



Rehabilitation Solution

Blue Cross[®] and Blue Shield[®] of North Carolina (Blue Cross NC)
Training for Healthy Blue[®] providers

Note: Caredon Medical Benefits Management is an independent company providing rehabilitation service reviews for Healthy Blue members 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.
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NCHB-CD-017564-23 March 2023

Objective

Effective May 1, 2023, Carelon Medical Benefits Management (Carelon) will manage Medicaid rehabilitation services reviews for Healthy Blue members in North Carolina through the Rehabilitation Program. Our objective today is to help you understand what this means to you and your practice.

Agenda

- Rebranding update
- Rehabilitation program overview
- Preparing for the program go-live
- Program resources
- Carelon **ProviderPortal**_{SM} order request demonstration
- Additional Carelon **ProviderPortal**_{SM} features
- Questions



Have you heard the news? We're now part of Carelon.

June 15, 2022, announced the launch of Carelon, a new healthcare services brand. We're excited to share that Carelon Medical Benefits Management is now part of the Carelon family of companies, offering you access to its broad portfolio of businesses that, together, will focus on solving healthcare's most complex challenges.

On March 1, 2023, AIM Specialty Health will begin operating as Carelon Medical Benefits Management.

Carelon's capabilities create unique, expanded value and include:

- Medical benefits management
- Pharmacy
- Behavioral health
- Integrated whole-person care delivery
- Digital health platforms
- Technology and business operations services
- Research
- Payment integrity and subrogation



More about Carelon

Our 40,000+ associates offer diverse expertise to accelerate solution development and provide a whole-health perspective for our partners and communities alike. The Carelon name will replace Diversified Business Group (DBG) as a descriptor for our services businesses.

We remain dedicated to our partnership with you. These changes will not impact the way we work together, our project commitments, or our service to you, your providers, and members. There are no changes to our contact information, our provider portal and contact center operations, or our account management structure.

We invite you to visit carelon.com to explore the new brand and learn more about the value we bring to all stakeholders across the healthcare industry. Thank you for your partnership and please reach out to your account executive with any questions.

Be sure to follow us on LinkedIn: linkedin.com/company/carelon/



Carelton Rehabilitation Program overview

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

Carelon Rehabilitation Solution

The Carelon Rehabilitative Program uses evidence-based clinical practice guidelines and a focused **clinical appropriateness review process** to ensure the appropriate rehabilitative services, at the appropriate place of service, for the appropriate duration. Our goal is to assist in maximizing the member's functional improvement, while at the same time, enhancing and simplifying the provider's experience in the delivery of care.

The Right Care

The Right Place

The Right Duration



Meet our Rehabilitation team

- An experienced team of therapists and physicians lead and support our Rehabilitation program
- Their expertise across numerous clinical specialties provides clinical acumen immediately
- Our clinical reviewers' specialties include physical, occupational, and speech language therapy
- Our clinical reviewers also specialize in physiatry, internal medicine, orthopedics, and pediatrics



**KERRIE
REED**
Medical Director,
Rehabilitation



**GINA
GIEBLING**
GM / Vice President,
Rehabilitation and MSK



**KATIE
STARNES**
Solution Director,
Rehabilitation



**DISHA
PATEL**
Clinical Architect Director,
Rehabilitation and MSK



**YVONNE
SULLIVAN**
Solution Operations Manager,
Rehabilitation



Start date for the Medicaid program from Blue Cross NC

Contact center and **Provider**Portal open



Program effective date



Contact center and **Provider**Portal will be available beginning on April 17, 2023, for prior authorization requests with dates of service rendered on or after May 1, 2023.



Services requiring prior authorization

Physical Therapy

Medical Necessity Review:

- Health Plan Medical Policy
- Carelon Guidelines

Occupational Therapy

Medical Necessity Review:

- Health Plan Medical Policy
- Carelon Guidelines

Speech Therapy

Medical Necessity Review:

- Health Plan Medical Policy
- Carelon Guidelines

Please note: Qualified Medicaid providers based on their state practice act should come to Carelon for prior authorization of in scope therapy CPT® services codes for Healthy Blue members in North Carolina.



Rehabilitation CPT service codes

Procedure codes:

- Vary by line of business and may be managed by the local health plan
- Can be found in be a provider friendly format on the Carelon Rehabilitation microsite resource page @ <https://providers.carelonmedicalbenefitsmanagement.com/rehabilitation/>.

Determinations:

- Carelon authorizes therapy services in visits
- Carelon adjudicates some codes under a main treatment grouper, and a set of adjunctive service codes are separately reviewed.
 - Providers should begin by entering one treatment CPT code from the main treatment grouper on the request. Main treatment codes operate on a grouper CPT code concept. This means if the request is authorized, the provider can render any additional main treatment codes on the authorized date of service. Should the provider want to add an additional main treatment code(s) to the services rendered for the approved dates of service, they can without updating the prior authorization.
 - Providers should enter all adjunctive CPT codes on the request. Due to varying clinical evidence, these codes require additional review per the *Carelon Clinical Guidelines*. Adjunctive CPT codes cannot be added once a determination is made on the request.
- Determinations will be made on the main treatment grouper as well as each adjunctive CPT code entered for the request. This may result in a mixed outcome, meaning some codes maybe approved while others are denied under the same authorization.



Episode of care

An episode of care is the managed care provided for:

- A specific injury
- A surgery
- A condition of illness during a set time period

