx	N/A	Left	N/A	1/3/2022		View





Submitting an Interventional Pain order request

Note: Carelon 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.



Enter requested procedure(s)

The screenshot shows the 'ProviderPortal' interface for an 'Order Request'. At the top, there's a navigation bar with 'Order Request' and 'Logout'. Below this is a progress indicator showing steps 1 through 6, with step 2 highlighted. The main content area displays patient information for '85DUCK, DAISY', including Member #, Date of Birth, Date of Service, and Health Plan. The 'ENTER PROCEDURES' section on the left contains a search bar for CPT codes (labeled with a red '1'), a dropdown for PROCEDURE CATEGORY (labeled with a red '2'), and another dropdown for PROCEDURE. An 'Add Procedure' button is highlighted with a red box at the bottom of this section. To the right, the 'PROCEDURES REQUESTED' section shows a message: 'Multiple procedures can be entered at this time. Once you finished entering all your procedures click next.' and a 'Delete this request' button. At the bottom left, there is a link for 'comment or suggestion?' and a copyright notice for 2000-2020 AIM Specialty Health.

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

Order Request

Logout

Step: 1 2 3 4 5 6

85DUCK, DAISY

Edit

Hide Details

Member #:

3333333330

Date of Service:

6/22/2020

Date of Birth:

1/1/1985

Health Plan:

Code Summary

62323

Njx Dx/Ther Sbst Intrmnr Lmbr/Sac W/Img Gdn

Enter ICD Code

Enter your primary ICD code.

Enter ICD Code

Search

Delete this request

Enter ICD Code

Enter your primary ICD code.

Q pain

Search

Code	Description
R52	Pain, unspecified (Pain)
M79.601	Pain in right arm (Arm pain)
M79.602	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

Order Request

Log Out

Step: 123456


85DUCK, DAISY  Edit

Hide Details

Member #: 3333333330

Date of Service: 1/21/2022

Date of Birth: 1/1/1985

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
62323	Njx Dx/Ther Sbst Intrlmnr Lmbr/Sac W/Img Gdn

ICD Codes	Description
R52	Pain, unspecified

Delete this request

EditNext

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.



Requesting physician selection

ProviderPortal.

Order Request

Logout

Step: 1 2 3 4 5 6

85DUCK, DAISY

Member #: 3333333330 Date of Service: 6/22/2020

Date of Birth: 1/1/1985 Health Plan:

Hide Details

Requesting Provider Search

Search Type:

☒ Name

☐ TIN or NPI

☐ Address

First Name:

Last Name:

State

Kentucky

Search

Clear

Recent Favorites Search Results

View: Local

Requesting Providers

Favorite	Name	Address	City	Specialty	Health Plan
<input checked="" type="checkbox"/>	BUTTERMANN, GLENN	730 10TH AVE	BALDWIN	Orthopedic Surgery	
<input type="checkbox"/>	CALLAGHAN, JOHN	975 W WALNUT ST STE 424	INDIANAPOLIS	Internal Medicine	
<input checked="" type="checkbox"/>	SCULLY, THOMAS	2 PROGRESS POINT PKWY	OFALLON	Urology	
<input type="checkbox"/>	SMITH, ALISON	1730 W 25TH ST	CLEVELAND	Radiology	

DELETE this request

DISPLAYING 1-4 OF 4 RESULTS

2

Physician

Is the Physician the same as the Requesting Provider?

☒ Yes ☐ No

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



Requesting physician fax number

Enter the fax number to be used when communicating with the requesting physician 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.

85DUCK, DAISY

Member #: 333333330 Date of Service: 1/21/2022

Date of Birth: 1/1/1985 Health Plan:

Hide Details

Requesting Provider Search

Search Type:
☒ Name
☐ TIN or NPI
☐ Address

First Name:

Last Name:

State
Kentucky

Search

Clear

Recent Favorites Search Results

View: Local

Requesting Provider Fax Number

Please enter or confirm the physician's fax number below

FAX Number

[Why do you need this?](#)


Save | Fax Unavailable

	Specialty	Health Plan	Network Status
★	Pediatric Surgery		
☆	Internal Medicine		
★	Internal Medicine		
☆	HILTZ, WILLIAM	10550 MONTGOMERY RD	CINCINNATI General Practice
☆	SAAD, SAIMA	6000 LOMBARDO CTR STE 200	SEVEN HILLS Internal Medicine
★	SCULLY, THOMAS	2 PROGRESS POINT PKWY	OFALLON Urology



Performing physician information

The user will be asked if the Physician is the same as the Requesting Provider.



85DUCK, DAISY

Hide Details

Member #:

3333333330

Date of Service:

1/21/2022

Date of Birth:

1/1/1985

Health Plan:

Requesting Provider:

SCULLY, THOMAS

Physician

Is the Physician the same as the Requesting Provider?

☐ Yes

☐ No

Delete this request




Independent anesthesia services

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.

 Order Request

85DUCK, DAISY

Hide Details

Member #:

3333333330

Date of Service:

1/21/2022

Date of Birth:

1/1/1985


Health Plan:

Requesting Provider:

SCULLY, THOMAS

Anesthesiologist

Will anesthesia be administered by independent anesthesia personnel?



☐ Yes


☐ No

☐ Unknown

Delete this request



Provider selection summary

 Order Request Log Out

Step: 1 2 3 4 5 6

85DUCK, DAISY Hide Details

Member #: 3333333330

Date of Birth: 1/1/1985

Date of Service: 1/21/2022

Health Plan:

Requesting Provider: SCULLY, THOMAS

Provider/Physician Summary

Requesting Provider Edit

SCULLY, THOMAS

2 PROGRESS POINT PKWY

OFALLON, MO 63368

Phone: (314) 645-6454

Fax: (314) 434-1814 Edit

TIN: 200826746

NPI: 1285692608

Physician Edit

SCULLY, THOMAS

2 PROGRESS POINT PKWY

OFALLON, MO 63368

Phone: (314) 645-6454

Fax: (314) 434-1814 Edit

TIN: 200826746

NPI: 1285692608

Independent Anesthetic Edit

No

Delete this request

Next

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

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



Site of service selection

ProviderPortal.