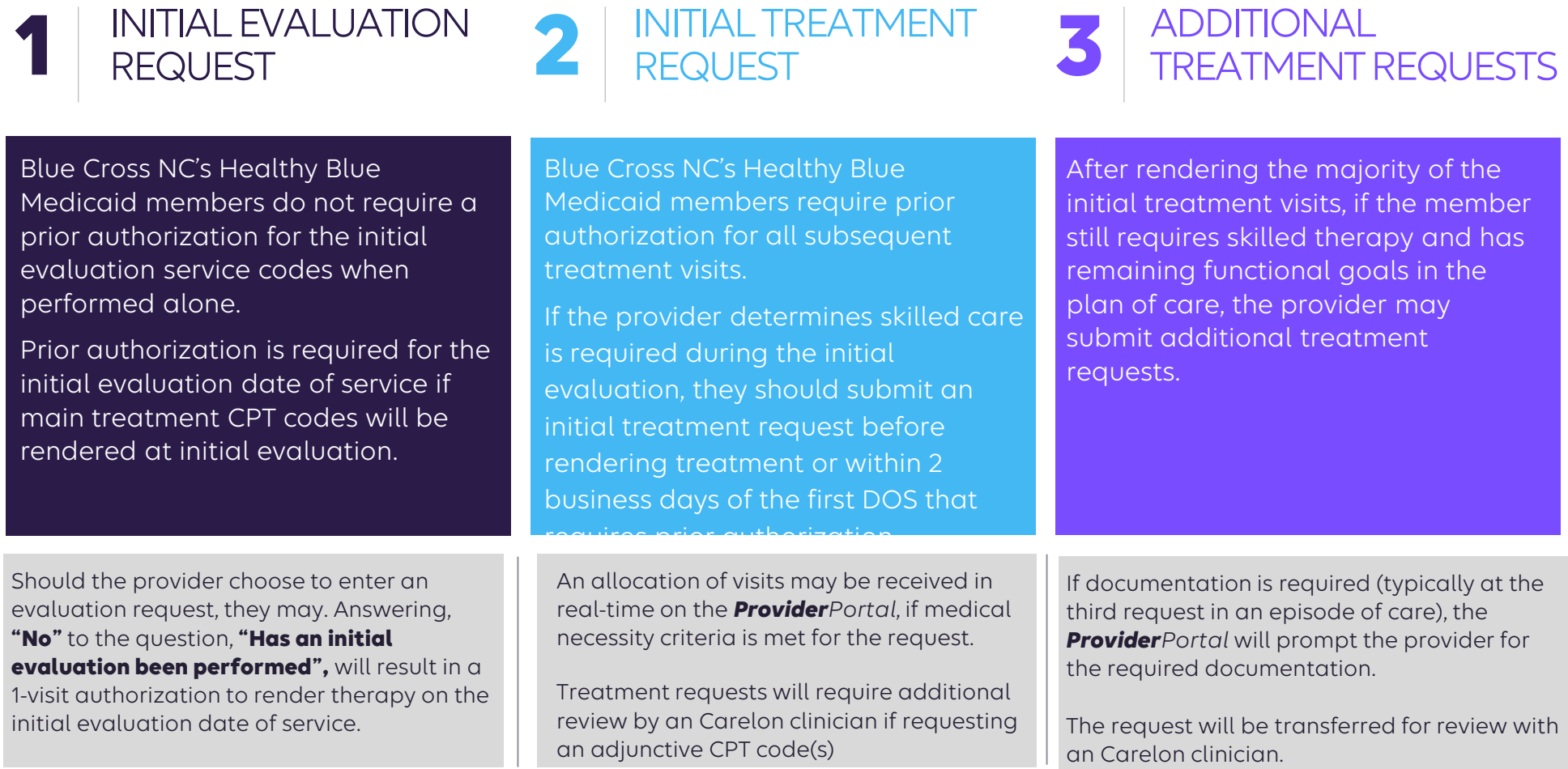
Initial evaluation through the patient's discharge

- Carelon will provide authorization with a visit allocation when the member meets medical necessity
- For a given episode of care, more than one request may be submitted as Carelon authorizes in increments throughout the episode of care as medical necessity criteria is met
- Carelon will not limit the number of order requests that can be authorized, if the request meets the medical necessity criteria, and a benefit limit has not been reached.
- Carelon does not request a visit allocation from the provider. Visit allocations are determined from the individual clinical details entered for the request by the provider.
- For an optimal request response, subsequent treatment requests should be made after the majority of an active authorization visits have been rendered or there are no more authorized visits remaining for the member
- An authorization cannot be obtained greater than 30 days prior to the service date



Episode of care workflow

Requests are staged for the member’s episode of care based on the initial evaluation date entered and the previous requests determination.



All treatment requests in the member’s current episode of care should have the same initial evaluation date.

Therapy is categorized into different types

Note: Benefits and criteria can be different based on these types. The visits determined to be medically necessary for the request are based on the clinical details entered for the Request by the provider.

Rehabilitative

Rehabilitative care improves, adapts and restores functions impaired or lost as a result of illness, injury or surgical intervention.

- Primary treatment diagnosis
- Functional outcome tool(s) with baseline score(s) on initial treatment request and updated score(s) on subsequent treatment requests
- Conditions that may impact therapy or comorbidities
- Recent surgery
- Acuity and/or complexity of the condition as well as the expected duration of the plan of care
- Response to treatment or mitigating factors on subsequent treatment requests
- Attainment or objective progression on plan of care functional goals
- Review of clinical documentation

Habilitative

Habilitative care helps to develop and/or improves skills that are currently not present and/or assist in the development of normal function.

- Primary treatment diagnosis
- Confirmation of developmental delay or other chronic disability and level of severity
- Pediatric functional outcome tool(s) or milestone assessment with baseline and updated score(s) (when applicable)
- Conditions that may impact therapy or comorbidities
- Recent surgery
- Response to treatment or mitigating factors
- Attainment or objective progression on plan of care functional goals
- Review of clinical documentation

Maintenance

Maintenance care preserves present level range, strength, coordination, balance, pain, activity, function and/or prevents regression of the same parameters. Maintenance care begins when a treatment plan's therapeutic goals are achieved, or additional functional progress is not apparent or expected.

- Only considered appropriate for select Medicare or Early and Periodic Screening and Diagnostic Testing (EPSDT) episodes of care.



Habilitative purposes of therapy an in-depth look

Clinical Questions

▼ Collapse All

Which of the following best describes the primary purpose of therapy?

☐ Habilitation

☐ Rehabilitation

☐ Establishing a maintenance program

☐ Maintenance therapy

☐ None of these apply

☒ Unsure of this question? [Show clinical help](#)

Clinical Help

Habilitation
Developing age appropriate skills which were previously undeveloped or preserving functions which are at risk of being lost

Rehabilitation
Improving, restoring, or adapting functional mobility or skills

Establishing a maintenance program
Creating, designing, and instructing a therapy regimen to prevent functional deterioration

Maintenance therapy
Maintaining the current level of function, range of motion, strength, pain, or balance

Does the patient have a developmental delay or other chronic disability (other than learning disability alone)?

☐ Yes

☐ No

Clinical Help

Does the patient have a developmental de...
Learning disability by itself, does not constitute chronic disability for the purpose of this request.

In the clinical section of a Physical Therapy, Occupational Therapy or Speech Therapy prior authorization request, the user is asked to document the *primary purpose of therapy*.

Clinical help text defines *Habilitative* services as those which develop age-appropriate skills which were previously undeveloped or preserving functions which are at risk of being lost.

For Healthy Blue NC members under 21 years of age participating in an EPSDT (Early and periodic screening and testing) program, *Habilitative* services would be an appropriate primary purpose of therapy.

The user is also asked to document if the member has a developmental delay or other chronic disability. Please note the documentation of a diagnosis of developmental delay or chronic condition can be based on the physician's diagnosis of that member or the therapist's evaluation of the member using standardized assessments.



Included place of service settings

Providers should select the place of service setting for their request that they intend to bill on the claim.

OUTPATIENT OFFICE

POS 11

OUTPATIENT
INDEPENDENT
CLINIC

POS 49

TELEHEALTH

POS 02
Modifier 95 or GT

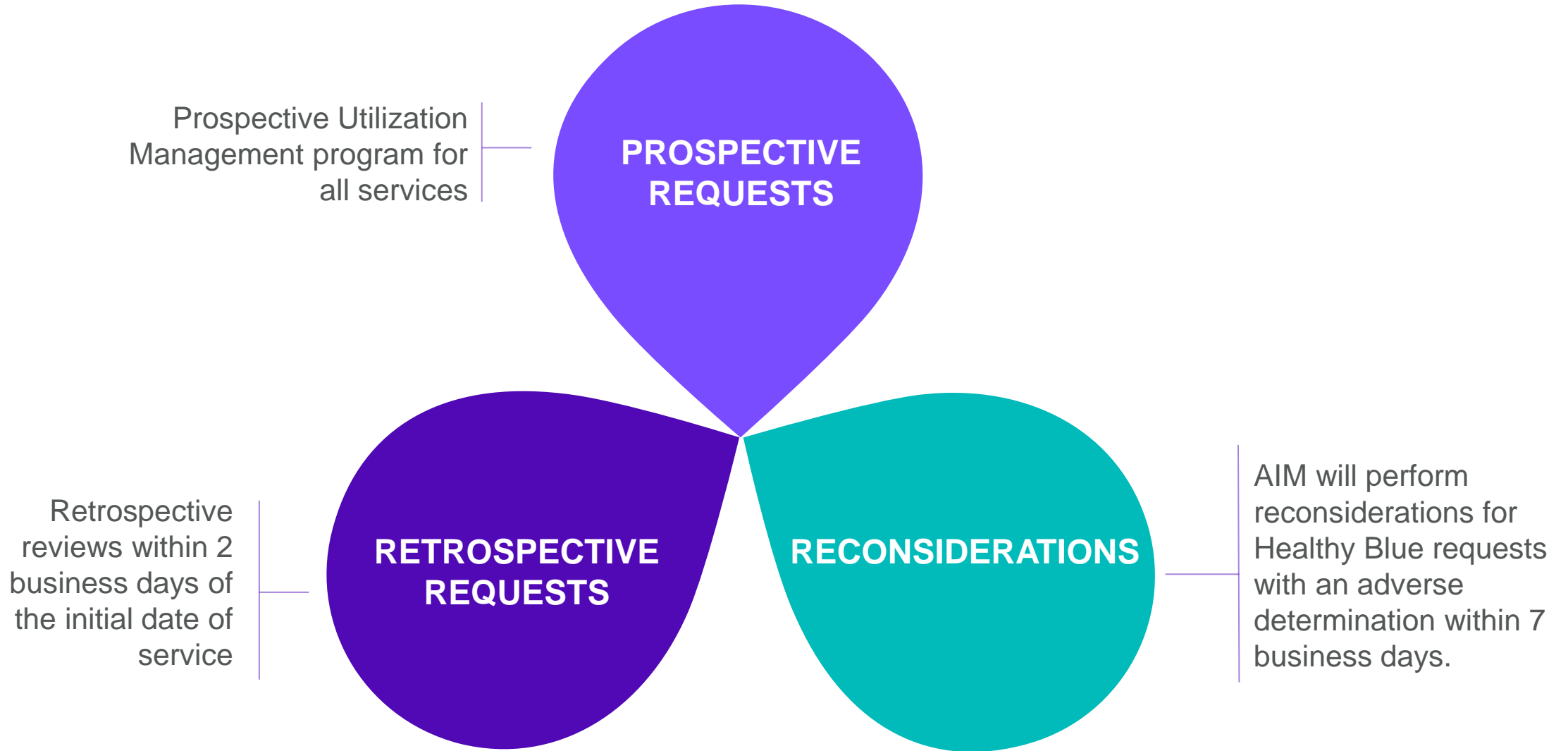
Telehealth services are appropriate for some CPT codes. PT/OT CPT codes that require equipment and/or direct hands-on interaction are not appropriate via telehealth

OUTPATIENT HOSPITAL

POS 19/22



Provider initiated requests



Submitting an order request



ProviderPortal

- Register at www.providerportal.com
- Available 24 hours/day, 7 days/week except for maintenance on Sundays from 12 to 6 p.m. CT
- **Provider**Portal support team: 1-800-252-2021
- Carelon clinical guidelines available on **Provider**Portal or Rehabilitation microsite.



Carelon contact center

- Dedicated toll-free number: **1-866-745-1788**
- Contact center hours: Monday to Friday from 7 to 7 p.m. ET
- Voicemail messages received after business hours will be responded to the next business day

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



Review responsibilities

 carelon will perform...

- Prospective reviews
- Retrospective reviews less than or equal to a two-business day service grace period
- Valid timeframe for requests are based on the number of visits that are allocated
- Peer-to-peer/therapist-to-therapist discussion
- Reconsiderations within 7 business days



 HealthyBlue will perform...

- Inpatient and home health agency requests
- Requests greater than the retrospective allowable timeframe of two business days
- Unspecified codes not managed by Carelon
- Appeals
- Therapy prior authorization requests for dates of service prior to Carelon's effective date of May 1, 2023
- Responding to member questions

Preparing for the Healthy Blue program go-live

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

Which Healthy Blue members require prior authorization?



Included lines of business
(products):

- Medicaid



Excluded lines of business
(products):

- None

Please contact the health plan to verify prior authorization 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.



Registering for a *ProviderPortal* account

Access the **ProviderPortal** at:
<https://providerportal.com>

If you are registered with the Carelon **ProviderPortal**, log in with an existing user account and follow the steps to add a new health plan.

- If you are a new user, click “Register”
- Enter your name and facility name
- Select your applicable user role type
- Select “Health Plan Utilization Review Programs”
- Enter your facility/individual identifier, (E.g., TIN or NPI) and submit
- Once registration has been confirmed, you will receive an email from Carelon.

The image displays three overlapping screenshots of the ProviderPortal interface. The top-left screenshot shows the 'User Login' page with fields for 'USERNAME' and 'PASSWORD', a 'Remember Me' checkbox, and 'Login' and 'Register' buttons. The bottom-left screenshot shows the 'Register' page, specifically the '1. User Details' section, which includes fields for 'FIRST NAME', 'LAST NAME', 'ORGANIZATION NAME', 'ADDRESS 1', and 'ADDRESS 2 (optional)', along with a 'USER ROLE' dropdown menu. The right-side screenshot shows the '3. Application Selection' page, where users can select applications to access, with 'Health Plan Utilization Review Programs' checked, and a 'PROVIDER IDENTIFIER' dropdown menu showing options like 'Tax ID (TIN)', 'Group TIN', 'NPI', 'Group NPI', and 'Provider ID'.



Carelon *ProviderPortal* has several benefits that assist providers in obtaining a prior authorization

**Fast and
Efficient**

Self service case
entry available
24/7

**Customize
User Profile**

Define provider
favorites for
easier lookup
and faster case
entry

**Real-Time
Determination**

Real-time
determination
s available.