Log Out

Step: 1 2 3 4 5 6

85DUCK, DAISY [Hide Details](#)

Member #: 333333330 Date of Service: 1/21/2022
Date of Birth: 1/1/1985 Health Plan:
Requesting Provider: SCULLY, THOMAS

Site of Service

Select Site of Service:

--Select--

--Select--

Office

Outpatient Hospital

Ambulatory Surgical Center

Delete this request

Continue

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

Order Request

Log Out

Step: 123456

85DUCK, DAISY

Hide Details

Member #: 333333330

Date of Service: 1/21/2022

Date of Birth: 1/1/1985

Health Plan:

Requesting Provider: SCULLY, THOMAS

Please Choose a Provider

Office Facility Search

Facility Name:
PAIN

City:

State
Missouri

Zip Code:

OR

Group NPI:

Search

Clear

In Network

Out of Network

Office Facility Search Results

Change Site of Service

Facility Name	Address	City	State	Phone	Distance	Action	Map	Designation
PAIN AND PERFORMANCE RELIEF LLC	4175 CRESCENT DR STE A	SAINT LOUIS	MO	(314) 254-2400	249.21	View Details	View Map	
PAIN AND PERFORMANCE RELIEF LLC	2730 S SAINT PETERS PKWY STE 104	SAINT PETERS	MO	(636) 600-1137	253.14	View Details	View Map	
PAIN AND PERFORMANCE RELIEF LLC	4 WEST DR STE 100	CHESTERFIELD	MO	(314) 254-2410	255.09	View Details	View Map	
PAIN AND PERFORMANCE RELIEF LLC	2730 SAINT PETERS HOWELL RD STE 104	SAINT PETERS	MO	(636) 600-1137	256.52	View Details	View Map	
PAIN AND PERFORMANCE RELIEF LLC	124 CHESTERFIELD TOWNE CTR	CHESTERFIELD	MO	(314) 254-2400	259.01	View Details	View Map	
PAIN AND REHABILITATION SPECIALISTS	14825 N OUTER 40 STE 365	CHESTERFIELD	MO	(314) 336-2570	253.85	View Details	View Map	


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



 Order Request

Log Out

Step: 1 2 3 4 5 6


85DUCK, DAISY  Edit


Hide Details

Member #: 3333333330

Date of Service: 1/21/2022

Date of Birth: 1/1/1985

Health Plan: 

Requesting Provider: SCULLY, THOMAS  Edit

Facility Summary

Site of Service Details

Edit

Office

Facility

Edit

PAIN AND REHABILITATION SPECIALISTS

14825 N OUTER 40 STE 365

CHESTERFIELD, MO 63017

(314) 336-2570

TIN: 463417023

NPI: 1194159962

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.



Clinical data entry

Order Request

Log Out

Step: 123456

85DUCK, DAISY

Hide Details

Member #: 333333330

Date of Birth: 1/1/1985

Requesting Provider: SCULLY, THOMAS

Date of Service: 1/21/2022

Health Plan:

PROCEDURES REQUESTED (1)

62323 Njx Dx/Ther Sbst Intrlmnr Lmbr/Sac W/Img Gdn

Requires Clinical Information

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

Carelon Medical Benefits Management 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 to allow for the best user experience.



Clinical feedback

Order Request

Log Out

Step: 1 2 3 4 5 6

85DUCK, DAISY

Member #: 3333333330 Date of Service: 1/21/2022

Date of Birth: 1/1/1985 Health Plan:

Requesting Provider: SCULLY, THOMAS

Hide Details

Clinical Summary

Diagnosis / ICD Code:
R52 Pain, unspecified

PROCEDURES REQUESTED (1)

62323 Njx Dx/Ther Sbst Intrimnr Lmbr/Sac W/Img Gdn

Requires Further Review

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

62323 Njx Dx/Ther Sbst Intrimnr 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 requested procedure must be performed with image guidance, either fluoroscopy or CT.

Clinical Information

Edit Clinical Information

Is this the patient's first epidural steroid injection in this spinal region?

Yes


No

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.

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



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Order request preview

 Order Request

Log Out

Submit This Request

Go to Homepage

Delete this request

Save as PDF

Print

Can I send you an email with information about your case?

Send Email

ProviderPortal

Order Request Preview

Request Status:

Health Plan:

Start Date:

Has Not Been Submitted

01/21/2022

Member Information:

Requesting Provider:

Physician:

Facility:

85DUC, DAISY

SCULLY, THOMAS

SCULLY, THOMAS

PAIN AND REHABILITATION SPECIALISTS

Member #: YRM333333330

2 PROGRESS POINT PKWY

2 PROGRESS POINT PKWY

14825 N OUTER 40 STE 365

PO BOX 791

OFALLON, MO 63368

OFALLON, MO 63368

CHESTERFIELD, MO 63017

ARGILLITE, KY 46033

Phone: 314-645-6454

Phone: 314-645-6454

Phone: 314-336-2570

Date of Birth: 1/1/1985

Fax: 314-434-1814

Fax: 314-434-1814

Fax: 314-336-2571

Phone: 773-864-4600

NPI: 1285692608

NPI: 1285692608

TIN: 463417023

NPI: 1194159962

Site Of Service Type:Office

Anesthesiologist

No

The Clinical Information displayed was obtained by AIM through the order entry process. The information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed.

Please call (800) 554-0580 for all Urgent Requests.

REQUESTED PROCEDURES (1)

Code	Description	Status	Reason	Action
62323	Nlx Dx/Ther Sbst Intrlmnr Lmbr/Sac W/Img Gdn			

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

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

(800) 123-4567

Ext

Email

REQUIRED

If you have entered “other”, “unknown”, or “none of these apply” to any of the clinical questions, provide the additional clinical details supporting this request below. Also, provide any additional pertinent information to support a review of this procedure.

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.

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

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

Click “**Save**” to submit the preauthorization request.