**Check Order
Status and
View order
History**

Multiple staff can
enter and view
practice orders to
avoid duplicate
order requests
Easy access to
print and save a
PDF of the order
summary

**Reference
Desk/Help
Center**

Training and
tutorials
available



Program resources

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

Post go-live training resources for providers and their employees

Carelon OFFERS

QUARTERLY SOLUTION Q&A SESSIONS

For all health plans providers

Carelon **PROVIDER**PORTAL REFERENCE DESK

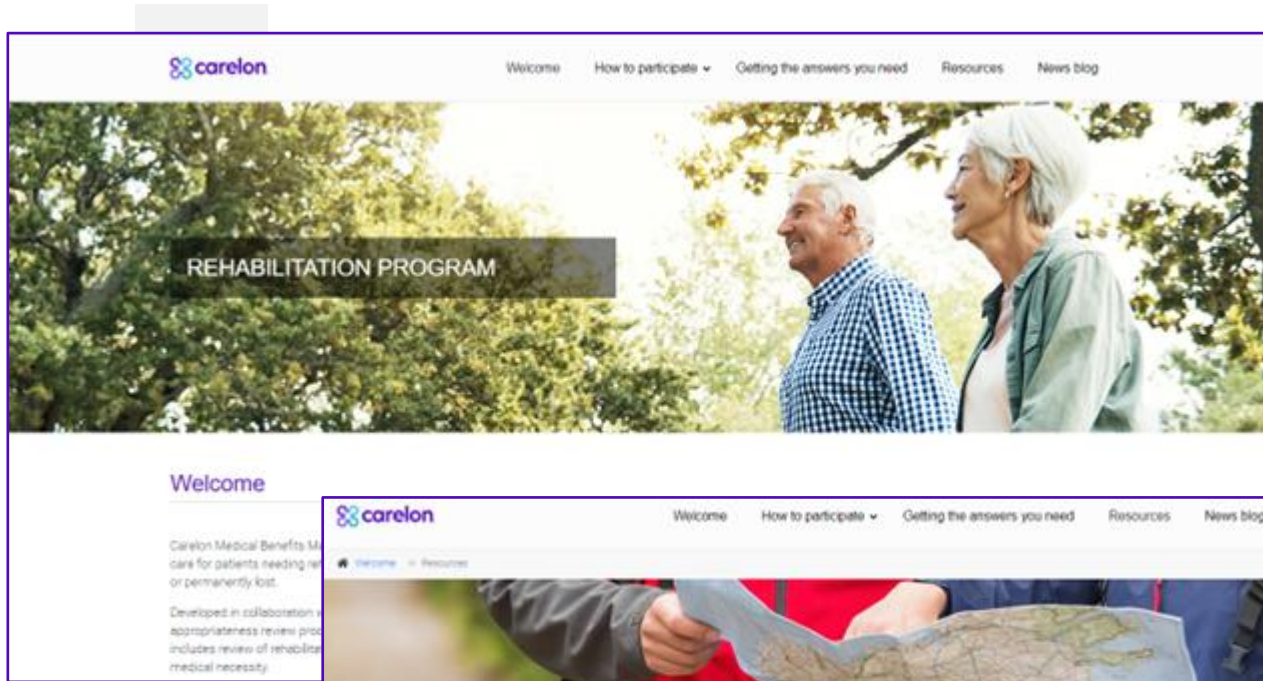
Micro training tutorials on the order request process. How to videos for starting an order request, checking order status, managing providers and user profile, and viewing order history.

PROVIDER MICROSITES

Helpful information such as checklists, FAQs, etc.



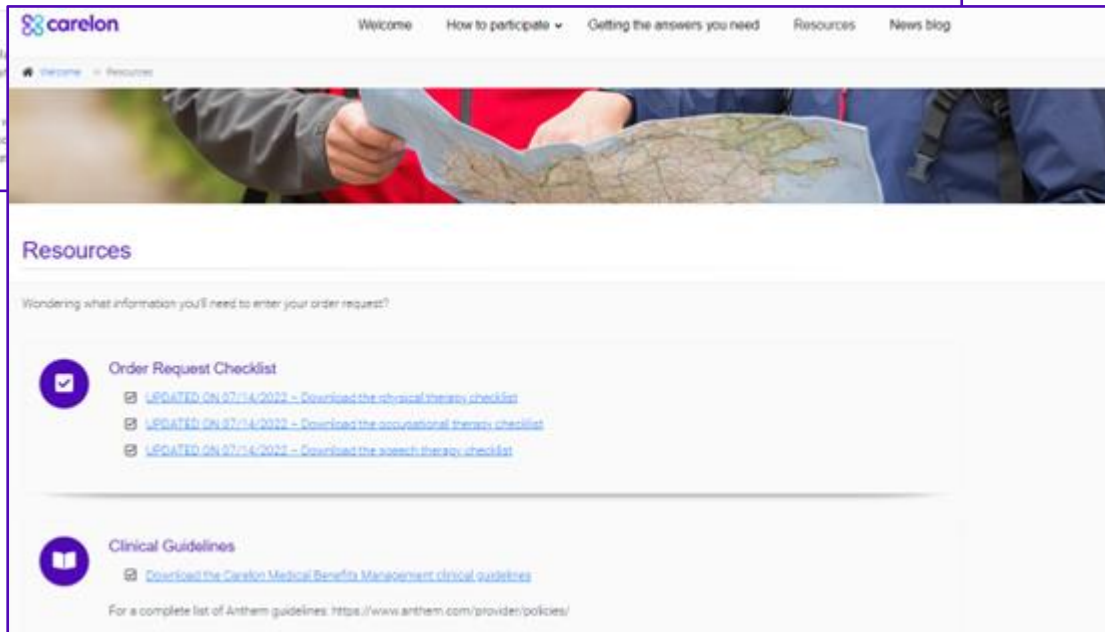
Provider microsite



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

Providers can visit the Microsite for:

- Order Request Checklists (PT, OT, ST)
- Functional outcome tool and score value lists
- Program FAQ's
- Link to the Carelon Clinical Guidelines
- CPT Code lists
- Portal support team – 1-800-252-2021



Provider training

• REGISTER FOR PROVIDER TRAINING SESSIONS

Registration link on the program announcement

• TRAINING DATES

- March 28, 2023 @ 3:00 EST (Full Training)
- April 11, 2023 @ 3:00 EST (Q&A)
- April 25, 2023 @ 3:00 EST (Q&A)
- May 9, 2023 @ 2:00 EST (Q&A)

Carelon Rehabilitation Provider Microsite :

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



ProviderPortal order request demonstration

Note: Carelon 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 a web application titled "Order Request". At the top, there is a navigation bar with a home icon and the text "Order Request". Below this, a welcome message "Welcome PMPHYS RAYA" is displayed. To the right of the welcome message are four icons with labels: "Provider Management", "Manage Your User Profile", and "Reference Desk".

The main content area is divided into two sections. On the left is a sidebar with 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 "Access Your Optinet Registration" with a document icon.