In progress order request summary

Order Request

Log Out

Begin Another Request

Go to Homepage

Delete this request

Save as PDF

Print

Can I send you an email with information about your case?

Send Email

ProviderPortal.

Order Request Summary

Order ID: 110210956

In Progress

Anticipated Determination Date:01/14/2022

Health Plan:

Start Date:

01/21/2022

This order is not a guarantee of payment except when required by applicable law. When applicable law allows, payment is subject to the member's active enrollment, benefit limitation and other terms of the member's contract at the time of services provided.

Member Information:

85DUCK, DAISY

Member #: YRM3333333330

PO BOX 791

ARGILLITE, KY 46033

Date of Birth: 1/1/1985

Phone: 773-864-4600

Requesting Provider:

SCULLY, THOMAS

2 PROGRESS POINT PKWY

OFALLON, MO 63368

Phone: 314-645-6454

Fax: 314-434-1814

NPI: 1285692608

Physician:

SCULLY, THOMAS

2 PROGRESS POINT PKWY

OFALLON, MO 63368

Phone: 314-645-6454

Fax: 314-434-1814

NPI: 1285692608

Facility:

Edit

PAIN AND REHABILITATION SPECIALISTS

14825 N OUTER 40 STE 365

CHESTERFIELD, MO 63017

Phone: 314-336-2570

Fax: 314-336-2571

TIN: 463417023

NPI: 1194159962

Site Of Service Type:Office

Anesthesiologist

No

The order has now been submitted.

In Progress requests will display a yellow box containing the Order ID tracking number and the Anticipated Determination Date.

Non-authorized requests will include an Order ID within a red box.



Approved order request summary



Based on the information you have provided, the member's plan allows the use of an Out of Network provider. Please be advised that the member may incur additional out of pocket expenses to use this provider.

Order Request Summary

Health Plan:

Start Date:
01/18/2022

Order ID: 135712693



Authorized

Approval Valid Through: 01/18/2022 - 01/31/2022

This order is not a guarantee of payment except when required by applicable law. When applicable law allows, payment is subject to the member's active enrollment, benefit limitation and other terms of the member's contract at the time of services provided.

Member Information:

85DUCK, DAISY
Member #: jwc3333333301
143 Happy Lane
Chicago, IL 60631
Date of Birth: 1/1/1985
Phone: 737-333-6363

Requesting Provider:

SCULLY, THOMAS
2 PROGRESS POINT PKWY
O FALLON, MO 63368-2205
Phone: 314-645-6454
Fax: 314-434-1814
NPI: 1285692608

Physician:

SCULLY, THOMAS
2 PROGRESS POINT PKWY
O FALLON, MO 63368-2205
Phone: 314-645-6454
Fax: 314-434-1814
NPI: 1285692608

Facility:

PAIN AND REHABILITATION
SPECIALISTS
14825 N OUTER 40
CHESTERFIELD, MO 63017
Phone: 314-336-2570
Fax:
TIN: 463417023
NPI: 1194158862
Site Of Service Type: Office

Anesthesiologist



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.



Submitting a Joint or Spine Surgery order request

Note: Carelon 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.



Enter requested procedure(s)

The screenshot shows the 'Order Request' page in the 'ProviderPortal'. At the top, there's a navigation bar with 'Order Request' and 'Logout'. Below this is a progress indicator showing steps 1 through 6, with step 2 highlighted. The main content area displays patient information for '85DUC, DAISY', including Member #, Date of Birth, Date of Service, and Health Plan. The 'ENTER PROCEDURES' section is highlighted with a red box and a red '1' next to the 'CPT Code' input field. Below this, there's a section for 'PROCEDURE CATEGORY' and 'PROCEDURE', both with 'Select' dropdown menus, highlighted with a red box and a red '2'. At the bottom of this section, the 'Add Procedure' button is highlighted with a red box. To the right of the 'ENTER PROCEDURES' section is the 'PROCEDURES REQUESTED' section, which contains a message: 'Multiple procedures can be entered at this time. Once you finished entering all your procedures click next.' and a 'Delete this request' button. At the bottom left, there's a link for 'Have a comment or suggestion?' and a copyright notice for 2000-2020 AIM Specialty Health.

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 requested procedure(s)

ProviderPortal

Order Request

Log Out

Step: 1 2 3 4 5 6

85DOE, JOHN Edit

Hide Details

Member #: 3775285550

Date of Service: 1/21/2022

Date of Birth: 1/1/1952

Health Plan:

Code Summary

27447

Arthrp Kne Condyle&Platu Medial&Lat Compartments

Right

Enter ICD Code

Enter your primary ICD code.

M13.861

Search

Code	Description
M13.861	Other specified arthritis, right knee

DISPLAYING 1-1 OF 1 RESULTS

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

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

Order Request

Log Out

Step: 123456

85DOE, JOHN

Edit

Hide Details

Member #:

3775285550

Date of Service:

1/21/2022

Date of Birth:

1/1/1952

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

Next



Requesting provider selection

1

Order Request

Log Out

Step: 1 2 3 4 5 6

85DOE, JOHN

Member #: 3775285550 Date of Service: 1/21/2022

Date of Birth: 1/1/1952 Health Plan:

Hide Details

Requesting Provider Search

Search Type:

☒ Name

☐ TIN or NPI

☐ Address

First Name:

Last Name:

State

Michigan

Search

Clear

Recent

Favorites

Search Results

Expanded Search

View: Local

Requesting Providers

Favorite	Name	Address	City	Specialty	Health Plan	Network Status
<input checked="" type="radio"/>	BUTTERMANN, GLENN	730 10TH AVE	BALDWIN	Orthopedic Surgery		
<input type="radio"/>	CALLAGHAN, JOHN	100 MAIN ST	FRANKLIN	Internal Medicine		
<input checked="" type="radio"/>	CALLAGHAN, JOHN	975 W WALNUT ST STE 424	INDIANAPOLIS	Internal Medicine		
<input type="radio"/>	HILTZ, WILLIAM	10550 MONTGOMERY RD	CINCINNATI	General Practice		
<input type="radio"/>	SAAD, SAIMA	6000 LOMBARDO CTR STE 200	SEVEN HILLS	Internal Medicine		
<input checked="" type="radio"/>	SCULLY, THOMAS	2 PROGRESS POINT PKWY	OFALLON	Urology		
<input type="radio"/>	SMITH, MICHAEL	1945 SCOTTSVILLE RD STE B2	BOWLING GREEN	Cardiology		
<input type="radio"/>	SMITH, ALISON	1730 W 25TH ST	CLEVELAND	Radiology		

2

Primary Surgeon

Is the Primary Surgeon the same as the Requesting Provider?