The right section contains a form for finding a member. It starts with a "Service Date" field with a dropdown arrow and a date input field showing "MM/DD/YYYY". Below this is a "Member Details" section with four input fields: "First Name", "Last Name", "Member ID", and "Date of Birth" (with a date input field showing "MM/DD/YYYY"). Below the input fields is a "Hide Search Tips" link with an upward arrow. Underneath are three bullet points: "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.", and "Member not found? Try entering only the first 2 characters of the patient's first and last name." At the bottom of the form is a green button labeled "Find This Member".

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 (without the prefix)
- Member Date of Birth

Select “Find this member”

From this landing page the user may also:

- Check Order Status
- View Order History
- Check Member’s Eligibility
- Provider Management
- Manage Your User Profile
- Reference Desk



Missing member process

1 The provider comes to Carelon to submit a request for authorization and the member cannot be found.

2 The provider will be notified via messaging to check the member details and re-attempt the search.

The member currently does not require authorization from Carelon based on membership file details received from the health plan.

3 The provider may contact the health plan to verify eligibility or contact Carelon for assistance.

A 3-way call can be performed with the health plan to manually add the member and assist with the prior authorization.

4 Specific member information will need to be supplied to Carelon from the health, in order to manually add the member.

If necessary, the next member file from the health plan to Carelon will include the updated member record.



Order type selection

On the order type screen, select **“Rehabilitation”** and then select the **“Start New Request”** button.

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

Order Request

Medicare AUC | Logout

Back to Homepage

Print Preview

Member Details

EMMA

Date of Birth:

Age:

Member ID:

Alpha Prefix:

Service Date: 8/1/2021

Edit Service Date

Eligibility Details

Effective: 03/01/2021-12/31/9999

Product Code:

Employer Group ID:

Anthem BCBSGA

The Member is eligible for the following solutions. Selecting a solution will begin a new request for this Member.

Diagnostic Imaging

Angiography, Bone Density CT, CTA, MRA, MRI, Nuclear Medicine, PET

View Code List

Cardiovascular

Angiography, percutaneous coronary revascularization, arterial ultrasound

View Code List

Sleep Management

HST, In Lab, Titration, APAP/BPAP/CPAP, Oral Appliance, MSLT, MWT

View Code List

Musculoskeletal

Joint Surgery, Spine Surgery & Interventional Pain Management

View Code List

Radiation Therapy

2D/3D, Brachytherapy, IGRT, IMRT, IORT, Proton, Stereotactic (SRS/SBRT), SIRT

View Code List

Chemotherapy and Supportive Drugs

Review of cancer drugs, side effect management and treatment pathways

View Code List

Genetic Testing

Laboratory testing for the inheritance or management of genetic conditions

View Code List

Other Surgical and Endoscopic Procedures

Site of Care review for certain outpatient surgical & endoscopic procedures

View Code List

Rehabilitation

Physical Therapy, Occupational Therapy and Speech Therapy









Delete This Request

Start New Request




No prior authorization needed from Carelon

The Member is eligible for the following solutions. Selecting a solution will begin a new request for this Member.

 View Code List	Diagnostic Imaging Angiography, Bone Density CT, CTA, MRA, MRI, Nuclear Medicine, PET	 View Code List	Cardiovascular Angiography, percutaneous coronary revascularization, arterial ultrasound	 View Code List	Sleep Management HST, In Lab, Titration, APAP/BPAP/CPAP, Oral Appliance, MSLT, MWT	 View Code List	Musculoskeletal Joint Surgery, Spine Surgery & Interventional Pain Management
 View Code List	Radiation Therapy 2D/3D, Brachytherapy, IGRT, IMRT, IORT, Proton, Stereotactic (SRS/SBRT), SIRT	 View Code List	Chemotherapy and Supportive Drugs Review of cancer drugs, side effect management and treatment pathways	 View Code List	Genetic Testing Laboratory testing for the inheritance or management of genetic conditions	 View Code List	Other Surgical and Endoscopic Procedures Site of Care review for certain outpatient surgical & endoscopic procedures

A Pre-Authorization is not Required from AIM
The Member is not eligible for the following solutions.

	Rehabilitation Physical Therapy, Occupational Therapy and Speech Therapy
---	--

If a prior authorization is not required from Carelon, the system will display the tile under “A prior authorization is not required from Carelon” section.



Review member information

Member

Condition & Service(s)

Ordering Provider

Servicing Provider(s)


Clinical

Review

Member Summary

Service
Date:

Selected Member

 DEMO, EMMA

[Change Member](#)

Phone: (xxx) xxx-xxxx

DoB: xx/xx/xxxx | Age: | F

Email: Name@email.com

Demographics

Available Solutions

Enrollment

[Show Demographics](#)

[Show Solutions](#)

[Show Enrollment](#)

CONTINUE

If the member is not the correct member, select “**Change Member**”.

If the member is correct, select “**Continue**” to move forward with the request.



Select primary diagnosis

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

Enter Condition & Services

Service Date: 03/05/01/2023

Condition *

m79.67

- M79.671 - Pain in right foot
- M79.672 - Pain in left foot
- M79.673 - Pain in unspecified foot
- M79.674 - Pain in right toe(s)
- M79.675 - Pain in left toe(s)
- M79.676 - Pain in unspecified toe(s)

[Condition Search Tips](#)

- Type at least two characters
- Enter one ICD code or description
- Searching by ICD Code typically provides the best results
- Searching by description may provide less precise results
- A condition selection is required to continue

Services *

Enter a CPT code, HCPCS code, or description to search

[Service Search Tips](#)

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

Search for the primary ICD-10 diagnosis by the description the or ICD-10 code.

The diagnosis could be the ICD-10 code provided by the ordering/referring physician or if the user is in a direct access state, the ICD-10 code that the therapist is allocating for the member.



Select service(s)

Member

Condition & Service(s)

Ordering Provider

Servicing Provider(s)

Enter Condition & Services

Service Date:

Condition *

M79.672 - Pain in left foot ✕

Services *

Enter a CPT code, HCPCS code, or description to search

97110 - Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes

97112 - Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes

97113 - Water pool therapy with therapeutic exercises to 1 or more areas, each 15 minutes

97116 - Walking training to 1 or more areas, each 15 minutes

Service Search Tips ^

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

Enter the CPT code services.

Search for services by the description or the CPT code.

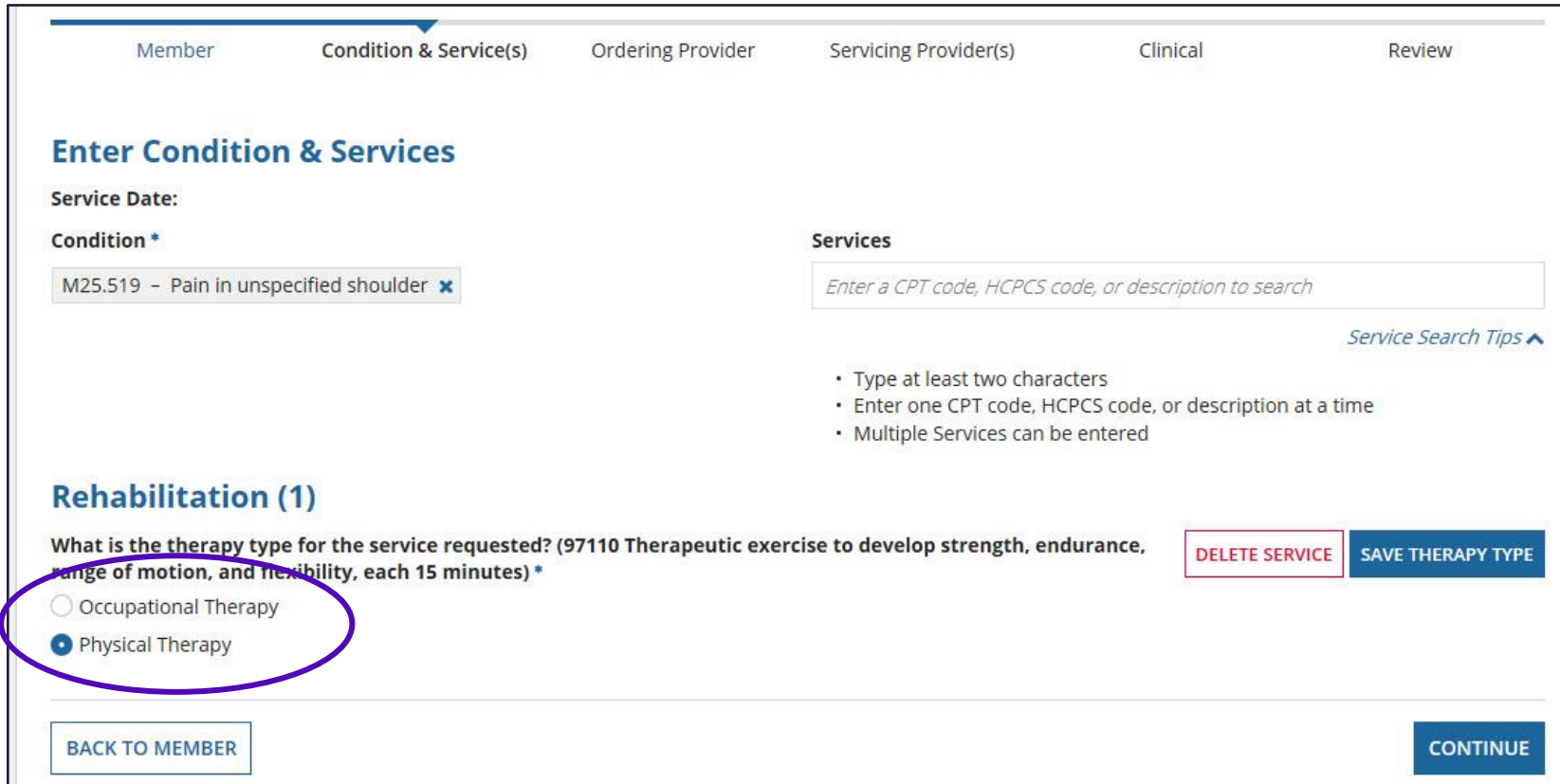
The CPT codes are organized in two ways:

- Main treatment codes utilize a grouper concept
- Adjunctive treatment CPT codes, do not utilize a grouper concept

Begin by entering one CPT code from the main treatment grouper into the request.



Identify the therapy type



The screenshot shows a web form with a top navigation bar containing tabs: Member, Condition & Service(s), Ordering Provider, Servicing Provider(s), Clinical, and Review. The 'Condition & Service(s)' tab is active.

Enter Condition & Services

Service Date:

Condition *
M25.519 - Pain in unspecified shoulder x

Services

Enter a CPT code, HCPCS code, or description to search

[Service Search Tips ^](#)

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

Rehabilitation (1)

What is the therapy type for the service requested? (97110 Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes) *

☐ Occupational Therapy

☒ Physical Therapy

[DELETE SERVICE](#) [SAVE THERAPY TYPE](#)

[BACK TO MEMBER](#) [CONTINUE](#)

When the selected CPT code exists in more than one therapy discipline, the system will prompt the user to document the therapy they are requesting.

The therapy discipline selected should match the modifier submitted on claims to the health plan.

- PT: GP Modifier
- OT: GO Modifier
- ST: GN Modifier

The user will select “**save therapy type**” and “**continue**”.



Select additional services

Condition *
M79.672 - Pain in left foot ✕

Services

97530 - Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes
97533 - Sensory technique to enhance processing and adaptation to environmental demands, each 15 minutes
97535 - Self-care or home management training, each 15 minutes
97537 - Community or work reintegration training, each 15 minutes
97542 - Wheelchair management, each 15 minutes
[Service Search Tips ^](#)

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

Rehabilitation (1)
Physical Therapy Service(s) ?

Delete	Service Code	Service Description
<input type="radio"/>	97110	Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes

[BACK TO MEMBER](#)[CONTINUE](#)

After saving the therapy type the CPT service field becomes active again.

The user should enter all the adjunctive treatment CPT codes for the episode of care.

The adjunctive CPT codes can be searched for by the description or the CPT code.

Once all the CPT codes have been entered the user will select “**continue**” to move forward with the request.



Enter the episode of care metrics

1

Member

Condition & Service(s)

Ordering Provider

Servicing Provider(s)

Clinical

Review

Physical Therapy

Is this a request to provide autism services for a confirmed diagnosis of autism spectrum disorder or pervasive developmental delay (a primary diagnosis of one of the following ICD-10 codes: F84.0, F84.2, F84.3, F84.5, F84.8, or F84.9)? ⓘ *

☐ Yes

☐ No

2

Was an evaluation performed by a therapist or a licensed qualified provider of therapy services? *

☐ Yes

☐ No

3

What was the Evaluation Date? *

mm/dd/yyyy

Next, the user will enter the episode of care metrics.

Document if the request is to provide services for a confirmed diagnosis of Autism Spectrum Disorder or Pervasive Developmental Delay, as specified by the listed ICD codes. Note: For some members, a “**Yes**” answer will result in no prior authorization required messaging from Carelon.

Document if an initial evaluation has been performed. Note: A “**No**” answer will provide the facility with 1 visit to perform the initial evaluation and any treatment rendered at the initial evaluation.

If an initial evaluation was performed, enter the initial evaluation date. Note: The initial evaluation date should be kept consistent for each request throughout the episode of care for the member.



3

Up to two tools can be selected for multiple diagnoses or body parts being treated.

Select the functional outcome tool from the drop-down list prior to manually entering the same tool, as scoring will not be allowed on a manually entered tool.

Once you find your tool, select **"Add tool"**

Document initial/baseline score for the tool. Note: Requests that required an initial or baseline score will require an updated tool score on subsequent requests. Also, some tools do not require a score.

Select **Continue** once completed.

If you do not find your tool, please select “Tool not listed” and enter the name of your tool. Note: a score will not be collected.