☐ Yes

☐ No

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

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Additional surgical staff

 Order Request

Log Out

Step: 1 2 3 4 5 6

85DOE, JOHN

Hide Details

Member #: 3775285550

Date of Service: 1/21/2022

Date of Birth: 1/1/1952

Health Plan:

Requesting Provider: SCULLY, 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

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.

With the selection of Co-Surgeon and Assistant Surgeon, the selection of the provider is generally required and mirrors the provider selection process for requesting provider and primary surgeon.

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



Surgical staff summary

Order Request

Log Out

Step: 123456

85DOE, JOHN

Hide Details

Member #: 3775285550 Date of Service: 1/21/2022
Date of Birth: 1/1/1952 Health Plan:
Requesting Provider: SCULLY, THOMAS

Surgical Staff Summary

Requesting Provider

Edit

SCULLY, THOMAS Phone: (314) 645-6454 TIN: 200826746
2 PROGRESS POINT PKWY Fax: (314) 434-1814 [Edit](#) NPI: 1285692608
OFALLON, MO 63368

Primary Surgeon

Edit

SCULLY, THOMAS Phone: (314) 645-6454 TIN: 200826746
2 PROGRESS POINT PKWY Fax: (314) 434-1814 [Edit](#) NPI: 1285692608
OFALLON, MO 63368

Surgical Staff

Edit

Surgical Assistant: Yes

Delete this request

Next

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.

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



Site of service selection

 Log Out

Step: 1 2 3 4 5 6

85DOE, JOHN

Hide Details

Member #:

3775285550

Date of Service:

1/21/2022

Date of Birth:

1/1/1952

Health Plan:

Requesting Provider:

SCULLY, THOMAS

Site of Service

Select Site of Service:

Outpatient Hospital

--Select--

Hospital Observation

Outpatient Hospital

Ambulatory Surgical Center

Inpatient Hospital

Continue

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

Order Request

Log Out

Step: 123456

85DOE, JOHN

Member #: 3775285550

Date of Birth: 1/1/1952

Date of Service: 1/21/2022

Health Plan:

Requesting Provider: SCULLY, THOMAS

Hide Details

Please Choose a Provider

Ambulatory Surgical Center Facility Search

Facility Name:

SURGERY

City:

State

Missouri

Zip Code:

OR

Group NPI:

Search

Clear

In Network

Expanded Search

Out of Network

Ambulatory Surgical Center Facility Search Results

Change Site of Service

Facility Name	Address	City	State	Phone	Distance	Action	Map	Designation
SURGERY CENTER AT THE FORUM	1410 FORUM KATY PKWY STE 102	COLUMBIA	MO	(573) 397-6556	531.21	View Details	View Map	
SURGERY CENTER OF FARMINGTON	400 PARKLAND DR	FARMINGTON	MO	(573) 756-8000	491.06	View Details	View Map	
SURGERY CENTER OF POPLAR BLUFF LLC	219 PHYSICIANS PARK DR	POPLAR BLUFF	MO	(573) 727-9080	540.38	View Details	View Map	
SURGERY SPECIALISTS OF MISSOURI LLC	10007 KENNERLY RD STE A	SAINT LOUIS	MO	(314) 776-7112	455.81	View Details	View Map	
SURGERY SPECIALISTS OF ST LOUIS	1035 BELLEVUE AVE STE 203	SAINT LOUIS	MO	(314) 644-5151	447.78	View Details	View Map	
SURGERY SPECIALISTS OF ST LOUIS	1035 BELLEVUE AVE STE 110	SAINT LOUIS	MO	(314) 644-5151	447.78	View Details	View Map	

123456

DISPLAYING 1-6 OF 6 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


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.

Order Request

Log Out

Step: 123456


85DOE, JOHN  Edit


Hide Details

Member #: 3775285550

Date of Service: 1/21/2022

Date of Birth: 1/1/1952

Health Plan: 

Requesting Provider: SCULLY, THOMAS  Edit

Facility Summary

Site of Service Details

Edit

Ambulatory Surgical Center

Facility

Edit

SURGERY SPECIALISTS OF ST LOUIS

1035 BELLEVUE AVE STE 203

SAINT LOUIS, MO 63117

(314) 644-5151

TIN: 208360135


NPI: 1245219484

Delete this request

Next



Clinical data entry

Order Request

Log Out

Step: 123456

85DOE, JOHN

Hide Details

Member #: 3775285550

Date of Service: 1/21/2022

Date of Birth: 1/1/1952

Health Plan:

Requesting Provider: SCULLY, THOMAS

PROCEDURES REQUESTED (1)

27447 Arthrp Kne Condyle&Platu Medial&Lat Compartments
Right
Requires Clinical Information

EDIT 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

*Select the type of procedure.

Primary total knee replacement

Primary (partial) medial or lateral unicompartmental knee replacement

Patellofemoral arthroplasty

Primary hinge arthroplasty

Revision of a prior knee replacement

Knee arthroplasty of the medial and patellofemoral compartments

Focal resurfacing of a single knee joint defect

Unicompartmental free-floating (unfixed) interpositional device

None of these apply

Unknown


Carelon Medical Benefits Management 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.

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Clinical feedback

Order Request

Log Out

Step: 1234**5**6

85DOE, JOHN

Hide Details

Member #: 3775285550Date of Service: 1/21/2022Date of Birth: 1/1/1952Health Plan: Requesting Provider: SCULLY, THOMAS

Clinical Summary

Diagnosis / ICD Code:
M13.861 Other specified arthritis, rt knee

PROCEDURES REQUESTED (1)

27447 Arthrp Kne Condyle&Platu Medial&Lat Compartments Right

Requires Further Review

Due to a state-mandated 24 hour case review timeframe, if documents are requested, they should be provided at case submission to ensure our reviewers have access to relevant information to make the determination on your case.

The following documentation is required with this request for Clinical Review. This information needs to be uploaded in ProviderPortal for Clinical Review to be completed.

• Office notes from the three (3) most recent visits

• Recent knee imaging results pertinent to this request

• Initial history and physical exam

• Any consultation reports

• 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)

CLINICAL SUMMARY

Collapse All

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.

Clinical Information

Edit Clinical Information


Is this request for a tumor (primary or metastatic) or acute fracture?

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.

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



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Order request preview

Order Request

Log Out

Before you submit the request, please attach all requested documents. Failure to do so may affect the outcome of the case.

Submit This Request

Go to Homepage

Delete this request

Save as PDF

Print

Can I send you an email with information about your case?

Send Email

ProviderPortal

Order Request Preview

Request Status:

Has Not Been Submitted

Health Plan:

Start Date:

01/21/2022

Member Information:

85DOE, JOHN
Member #: YRP3775285550
PO BOX 623
LIVONIA, MI 48154
Date of Birth: 1/1/1952
Phone: 312-999-9920

Requesting Provider:

SCULLY, THOMAS
2 PROGRESS POINT PKWY
OFALLON, MO 63368
Phone: 314-645-6454
Fax: 314-434-1814

Primary Surgeon:

SCULLY, THOMAS
2 PROGRESS POINT PKWY
OFALLON, MO 63368
Phone: 314-645-6454
Fax: 314-434-1814

Facility: Edit

SURGERY SPECIALISTS OF ST LOUIS
1035 BELLEVUE AVE STE 203
SAINT LOUIS, MO 63117
Phone: 314-644-5151
Fax:

Surgical Staff

Surgical Assistant

Yes

Attach Documents

You must provide the following documents to support this request. The documents will be used for Clinical Review.

•Office notes from the three (3) most recent visits

•Recent knee imaging results pertinent to this request

•Initial history and physical exam

•Any consultation reports

•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)

ATTACHMENTS

(LIMIT: 15)

FILENAME	DOCUMENT TYPE	FILE SIZE	STATUS	ACTION
		(Max: 15 MB)		

Attach Files.

ATTACH FILE

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 Carelon to properly review this request.

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

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Additional information opportunity

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

(800) 123-4567

Ext

Email

REQUIRED

If you have entered "other", "unknown", or "none of these apply" to any of the clinical questions, provide the additional clinical details supporting this request below. Also, provide any additional pertinent information to support a review of this procedure.

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.

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

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

Click **“Save”** to submit the preauthorization request.



Order request summary

ProviderPortal.

Order Request

Log Out

Begin Another Request

Go to Homepage

Delete this request

Save as PDF

Print

Can I send you an email with information about your case?

Send Email

ProviderPortal.

Order Request Summary

Health Plan:

Start Date:
01/21/2022 Urgent Request

Order ID: 110211016

In Progress

Anticipated Determination Date: 01/12/2022

This order is not a guarantee of payment except when required by applicable law. When applicable law allows, payment is subject to the member's active enrollment, benefit limitation and other terms of the member's contract at the time of services provided.

Member Information:

85DOE, JOHN
Member #: YRP3775285550
PO BOX 623
LIVONIA, MI 48154
Date of Birth: 1/1/1952
Phone: 312-999-9920

Requesting Provider:

SCULLY, THOMAS
2 PROGRESS POINT PKWY
OFALLON, MO 63368
Phone: 314-645-6454
Fax: 314-434-1814
NPI: 1285692608

Primary Surgeon:

SCULLY, THOMAS
2 PROGRESS POINT PKWY
OFALLON, MO 63368
Phone: 314-645-6454
Fax: 314-434-1814
NPI: 1285692608

Facility: Edit

SURGERY SPECIALISTS OF ST LOUIS
1035 BELLEVUE AVE STE 203
SAINT LOUIS, MO 63117
Phone: 314-644-5151
Fax:
TIN: 208360135
NPI: 1245219484
Site Of Service Type: Ambulatory Surgical Center

Surgical Staff

Surgical Assistant

Yes

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- The order has now been submitted.
- Approved requests will display an Order ID number and Approval Valid Through date within a green box.
- In Progress requests twill display a yellow box containing the Order ID tracking number and the Anticipated Determination Date.
- Non-authorized requests will include an Order ID within a red box.
- You can “**Print**” or “**Save to a PDF**” to include in the patient’s chart.



Additional ProviderPortal features

Note: Carelon 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

The screenshot shows a web application interface for checking order status. At the top, there is a blue header bar with a home icon and the text 'Order Inquiry'. Below this, a navigation bar includes 'Welcome PMPHYS USER', 'Provider Management' (with a person icon), 'Manage Your User Profile' (with a document icon), and 'Reference Desk' (with a book icon). On the left side, there is a vertical menu with four items: 'Start Your Order Request Here' (with a plus icon), 'Check Order Status' (with a checkmark icon and highlighted), 'View Order History' (with a document icon), and 'Check Member's Eligibility' (with a person icon). Below the menu, there is a link 'Access Your Optinet Registration' (with a document icon). The main content area is a large white box with a light gray border. It contains three sections: 'Select the member's healthplan' with a dropdown menu, 'Select the order type' with a list of radio buttons (Diagnostic Imaging, Radiation Therapy, Sleep Management, Chemotherapy and Supportive Drugs, Genetic Testing, Musculoskeletal, Rehabilitation), and 'Select the search type' with a dropdown menu set to 'Order ID'. Below these sections, there are two input fields: 'Order ID' with a placeholder 'Order ID number' and 'Date of Birth' with a placeholder 'MM/DD/YYYY'. At the bottom of the main content area is a green button labeled 'Find This Order'. On the right side of the main content area, there is a 'Message Center' box with a blue header and a white body containing two paragraphs of text. Below the message center is a green box labeled 'Provider Resources' with a link 'Radiology Tutorial'.