Search and select ordering provider

The screenshot shows a web interface for searching and selecting an ordering provider. At the top, there are tabs: Member, Condition & Service(s), **Ordering Provider** (circled in purple), Servicing Provider(s), Clinical, and Review. Below the tabs is the 'Ordering Provider Search' section. Callout 1 points to a checkbox labeled 'The Member is requesting treatment without a referral from a physician (Direct Access)'. Callout 2 points to the search input fields, which include Last Name, First Name, Address, City (pre-filled with 'Charlotte'), State (pre-filled with 'NC'), ZIP Code (pre-filled with '28105'), NPI, TIN (pre-filled with '123456789'), and Phone. Below these fields are links for 'Fewer Search Options' and 'Search Tips', and a blue 'SEARCH' button. Callout 3 points to a '+ Add Provider' link. At the bottom, there is a 'Provider Results' table with columns: Name, Address, City, State, NPI, TIN, and Health Plan.

Name	Address	City	State	NPI	TIN	Health Plan
------	---------	------	-------	-----	-----	-------------

Next, the user will search for the ordering provider.

Some requests and markets allow a direct access option. To initiate a direct access request, click the direct access box.

When searching for a provider, the less information entered the better. The city, state, and zip code are required fields. Carelon suggests searching utilizing the TIN/NPI, city, state, and zip code.

Select **“search”** and select the provider if found in results.

If provider is not found, the user can manually add the provider, utilizing the “add provider” link. Note: manually added providers will show as out-of-network.

If a manual add is not allowed for a health plan the user will be messaged with next steps.



Select facility and place of service

Member

Condition & Service(s)

Ordering Provider

Servicing Provider(s)

Clinical

Review

Servicing Facility (Billing Provider)

1

In Progress

Will the Servicing Facility be billing for the request?

?

 *

Yes

No

Treating Therapist

To Be Selected Next

+ Add Provider

▼ Servicing Facility Search

Provider Name

Address

City

State *

ZIP Code

Charlotte

NC

28105

NPI

TIN

Phone

Closest to

?

123456789

Ordering Provider

Member

^ Fewer Search Options

 |

Search Tips

 ▼

SEARCH

3

Provider Results

4

Select

Office

Outpatient Hospital

Independent Clinic

Telehealth

Select

Next the user will identify who is the servicing facility/billing entity for the request (e.g., the facility or the individual treating therapist).

Search for a servicing facility utilizing the TIN, city, state and zip code. When searching for a facility, the less information entered the better.

Select the facility from the search results.

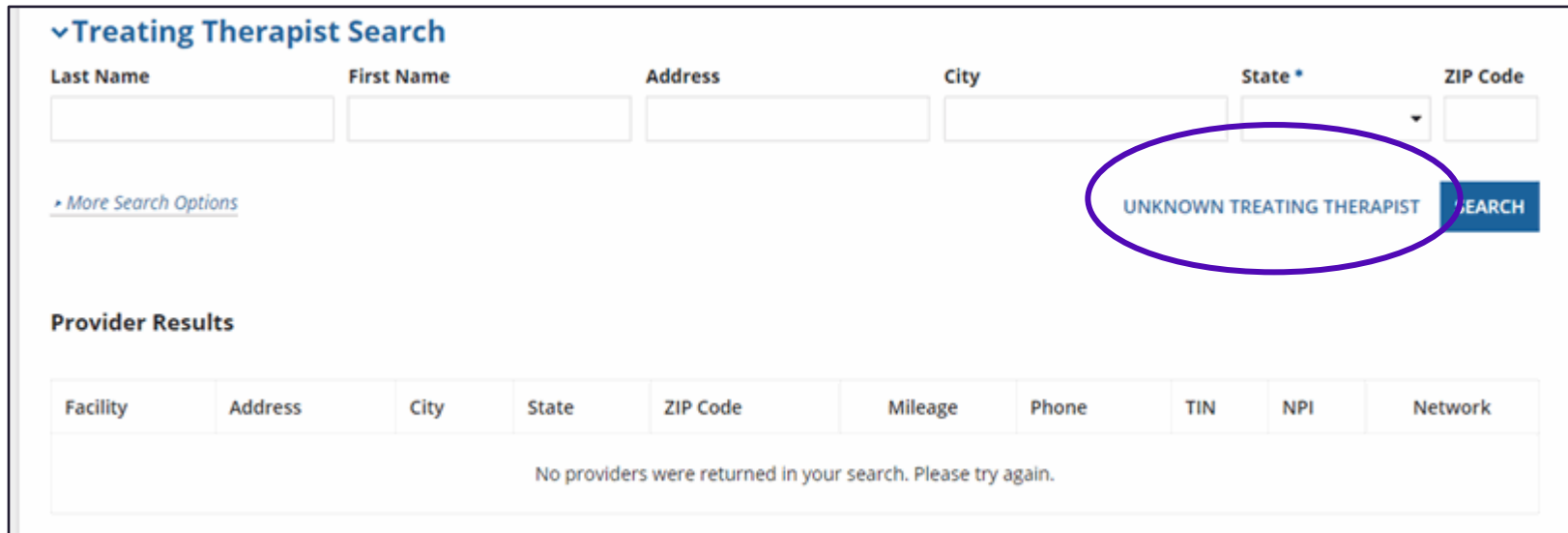
If provider is not found, the user can manually add the provider, utilizing the “add provider” link.

If manual add is not allowed for a health plan the user will be messaged with next steps.

Next the user will select the place of service designation for the outpatient therapy services.



Select treating therapist



▼ Treating Therapist Search

Last Name First Name Address City State * ZIP Code

► More Search Options

UNKNOWN TREATING THERAPIST SEARCH

Provider Results

Facility	Address	City	State	ZIP Code	Mileage	Phone	TIN	NPI	Network
No providers were returned in your search. Please try again.									

Next, the user will select the treating therapist if they are the billing entity.

If the servicing facility record is selected as the billing entity, the treating therapist field is optional. The user should select **“unknown treating therapist”**.

If the servicing facility is not selected as the billing entity for the request and it will instead be billed through the individual treating therapist, these fields are mandatory.

Search for the treating therapist using the NPI, city, state and zip code.



Start the clinical entry

Member

Condition & Service(s)

Ordering Provider

Servicing Provider(s)

Clinical

Review

Rehabilitation (2)

START CLINICAL

Condition:
M79.672 Pain in left foot

Physical Therapy Services(s): ?

Code	Description	Clinical
97530	Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes	Not Started
97110	Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	

SAVE & EXIT

CANCEL REQUEST

Based on the member's clinical scenario and whether it is an initial or subsequent treatment request, the user will need to answer some clinical questions.

Please reference the provider microsite “*Order request Checklists*” for a complete list of the clinical details required. Review the checklist document with clinicians and office staff who may be entering the prior authorization request for the facility.

Select “**Start clinical**” button



Clinical entry continued

Clinical Questions

▼

Collapse All

Which of the following best describes the primary purpose of therapy?