Order Inquiry

Welcome PMPHYS USER

Provider Management

Manage Your User Profile

Reference Desk

Start Your Order Request Here

Check Order Status

View Order History

Check Member's Eligibility

Access Your Optinet Registration

Select the member's healthplan

Select the order type

Select the search type

Order ID

Date of Birth

Find This Order

Message Center

The Provider Portal application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.

If you have any questions regarding the new Medicare Appropriate Use Criteria Clinical Decision Support Program, see the Provider Resource links below. DO NOT call the health plans.

Provider Resources

Radiology 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., Musculoskeletal

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 Carelon ProviderPortal

Order Information

Order Information displayed included on the order/preauthorization:

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

Order Inquiry

Health Plan:

Search by:

Order ID

SELECT SEARCH TYPE

Order ID + DOB

Order ID + Name

ORDER ID

135706528

DATE OF BIRTH

06/18/1986

Find

Clear

Order Inquiry

Go to HomepageDelete this requestSave as PDFPrint

Order Request Summary

Order ID: 135706528

Withdrawn

Health Plan:

Start Date: 01/04/2022

This order is not a guarantee of payment except when required by applicable law. When applicable law allows, payment is subject to the member's active enrollment, benefit limitation and other terms of the member's contract at the time of services provided.

Member Information:

SALLY SMITH

Member #: 12345Happy

123 MAIN STREET

HOUSTON, TX 77018

Date of Birth: 6/18/1986

Phone: 224-123-4589

Requesting Provider:

AAGAARD TILLERY, KJERSTI

1504 TAUB LOOP

HOUSTON, TX 77030-1608

Phone: 713-873-2000

Fax: 469-444-1232

NPI: 1033299938

Primary Surgeon:

AAGAARD TILLERY, KJERSTI

1504 TAUB LOOP

HOUSTON, TX 77030-1608

Phone: 713-873-2000

Fax: 469-444-1232

NPI: 1033299938

Facility: Edit

MED CARE TO YOU MANAGEMENT INC

2305 WOODHEAD ST

HOUSTON, TX 77019

Phone: 281-247-7289

Fax: 281-973-8039

TIN: 473990955

NPI: 1568847879

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View order history

The screenshot displays the 'View Order History' interface. On the left, a sidebar contains links: 'Start Your Order Request Here', 'Check Order Status', 'View Order History' (highlighted), 'Check Member's Eligibility', and 'Access Your Optinet Registration'. The main area features a header with 'Welcome PMPHYS USER' and navigation icons for 'Provider Management', 'Manage Your User Profile', and 'Reference Desk'. Below this is a filter section with four tabs: 'Show me:', 'For:', 'Within the last:', and 'With the status:'. The 'Show me:' tab has radio buttons for 'My Orders' (selected) and 'My Group's Orders'. The 'For:' tab has radio buttons for 'Diagnostic Imaging', 'Radiation Therapy', 'Sleep Management', 'Chemotherapy and Supportive Drugs', 'Genetic Testing', 'Musculoskeletal' (selected), and 'Rehabilitation'. The 'Within the last:' tab has a dropdown menu set to '90 Days'. The 'With the status:' tab has a dropdown menu with options: 'All' (selected), 'Reviewed', 'Denied', 'Incomplete', and 'In Progress'. A green 'Go' button is located to the right of the status dropdown. Below the filter section, a table titled 'All Orders' displays a list of orders. The table has columns for Member Name, Member Number, Date of Service, Order Id, Order Status, Ordering Provider, Entered Date, and Entered By. The table contains three rows of data.

Member Name	Member Number	Date of Service	Order Id	Order Status	Ordering Provider	Entered Date	Entered By
BREAULTGS, ELAINA	108546507	01/19/2022		Incomplete		01/03/2022	USER, PMPHYS
CASTRONOVAS, JEREMO	190249109	01/19/2022		Incomplete		01/03/2022	USER, PMPHYS
STROPLEHS, ART	160129181	12/22/2021	135704739	In Progress	GABALLA, SAMEH	12/29/2021	USER, PMPHYS

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

Order Request

Welcome PMPHYS RAYA

Provider Management

Manage Your User Profile

Reference Desk

Start Your Order Request Here

Check Order Status

View Order History

Check Member's Eligibility

Access Your Optinet Registration

> Service Date *

> Member Details:

First Name *

Last Name *

Member ID *

Date of Birth *

Hide Search Tips ^

- For all Radiology requests use Date of Service. For Genetic Testing use the testing date. For all other requests, use Service Date.
- Do not include suffix/dependent code. For Federal Employee (FEP) members, please include the leading "R" in the search. If the member is not found, remove the leading "R" and search again. If there is an asterisk as part of the Member ID, do not enter it before searching.
- Member not found? Try entering only the first 2 characters of the patient's first and last name.

Find This Member

Message Center

Secure Message (0)

Notifications
The Provider Portal application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.
If you have any questions regarding the new Medicare Appropriate Use Criteria Clinical Decision Support Program, see the Provider Resource links below. DO NOT call the health plans.
The Provider Portal application will be unavailable on Saturday, November 6th 12:00 PM CST - 12:00 AM CST for special maintenance activities.

Provider Resources

Radiology Tutorial
Anthem Cancer Care Quality Program
Genetic Testing Tutorial
BCBS of IL, MT, NM, OK and TX Clinical Guidelines and CPT Codes

To create a more customized and easier experience, Carelon **ProviderPortal** 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



[Home](#) | [Log Out](#)

Provider Management

The following provider identifiers/health plans have been associated with your account. To add additional provider identifiers/health plan use the "Add Provider Identifier" button.

Add Provider Identifier

Filter Providers ▶

RESULTS PER PAGE

10

Total Records: 60

Providers Attached to Account


Provider Identifier ▾	Type ▾	Health Plan ▾	Action
0K0211740	CLID	Health Plan One	Delete
0K0271710	CLID	Health Plan One	Delete
000000001	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**”

Adding a health plan to an existing user account

 [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) ▼

770252214

– +

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

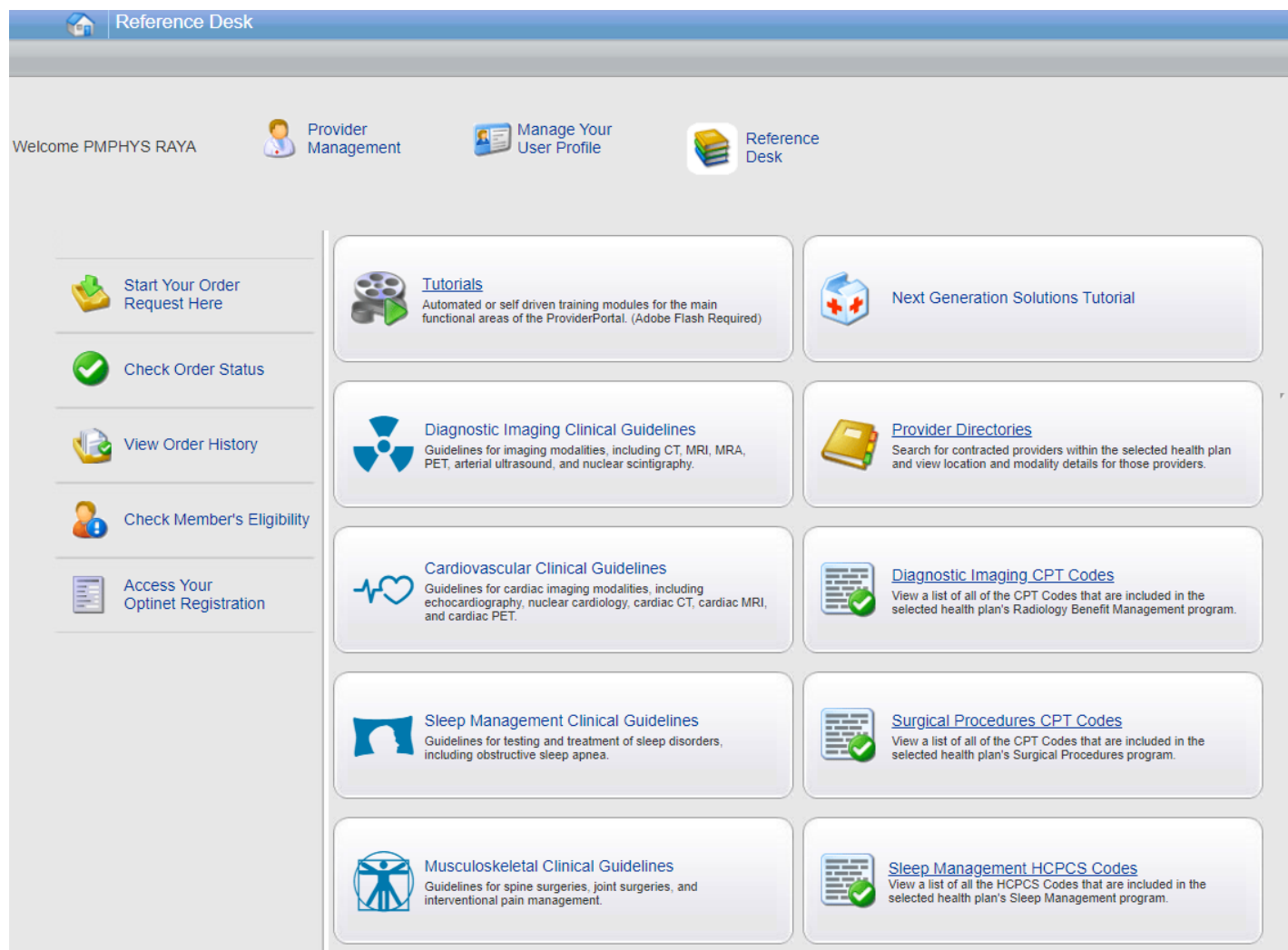
To add providers to your account, select the appropriate provider identifier from the drop-down list and enter the identifier value into the text box

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”**



Reference desk



The Reference Desk contains helpful information such as:

- Tutorials
- Covered CPT Codes
- Carelon Clinical Guidelines



Manage your user profile

Order Request

Welcome PMPHYS RAYA

Provider Management

Manage Your User Profile

Reference Desk

Start Your Order Request Here

Check Order Status

View Order History

Check Member's Eligibility

Access Your Optinet Registration

> Service Date *

> Member Details:

First Name *

Last Name *

Member ID *

Date of Birth *

Hide Search Tips ^

- For all Radiology requests use Date of Service. For Genetic Testing use the testing date. For all other requests, use Service Date.
- Do not include suffix/dependent code. For Federal Employee (FEP) members, please include the leading "R" in the search. If the member is not found, remove the leading "R" and search again. If there is an asterisk as part of the Member ID, do not enter it before searching.
- Member not found? Try entering only the first 2 characters of the patient's first and last name.