☐ Habilitation- Developing age appropriate skills which were previously undeveloped or preserving functions which are at risk of being lost

☐ Rehabilitation- Improving, restoring, or adapting functional mobility or skills

☐ Establishing a maintenance program- Creating, designing, and instructing a therapy regimen to prevent functional deterioration

☐ Maintenance therapy- Maintaining the current level of function, range of motion, strength, pain, or balance

☐ Enhancing athletic performance or for recreational capability

☐ Providing massage therapy

☐ None of these apply

Clinical Questions

▼

Expand All

Which of the following best describes the primary purpose of therapy?

Rehabilitation- Improving, restoring, or adapting functional mobility or skills

Will any of the following be used as a primary treatment?

☐ Elastic therapeutic taping (eg, Kinesio Tape)

☐ Dynamic Method of Kinetic Stimulation (MEDEK®)

☐ Therapeutic Magnetic Resonance (TMR)

☐ Whirlpool or Hydrotherapy

☐ Massage therapy

☐ None of these apply

The user will be asked to document the primary purpose of therapy for the request.

Based on the answer, the next clinical question will be displayed

In this example, the user is asked if any of the following treatments will be used as a primary treatment.



Clinical entry continued

Clinical Questions

Expand
All

Which of the following best describes the primary purpose of therapy? [Show Answers](#) ▼

Rehabilitation- Improving, restoring, or adapting functional mobility or skills

Will any of the following be used as a primary treatment? [Show Answers](#) ▼

None of these apply

What is the complexity level of the evaluation or E&M equivalent that was completed for this request?

- ☐ Low complexity (CPT 97161 or E&M 99202)
- ☐ Moderate complexity (CPT 97162 or E&M 99203, 99204)
- ☐ High complexity (CPT 97163 or E&M 99205)
- ☐ Unknown

 Unsure of this question? [Show clinical help](#)



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

- ☐ Yes
- ☐ No
- ☐ Unknown

Based on the answer to the previous clinical question, the next clinical question will be displayed.

In this example, the user is asked to document the complexity level of the initial evaluation for the request.

For some requests, the user may be asked to document the acuity of the condition and the expected length of duration.

The user is also asked to document if the patient has had a surgical procedure in the last 3 months related to the diagnosis.



Clinical entry continued

Select all conditions expected to impact treatment:

- ☐ Morbid obesity
- ☐ Respiratory disorders
- ☐ Cognitive impairment
- ☐ Diabetes mellitus
- ☐ Musculoskeletal disorders
- ☐ Neurological condition
- ☐ Ongoing dialysis or cancer treatment
- ☐ Current pregnancy or recently postpartum
- ☐ Psychological disorders
- ☐ Uncorrected hearing or vision impairment
- ☐ Social determinants of health
- ☐ Complications related to surgery
- ☐ Medical complications related to COVID-19
- ☐ None of these apply
- ☐ Unknown

Continue ▼

Attest Do not attest

There is a complete evaluation and plan of care documented. ☒ ☐

It is expected that functional progress will be made and documented over a reasonable timeframe. ☒ ☐

The services will be delivered by a qualified provider of physical therapy. ☒ ☐

SAVE

CONTINUE

In this example, the user is then asked to document all the conditions expected to impact treatment or comorbidities for the member.

There is help text to assist with where a condition or comorbidity would best be captured.

The user is then asked to complete a clinical attestation.

Once the answers to the clinical questions have all been answered and “**Save**” has been selected, The user will select “**Continue**”.



Review collected information

Member

Condition & Service(s)

Ordering Provider

Servicing Provider(s)

Clinical

Review

Edit Member Contact Information

Rehabilitation Order Preview

Review the information provided to make any changes before submitting this request. ☐ Urgent Request

Services Requested (2)

Service Date

Condition

Physical Therapy Service(s) :

Code	Description
97530	Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes
97110	Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes

Hide Details

Edit Condition & Services

Edit Clinical

Ordering Provider

SMITH

Change Ordering Provider

Show Details

Servicing Facility (Billing Provider)

PHYSICAL THERAPY

Change Servicing Facility

Show Details

Treating Therapist

Unknown

Change Treating Therapist

Hide Details

BACK TO CLINICAL

SAVE & EXIT

SUBMIT ORDER

The order preview screen allows the user to review the requests' information prior to submission and make any necessary modifications.

Select the **“Submit This Request”** button once the user has verified all the information.




Order request results (after submission)

START REQUEST

MY PROFILE

CHECK STATUS

 ProviderPort

Order Summary

DEMO, EMMA

Member ID:

Rehabilitation

Order ID: 0S7WRJ6T9

Valid Dates: 05/01/2023 – 07/01/2023

Rehabilitation Visits

Approved Visits: 7

[ProviderPortal Home](#)

WITHDRAW ORDER

Email link to review this case: [Send Email](#)

Requests that meet clinical criteria will receive an immediate response with an order number, the number of visits determined to be clinically appropriate for the request, and the prior authorization valid timeframe.

Note: The number of approved visits for this request may not be the total number of visits needed under the treatment plan. Providers can always return to request additional visits if the member requires additional skilled therapy.

If the request does not meet criteria, it will be sent for clinical review. The provider can contact Carelon to discuss the request at any time.



When uploads are required

Rehabilitation

WITHDRAW ORDER

Order Status: OPEN

Email link to review this case: [Send Email](#)

Further Review is required

This request requires you to upload the documentation listed in the Document Manager section.

In addition you have the following options:

- The ordering or treating provider has the opportunity to call and speak with an . Therapist or Physician Reviewer at any time.
- Withdraw this Physical Therapy case.

Document Manager

! Upload the following documentation required for Clinical Review


Initial evaluation and plan of care

Subsequent plans of care

Relevant progress reports

Last three (3) daily notes

UPLOAD

 Drop files here

When documentation is required, typically at the recurring (third) request, the system will indicate that an upload is needed.

The list of requested documents can be found in the document manager.

Once the provider has uploaded the requested documents there is nothing further for the provider to do until a determination is made.

If the member is returning to the facility and the provider has not received a determination, they can call Carelon and ask that the request is reviewed live. If the provider cannot hold, they can request a same day call back from Carelon once a determination has been made.

If the provider has additional questions, they are welcome to call Carelon for a peer-to-peer discussion.



Finding a case using the tracking number

START REQUEST

MY PROFILE

CHECK STATUS

ProviderPortal

[ProviderPortal Home](#)

Find Orders

Search For ☒ Order History ☐ My History

Search Type

Order / Tracking ID

Member ID *

Order / Tracking ID ?

Enter Tracking Number

RESET SEARCH

SEARCH

▼ Request(s)

Tracking ID	Solution	Status	Ordering Provider	Entered Date	Service Date
-------------	----------	--------	-------------------	--------------	--------------

After submitting a prior authorization request, the user will be able to view the status and review the request by selecting “**Check Status**”.

If the user needs to stop and finish the request later, select the “**Save and Exit**” button at any time.

The user can utilize the “**Check Status**” button to find a saved request or view the request determination.



Questions?

Rehabilitation Program provider website:

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

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



Thank you for attending!