Find This Member

Message Center

Secure Message (0)

Notifications
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Provider Resources

Radiology Tutorial
Anthem Cancer Care Quality Program
Genetic Testing Tutorial
BCBS of IL, MT, NM, OK and TX Clinical Guidelines and CPT Codes

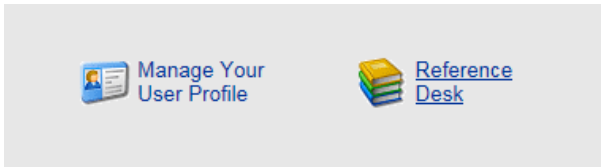


Within **Manage Your User Profile**, you have access to:

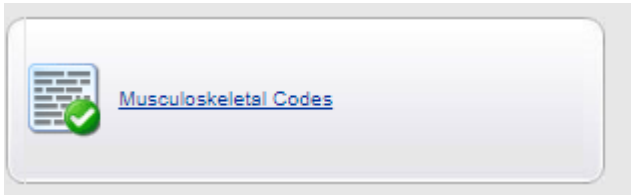
1. Provider Management
2. Update your user information such as address, phone, fax, and email information
3. Security Account Questions and Answers
4. Notification Preferences
5. Change your password

Viewing CPT codes included in the program

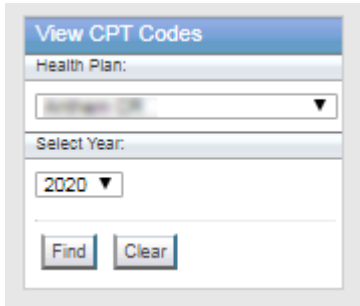
1



2



3



4

A screenshot of the 'CPT Group Details' table. The table has three columns: 'Code', 'Description', and 'Category'. It lists various CPT codes related to cervical decompression with fusion. The table is paginated, showing 1 of 36 records. A 'Print Preview' button is located at the bottom right.

Code	Description	Category
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Cervical decompression with fusion
22814	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Cervical decompression with fusion
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Cervical decompression with fusion
22832	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	Cervical decompression with fusion
22834	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace	Cervical decompression with fusion
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	Cervical decompression with fusion
00957	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	Cervical decompression with fusion
22695	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Cervical decompression with fusion
22690	Arthrodesis, posterior technique, occiput-cervical (occiput-C2)	Cervical decompression with fusion
22648	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Cervical decompression with fusion

1. Select “**Reference Desk**” from the home page.
2. Select “**Musculoskeletal Codes**”.
3. Within the view CPT Codes, select the “**Health Plan**” name, and “**year**”.
4. Click “**Find**”.
5. Use the arrows to view the multiple pages of included CPT codes.
6. Select “**Print Preview**” to view and print the CPT code list.

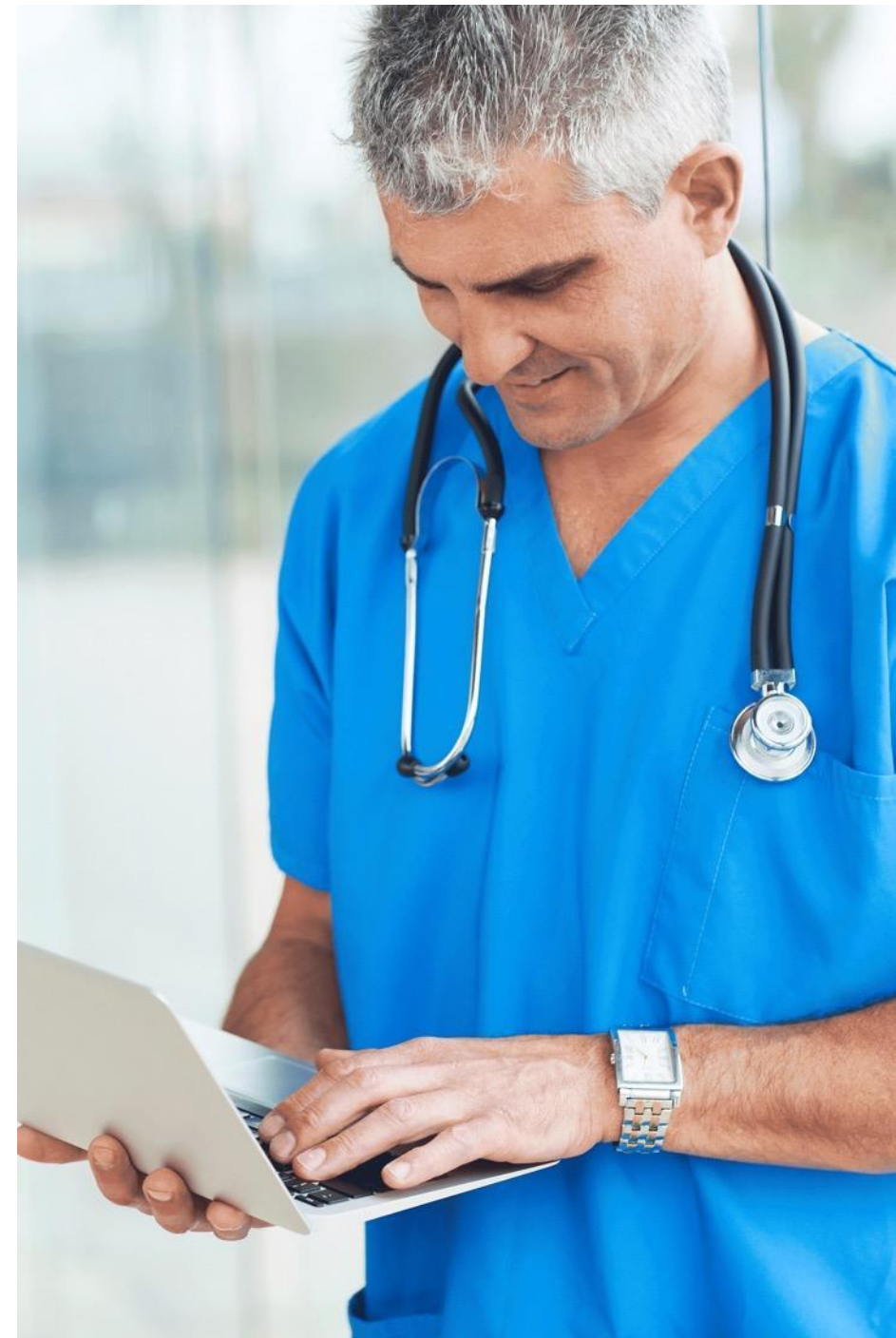


Carelon conducts a provider satisfaction survey annually in December.

Please be sure to participate!



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Questions?



Musculoskeletal Program provider website:

<https://providers.carelonmedicalbenefitsmanagement.com/musculoskeletal/>

